



# Advocate



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## VA Has Added 20 New Vet Centers

*Peake: Expansion Comes a Year Early to Help Combat Vets*

Secretary of Veterans Affairs Dr. James B. Peake has announced an expansion by the Department of Veterans Affairs (VA) of its Vet Centers, which provide readjustment counseling and outreach services to returning combat veterans, is well ahead of schedule. In February 2007, VA announced it would open 23 new centers during the next two years. Fifteen of those centers are already operational, and five others are seeing patients in temporary facilities while finalizing their leases. The other three facilities will begin operations later this year.


“Building on our past successes, 2008 will see a permanent increase in the number of Vet Centers, as we bring the remaining facilities on line to reach a record 232 Vet Centers by the end of the year,” Peake said. “To support this expansion and augment the staff at 61 existing Vet Centers, this year we are channeling a 44 percent increase in funding to the Readjustment Counseling Service, which operates the Vet Centers -- nearly \$50 million more than last year’s budget,” he added.

The community-based Vet Centers are a key component of VA’s mental health program, providing veterans with mental health screening and post-traumatic stress disorder (PTSD) counseling, along with help for family members dealing with bereavement and loved ones with PTSD.

The 15 new Vet Centers that are open in permanent locations are in Binghamton, NY; Middletown, NY; Watertown, NY; Hyannis, CN.; DuBois, PA.; Gainesville, FL; Melbourne, FL; Macon, GA; Manhattan, KS; Escanaba, MI; Saginaw, MI; Grand Junction, CO; Baton Rouge, LA; Killeen, TX; and Las Cruces, NM. Five additional Vet Centers are providing services in temporary space while they finalize their leases: They are in Toledo, OH; Ft. Myers, FL; Montgomery, AL; Everett, WA; and Modesto, CA.

The final three locations where Vet Centers will open for clients later this year are in Berlin, NH, Nassau County, NY, and Fayetteville, AK.

Vet Centers provide counseling on employment, plus services on family issues, education and outreach, to combat veterans and their families. Vet Centers are staffed by small teams of professional counselors, outreach specialists and other specialists, many of whom are combat veterans themselves.

VA’s Vet Centers have hired 100 combat veterans back from Iraq and Afghanistan as outreach specialists, often placing them near military processing stations, to brief servicemen and women leaving the military about VA benefits. These outreach specialists meet with returning veterans, work through family assistance centers and visit military installations to carry the message that VA will be there for the troops and family members after discharge. 



**REPORT**  
*from the* **HILL**  
by Chuck Partridge  
Government Relations

## Department of Defense Funding for FY 2009

The President’s budget for FY 2009 (beginning on 1 Oct 2008) provides \$515.4 billion for the Department of Defense. This is 3.4 percent of the Gross Domestic Budget. It represents

a 7.5 percent increase over last year’s level. After accounting for inflation, according to Secretary of Defense Robert Gates, this is a real increase of about five and one-half percent. AMS has long called for at least 4 percent of the GDP for defense in peacetime, so we are concerned that this level of funding will not provide sufficient funds to do all that is needed.

## Army and Marine Corps Personnel Increases

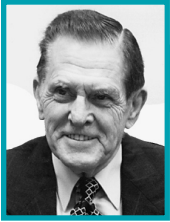
The Presidents’ proposal includes \$70 billion for the Global war on Terror

and also includes funding to increase the size of the Army to 547,000 and the Marine Corps to 202,000 personnel over the next 5 years. According to Mr. Gates, the wars in Afghanistan and Iraq could add \$170 billion to the base budget.

## National Guard and Reserve

The National Guard and Reserve Forces were allocated \$49.1 billion to recruit, train, equip and sustain the forces needed at home and overseas;

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## PRESIDENT'S COLUMN

### Douglas Russell

I, for one, am always glad to see winter in my rear view mirror and am happy when the spring and summer months start heading our way. In addition, the arrival of May and June mean we will be participating in some of the most significant and patriotic days of the entire year.

May brings us Armed Forces Day and Memorial Day, while June gives us Flag Day. Of course, there's also Mothers' Day and Fathers' Day. I encourage you to fly the flag during the three patriotic days and please remember Mothers's Day and Fathers' Day in an appropriate manner!

Even if your father or mother are no longer with us, maybe you could do something for the fathers or mothers now serving in our nation's Armed Forces. I have no doubt that a gesture on your part would be warmly received by them.

