

**STATEMENT OF
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OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
OCTOBER 11, 2001**

Mr. Chairman and Members of the Committee:

On behalf of the more than one million members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the impact of the events of September 11, 2001, on the mission of the Department of Veterans Affairs (VA).

The Committee indicated it would examine VA's initial response to the terrorist bombings and its future role in response to domestic attacks and support of any military operations. The Committee also stated it is interested in examining VA's current implementation of the VA/Department of Defense (DoD) Health Resources Sharing and Emergency Operations Act, which gives VA the mission to serve as a principal health care backup to DoD in the event of war or national emergency.

Public Law 97-174, the "Veterans' Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," title 38, United States Code, section 8111A, states that VA is the principal medical care backup for military health care "[d]uring and immediately following a period of war, or a period of national emergency declared by the President or the Congress that involves the use of the Armed Forces in armed conflict[.]" 38 U.S.C. § 8111A. This is one of the four primary missions of VA. Congress found that at certain times, such as immediately following a period of war or national emergency, DoD may not have adequate health care resources to care for military personnel wounded in combat and other active duty military personnel. It further determined that VA, with its extensive, comprehensive health care system, could be used to assist DoD in such situations. The law permits the VA Secretary to give a higher priority to the furnishing of medical care and services to members of the Armed Forces on active duty during a period of war or national emergency than to all veterans other than those with service-connected disabilities.

The September 11 terrorist attacks on our nation have brought about many changes including reexamination, by many federal agencies, of existing emergency policies to determine if they are appropriate and viable given the current situation. Congress reacted swiftly and approved Public Law 107-38, the "2001 Emergency Supplemental Appropriations Act for Recovery From and Response to Terrorist Attacks on the United States." This legislation, signed into law on September 18, 2001, makes available \$40 billion in emergency supplemental funding to provide for, among other purposes, "Federal, State, and local preparedness for mitigating and responding to the attacks," and to support "national security." The President has clearly indicated that the United States will take action against the perpetrators of the horrific acts of

terrorism on September 11, 2001, and the countries which aid or harbor known terrorists. Our Armed Forces have now been put in harm's way to combat terrorism, both here and abroad. Because one of VA's four missions is to act as the principal health care backup for DoD, we must ensure VA is financially viable and able to fulfill its duty.

We understand that VA stood ready to care for casualties following the September 11 attacks. Unfortunately, many people did not survive the devastating attacks in New York or Washington, D.C., and VA was only needed to provide minimal support. We are facing an uncertain future as to the extent of military involvement in response to these terrorist attacks. However, officials indicate that there will likely be additional attacks in the United States in response to formal military action, and that our military action will be of a prolonged nature. We believe VA needs additional resources to be prepared to carry out its mission as backup for DoD in this time of national emergency.

In the upcoming fiscal year, we believe VA will lack the resources to meet its obligation to sick and disabled veterans. Without additional funding, it is unlikely VA will be able to perform its mission in this time of national emergency, should the need arise. It is imperative that VA receives additional resources for its health care system to ensure it can care for veterans with service-connected disabilities and active duty military personnel if necessary. The challenge will be to strike a suitable balance between reserve and readiness. Given the predictions of imminent counterattacks against the United States once military action is initiated, it is reasonable to assume there could be significant numbers of casualties and that those casualties could be seriously injured and in need of emergency and critical medical care services. We could also expect the increased need for inpatient care, long-term care and rehabilitation and other specialty services.

Clearly, neither VA nor any other health care system can afford to have excess capacity and/or facilities sitting empty anticipating the next emergency. However, there must be a sufficient number of beds available and contracts with local affiliates in place to handle whatever type of scenario we may encounter. Likewise, VA must have sufficient medical staff available to meet demand. Many VA physicians and nurses are members of National Guard and Reserve units. The expectation of the need for increased trauma care and simultaneous military call-up of clinical specialists could conceivably put a significant burden on VA and hamper its ability to fulfill its medical mission as backup for DoD. Bioterrorism is yet another possibility that VA, as a backup, must consider.

Over the past five years, with the shift from a primarily inpatient health care system to an outpatient-based comprehensive health care provider, VA has significantly downsized much of its inpatient capacity. Currently, VA is in the initial stages of attempting to realign its capital assets following this major shift in the way it delivers health care. VA is at a critical juncture in the Capital Assets Realignment for Enhanced Services (CARES) process. This initiative is supposed to take into consideration VA's missions; however, it is questionable whether enough emphasis has been placed on its fourth mission to provide back-up for DoD in times of war or national emergency. We fear that years of inadequate budgets and reductions in services have forced the VA system to function at minimal capacity and that any additional burden on the system would make it nearly impossible for VA to care for both service-connected disabled

veterans and active duty military personnel in any significant numbers. The one thing everyone has learned during these difficult times is that we must expect the unexpected and prepare for the unthinkable.

We are confident that the Veterans Health Administration and its dedicated staff will do its utmost to meet its responsibilities and care for those who may be injured in defense of our freedoms and our way of life. However, we fear that VA will take a back seat to other agencies receiving additional funding for local preparedness and responding to the terrorist attacks. We urge this Committee to advocate for VA to receive an adequate portion of the funding authorized by Public Law 107-38.

As a nation we have been forever changed as a result of this crisis, but also undoubtedly strengthened. People across the country have come together in an extraordinary display of unity. Numerous organizations have offered their services and have played an integral part in helping those persons directly involved in the attacks, and their family members, to begin to heal. Within hours of the cowardly attacks, a DAV Transportation Network van delivered 250 pints of much-needed blood from the VA medical center in Orlando, Florida, to Patrick Air Force Base to be flown to New York. As soon as it was feasible, the DAV placed two of its fleet of Mobile Service Offices near the ruins of the World Trade Center and the crash site at the Pentagon to assist veterans and their families recover from the tragedies of September 11.

DAV National Service Officers have also been providing Disaster Relief assistance to eligible veterans, their families and survivors throughout the crisis. These include the widow of the pilot of the ill-fated airliner that crashed into the Pentagon, as well as the families of those brave American soldiers, sailors, airmen, and marines killed or injured at the Pentagon. In addition, DAV National Service Officers have been passing out comfort kits, water, clothing, patriotic T-shirts, and other items to rescue workers at both the New York and Pentagon sites.

DAV, along with the rest of the veterans' community, has come to recognize the increased importance of VA in these tumultuous times. The brave men and women who put their lives on the line to protect our freedoms and the American way of life deserve to have a health care system that can meet their needs in times of crisis. We ask this Committee to support additional resources for the VA health care system so it can do its part in this time of national emergency.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you or the Committee might have.