\* \* \* \*

As you'll see elsewhere in this issue of the *Advocate*, the Administration is once again trying to make military retirees and veterans pay for their promised and earned health care by imposing or increasing enrollment fees and

co-pays. AMS remains totally opposed to these schemes and we'll do everything we can to stop DoD and the VA from imposing them. Fortunately, Congress has been our ally during the last few years in blocking the increases, but as the economy slows down, tax revenues will shrink and there will be a strong temptation to find new revenue sources. Hopefully Congress will realize that trying to bleed more money out of our nation's military retirees and veterans is morally and ethically wrong. You can rest assured AMS will be reminding them of just that fact.

Please remember that we depend on you to support our efforts on your behalf in Washington, D.C.. So when you receive your notice that it's time to renew your membership, remember that your membership in AMS is really an investment in your own future as we protect the benefits you already have, and as we seek to improve those benefits.

*Douglas Russell*

## Akaka Holds Hearing On Veterans' Funding

*New VA Secretary Peake indicates willingness to consider raising income threshold for Priority 8 veterans*

U.S. Senator Daniel K. Akaka (D-HI), Chairman of the Committee on Veterans' Affairs, held a hearing recently on the Fiscal Year 2009 Budget for Veterans' Programs. Veterans Affairs Secretary Dr. James Peake, in response to a follow-up question from Chairman Akaka, stated that he was willing to work with the Committee to consider modifying the current policy that prohibits middle-income veterans from enrolling in the VA health care system.


Chairman Akaka said: "I am encouraged by the Secretary's willingness to work with the Committee on reopening eligibility for middle-income veterans. The current income threshold is unduly restrictive on veterans in high cost-of-living states like Hawaii. I will continue to work with Secretary Peake

for action on this issue."

The current income threshold for eligibility for VA health care is \$28,429 for a single veteran. A 2003 decision by the Administration barred veterans above this threshold from enrolling for VA health care. Raising the threshold to a higher amount would allow more veterans to have access to VA health care. VA estimates that as many as 1.5 million veterans have been denied enrollment since the ban was implemented.

Akaka, who steadily pushed for last year's (FY08) historic budget increase for VA, expressed concerns with the proposed budget for the coming year (FY09): "VA's estimate of the number of OIF/OEF veterans that will seek care is significantly low. We know that VA has underestimated the needs of this population in the past, and I will be working to ensure that the men and women who have served our country in Iraq and Afghanistan have the resources

they need," Akaka stated.

Akaka also noted the need to correct especially severe proposed cuts to key programs such as medical research, construction, grants for state homes and cemeteries, and the Office of Inspector General: "I continue to believe that the Administration's proposed cuts to important VA activities are unacceptable. These cuts would pull back funding states need to provide long-term care for veterans and maintain state veterans cemeteries. The Administration's budget would also cut funding for needed infrastructure improvements in half, and reduce the Office of Inspector General's budget by \$4 million. And it is shocking that the Administration would recommend cutting medical and prosthetic research by \$38 million at a time when servicemembers are returning from Iraq and Afghanistan with complicated injuries which could be helped by research breakthroughs," Akaka stated. 

# Report from the Hill

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and the Special Operations Forces were funded at \$5.7 billion to continue enhancing their capabilities now and in the future.

## Pay, Quality of Life and Health Care

The budget includes a pay increase of 3.4 percent and funds for health care, housing and quality of life improvements and maintenance. As we pointed out in the last *Advocate*, sources in the Pentagon told us that medical care would not be fully funded and that we could expect a shortfall to be made up by imposing fee increases on military retirees, their families and survivors in the TRICARE program. This has been done and the Defense Health Program funding is about \$1.2 billion short. This is a flagrant breach of the health care promise and AMS and other associations have begun efforts to oppose it.

## Family Housing

The Budget request includes \$3.2 billion for new family housing construction, and to improve existing housing, eliminate inadequate housing overseas, operate and maintain government-owned housing, and fund the privatizing of 12,324 additional homes. The Basic Allowance for Housing will be increased by five percent and the Basic Allowance for Subsistence by 3.8 percent.

## Wounded Warrior Program

Secretary Gates said that, “We have a moral obligation to see that the superb life-saving care that the wounded receive initially is matched by quality out-patient treatment. To provide world-class health care to all who are wounded, ill or injured serving the nation, the Department is taking action on the recommendations by the President’s Commission on Care for America’s Returning Wounded Warriors.” To do this DoD and VA will examine several key areas including Disability and Compensation Systems, DoD and VA data sharing, Traumatic Brain Injury and Psychological health issues and medical case management.

## Congressional Hearings

Several hearings have been held on the budget and there will be more through out the spring and early summer. The Chairman of the House of Representatives Committee on Armed Services, Rep Ike Skelton, expressed dissatisfaction that all of the funds needed for the Afghanistan/Iraq wars were not included in the budget request, but said that, “we must provide our troops what they need for the current conflicts, but we must also ensure we can deter or prevail in the next one.”

## Task Force on the Future of Military Health Care

“Washington made a terrible mistake in enacting TRICARE For Life.” These words were spoken by Dr. Gail R. Wilensky, PhD, Co-Chair of the Department of Defense Task Force on the Future of Military Health Care, at a meeting she attended to answer questions from military associations after the release of the Task Force report. This is an outrageous statement that reflects lack of understanding of the situation that older military retirees faced prior to enactment of TFL. The cold war had ended, and military bases and associated military treatment facilities were being closed throughout the United States. The Department of Defense was literally walking away from its commitment to older retirees. As one retiree put it, “They promised us lifetime health care and now they are throwing us out in the street.” After a huge campaign involving tens of thousands of retirees, Members of Congress who saw the injustice enacted TFL.

In his statement before the House Armed Services Committee, Secretary Gates said, “In FY 2009, DoD military health care costs are projected to be \$42.8 billion in order to maintain benefits for 9.2 million eligible military members and their families, as well as retirees – more than double the level in 2001. By 2015, the Departments health care costs are projected to reach \$64 billion, or 11.3 percent of the budget. Because of these concerns, the Department must also seek legislation to increase out-of-pocket health care increases for retirees under age 65. The Department continues to believe that modest increases to TRICARE out-of-pocket costs for working-age military retirees are essential to make military health benefits affordable and sustainable for current and future retired service members.”

Recommendations of the Task Force are to increase TRICARE Prime enrollment fees. The fees would be “means tested” and indexed to increase with medical inflation. By 2011, the lowest fee for a family would be well over \$1,000 per year and the highest could be more than \$2,000. The exact amount is not known because it would depend on medical inflation that historically has run significantly above overall inflation. TRICARE Standard would, for the first time have an enrollment fee starting at \$120 per year. It would be indexed to inflation. The average deductible would be \$600. However, as the report states, “it could be higher”. TRICARE for Life would also have an enrollment fee of \$120 per year indexed to medical inflation.

The Task Force recommended changes to the pharmacy benefit as well. They would increase the price for Tier 3

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# Report from the Hill

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drugs up to \$45 and would add a special category for very expensive drugs; pricing for these drugs would be based on DoD Health Affairs decisions on which tier to place them in. The main thrust of the revisions to the pharmacy program is to encourage beneficiaries to use mail order rather than retail stores for purchasing drugs and to use the generics where possible.

Both Dr. Wilensky and Secretary Gates are focusing on retirees to fund their own health care costs rather than seeking other ways to reduce costs. Costs to provide top quality medical care to our warriors in Afghanistan and Iraq are close to \$2 billion annually. The nation must provide the very best care for the men and women serving in these war zones. These costs should be budgeted as part of the funds to carry out our mission in these combat zones. Further, the most cost effective care provided by the military is through military treatment facilities. However, the capability to do this has been severely curtailed over the past two decades by closing hospitals and clinics and reducing the numbers of uniformed doctors, nurses and other military medical personnel. Therefore, more expensive care must be paid for in the private sector. As we mentioned in the last *Advocate*, another source of funding that was not considered is billing Medicare for care provided to Medicare eligible beneficiaries in military hospitals. There are solutions other than saddling retirees with the cost.

If the Administration succeeds in getting these proposals passed, it will be just the beginning of further attacks on our medical system. We must act now to stop them.

Every AMS member should contact his/her Representative and both Senators. This can be done by calling the Capitol switchboard at 202-224-3121. Ask for your Representative and your Senators. Let them know that you oppose any TRICARE or pharmacy fee increase. That is all it takes to be heard. If enough of us do it we can make a difference.

## Department of Veterans Affairs Funding

The President's Budget for the VA requests \$93.7 billion with health care and disability compensation receiving most of the funding. The budget is \$3.4 billion more than the current spending level. Dr. James B. Peake, Secretary of Veterans Affairs, said that the new budget will help strengthen the VA's collaboration with the Department of Defense to deliver health care benefits to veterans, service members and their families, including progress toward development of secure electronic patient health care records that can be accessed by both departments.

## Claims Backlog

The VA faces a major challenge in reducing the benefits claims backlog, currently at about 650,000 pending claims. The VA plans to address this problem by acquiring greater access to DoD's online medical information, by working to reduce the Department's reliance upon paper-based claims folders and by hiring new staff. By the beginning of 2009, the VA states it expects to hire 3,100 new staff. We commend the VA for attacking the backlog and urge them to keep the pressure on to solve this problem.

## VA Hearing


At a hearing before the House Committee on Veterans' Affairs, Chairman Bob Filner (D-CA) stated, "The request for veterans' funding for 2009 is simply not adequate. Although the request includes a 5.5 percent increase for health care, this increase barely covers the cost of medical inflation and does not keep up with the ever-increasing demand for VA health care. I believe that no veteran should have to wait for a health care appointment simply because the VA does not have the resources to care for that veteran."

## VA Hospital Access

Once again the Administration Budget would ban Priority 8 veterans from access to VA hospitals. AMS strongly opposes this action. AMS President Douglas Russell, stated: "Continuing this ban on Priority 8 veterans is wrong and we hope that the Congress will step in and end this discrimination. During this period of economic hardship this policy is a major hardship for veterans, particularly those with no other reasonable health care choices."

## Priority 7 and 8 Veterans

The Administration budget also proposed enrollment fees based on the income of Priority 7 and 8 veterans and would increase fees for prescription drugs from \$8 to \$15 for a 30 day supply for these veterans. Imposing enrollment fees is putting the cart before the horse. VA beneficiaries continue to suffer from lack of access to medical care, and for the VA to impose enrollment fees without setting access standards is wrong. There are access problems within the VA medical system that should be solved before any effort to impose enrollment fees or to increase the cost of drugs for the nation's veterans.

The issues facing us during this election year are particularly critical because the nation is at war. As we work to ensure that the nation keeps its promises, it matters not only to those who have already completed their service, but to those currently serving. If we do not speak up the benefits will not be there for those currently serving when they need them. 

# Webb, Hagel, Lautenberg Reintroduce "21st Century GI Bill" With Senator John Warner As Key Co-Sponsor

Senators Jim Webb (D-VA), Chuck Hagel (R-NE) and Frank Lautenberg (D-NJ) have reintroduced the "Post-9/11 Veterans Educational Assistance Act" (S.22) and announced Senator John Warner (R-VA) as one of four lead co-sponsors of the bill. Warner is a World War II and Korean War veteran and recipient of benefits under the original GI Bill. He is a former Navy Secretary whose 30 years in the Senate includes service as Chairman of the Armed Services Committee. His support adds renewed momentum to the yearlong effort to strengthen educational benefits for the nation's veterans.

Senator Warner joins 37 other senators in support of the measure. The bill would provide service members who have served since September 11, 2001, with improved educational benefits similar to those provided to World War II-era veterans. The House companion bill (H.R. 2702) was introduced by Rep. Bobby Scott (D-VA) and currently has 96 cosponsors.

"After six and a half years of service, our nation's men and women in uniform deserve a GI Bill that rewards their service and invests in their future," said Senator Webb. "I see the educational benefits in this bill as crucial to a service member's readjustment to civilian life and as a cost of war that should receive the same priority that funding the war has received the last five years."

"The tragic loss of life and limb we have suffered thus far underscores the level of commitment and patriotism that these warriors possess," said Senator Warner. "We owe them a tremendous debt of gratitude for their selfless service. Our country must provide our service members with a GI Bill fit for a time of war, just as it did for me so many years ago."

Under the updated bill introduced, service members returning from Iraq

or Afghanistan could earn up to 36 months of benefits, equivalent to four academic years. Covered benefits would include the established charges of their program, up to the cost of the most expensive in-state public school; a monthly stipend equivalent to housing costs in their area; and a small stipend per semester for books.

In an effort to reduce the cost of private institutions, Senators Webb and Warner worked collaboratively to include incentives for private schools



to further offset the tuition costs above what the benefit provides. A new program would be created in which the government will agree to match, dollar for dollar, any voluntary additional contributions to veterans from these institutions.

The bill also provides equity among active duty and National Guard and Reserve members by adjusting the benefit scale based on cumulative active duty service instead of the branch or service designation. This idea has been advocated by the nation's major veterans' groups, and recognizes the important bipartisan work of Senator Blanche Lincoln of Arkansas and others last year.

The bill also ensures that service members do not lose their benefits if they are called to serve during school; it uses vouchers instead of cash payments to limit potential fraud; and it allows the military to provide additional incentives for retaining or filling

critical military skills.

"In keeping with the spirit of the original World War II GI Bill, this improved legislation will give this new generation of veterans an educational benefit similar to what the original 'greatest generation' received," continued Webb.

"America owes the men and women who make the sacrifices and carry the burdens of war and military service more than just our gratitude. Our nation has helped our veterans of every war since World War II. Congress should provide these men and women with modernized and relevant GI education benefits that are worthy of their sacrifices. It is only fair and right that our service members have the educational resources to meet the demands of the 21<sup>st</sup> century. There can be no higher priority for America than our soldiers and their families who have given so much to all of us," Senator Hagel said.

"We often talk about honoring our veterans and their service. Now it's time to show them," Senator Lautenberg said. "We need to help veterans handle the high costs of tuition, housing, books and more. For veterans of Iraq and Afghanistan, our bill would do just that. Helping those who served our country is not just our responsibility, it's our duty." 🇺🇸

## Medical Care Deadline For Veterans Extended

Military veterans who served in combat since Nov. 11, 1998, are now eligible for five years of free medical care for most conditions from the Department of Veterans Affairs. The new provision, part of the National Defense Authorization Act of 2008 signed by President Bush on Jan. 28, "applies to care in a VA hospital, outpatient clinic or nursing home." 🇺🇸

## VA Creating Advisory Panel on Rural Health

*Peake: We're Bringing Care Closer to Veterans*

Secretary of Veterans Affairs Dr. James B. Peake recently announced the creation of a special “Rural Health National Advisory Committee” to advise him and the senior leaders of the Department of Veterans Affairs (VA) about health care issues affecting veterans in rural areas. “In the last decade, VA has created outpatient clinics that bring health care closer to where veterans actually live,” Peake said. “This advisory committee, working within the highest levels of VA, will ensure the Department remains responsive to the health care needs of rural veterans.”

While Peake said many of the details of the panel are still being formulated, the committee will consist of members familiar with rural health issues. The members will come from the federal, state and local sectors, academia and veterans service organizations.

The advisory committee will provide guidance to Peake and to Dr. Michael J. Kussman, VA's Under Secretary for Health. The panel's first meeting is tentatively scheduled for this summer. VA has 25 similar advisory committees, each with between 10 and 15 members. Members are typically appointed to one-, two- or three-year terms to ensure continuity of operations. 🇺🇸

## Health Care At Military Hospitals Said To Have Improved

The *Washington Post* has recently reported that, “The Army has significantly improved its support for service members undergoing medical treatment at Walter Reed Army Medical Center and other military hospitals, but it still faces shortages of staff and other gaps, GAO officials told a congressional committee yesterday.” The officials were testifying before a House subcommittee on oversight and governmental reform, which also heard from Michael L. Dominguez, “the Principal Deputy Under Secretary of Defense for Personnel and Readiness.”

Dominguez said the Pentagon and the Department of Veterans Affairs are confident a disability pay pilot program being tested at Walter Reed and elsewhere is on the right track, but the GAO “expressed concern” that the two agencies lack any means of evaluating the program's effectiveness. The *Post* adds, “Dominguez acknowledged that Congress and the GAO should keep monitoring the Pentagon's efforts. 🇺🇸



## Akaka Introduces Cost-Of-Living-Increase For Disabled Veterans

U.S. Senator Daniel K. Akaka (D-HI), Chairman of the Veterans' Affairs Committee, has introduced legislation to increase veterans' compensation through a cost-of-living adjustment (COLA). A bipartisan group of Veterans' Affairs Committee Members signed on as original cosponsors of this legislation, including Ranking Member Burr, and Senators Rockefeller, Murray, Obama, Sanders, Brown, Webb, Tester, Craig, and Isakson.

“The COLA increase must be understood as a continuing cost of war. This legislation is necessary to protect the value of the compensation disabled veterans and their survivors receive and rely upon,” said Senator Akaka.

The Veterans' Compensation Cost-

of-Living Adjustment Act of 2008 directs the Secretary of Veterans Affairs to increase, as of December 1, 2008, the rates of:

- Veterans' disability compensation;
- Dependency and Indemnity Compensation for surviving spouses and children; and
- Additional related benefits.

The COLA increase for veterans will match the annual increase provided to Social Security recipients. The COLA is designed to offset inflation and other factors that alter the cost of living over time. The COLA calculation is based on the Bureau of Labor Statistics “Consumer Price Index.” The increase for 2008 was 2.3 percent. The 2009 increase has yet to be determined. 🇺🇸



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