

**STATEMENT OF ALAN W. BOWERS NATIONAL COMMANDER  
OF THE.  
DISABLED AMERICAN VETERANS BEFORE THE COMMITTEES ON  
VETERANS' AFFAIRS  
SENATE AND HOUSE OF REPRESENTATIVES WASHINGTON, D.C  
FEBRUARY 24, 2004**

MESSRS. CHAIRMEN AND MEMBERS OF THE VETERANS' AFFAIRS COMMITTEES:

I am honored to appear before this joint session of these two distinguished committees to present the legislative agenda of the Disabled American Veterans for this year. On behalf of our 1.5 million members of the DA V and Auxiliary, let me express our appreciation for this opportunity. We-that is, these committees and veterans-have important issues to be addressed, and we have formidable challenges to face together.

Before I highlight what lies before us and outline the DA V's recommendations for addressing those issues and meeting those challenges, let me convey the sincere thanks of disabled veterans, and their dependents and survivors, for your work last year and your continuing efforts to provide for the special needs of service-connected disabled veterans and their families. Certainly, you are to be commended. Despite budgetary constraints and a lack of meaningful support from the Administration and some in Congress, you were able to secure funding for the Department of Veterans Affairs (V A) above the level requested by the President and enact legislation to make a wide array of improvements in veterans' programs. Many of these improvements were sought by the DA V, and indeed, some fulfilled requests the DA V made during this annual presentation of its legislative agenda last year. Hopefully, we will see similar favorable action on the issues I bring to you today.

We endeavor to bring you reasonable and responsible recommendations to make improvements and adjustments in the programs you have created for veterans. Some of our recommendations call for substantial changes to fix fundamental problems and some seek rather modest, but nonetheless meaningful, improvements in the benefits or their delivery. The necessity for these adjustments arises from changing circumstances or from past failures to keep benefits in line with increases in the cost of living. The veterans' benefits of today have been tailored to fill a variety of special needs of disabled veterans, and in that sense, are perhaps better than we have ever had in the past. In other ways, the benefits for veterans today are not nearly as generous as they were for veterans of earlier eras. However, there should be no question as to the merits of providing special programs to assist those who were disabled in defense of our Nation. Veterans benefits should remain a top priority of our Government, as a continuing cost of national defense.

A primary and paramount responsibility of any national government is to provide for the common defense. It follows that one of the most essential and fundamental obligations of any legitimate national government is to provide for and guarantee the care of those who defend and

preserve it against the designs and aggressions of its enemies. Those few who are willing to risk life and limb for their country and fellow citizens must be assured that their government will fulfill its reciprocal duty to care for them if they are disabled during military service. All citizens who enjoy the fruits of our democracy and national security individually bear a responsibility for the common defense. As the beneficiaries of veterans' service to the Nation, it is upon the conscience of our citizenry to make provision for the well-being of veterans. Each new generation is the inheritor of the great republic that all of our millions of men and women of the Armed Forces have fought and died for, and we have a continuing solemn obligation to preserve it with a strong national defense, of which proper treatment of our veterans is an integral and indispensable element. Thus, throughout our history, Americans have held a strong sense of public responsibility to care for veterans, especially veterans disabled in the service of their country. Although these principles are self-evident and our commitment to veterans has been deeply ingrained in the values of Americans since the beginnings of our Nation, our Government's record of fulfilling its obligation to disabled veterans has been inconsistent. Indeed, circumstances in which the Government was failing disabled veterans miserably accounted for the formation of the DAV in 1920.

In contrast to the year 1893, for example, when \$150 million, or nearly 40 percent, of the total Federal expenditures of \$385.6 million went to veterans' benefits for Civil War pensioners, veterans of World War I were not treated with the same priority. The limited services available for disabled veterans were handled by five different agencies and were fragmented, uncoordinated, and overlapping. Services from one agency often required a determination of eligibility from another agency, and the other agency's services depended on a determination by yet another agency, and so on. It was in this climate of discontent and the need for decisive action that the DAV was formed. With expansion and consolidation of veterans' programs under one agency, Federal expenditures for veterans rose 62 percent between 1924 and 1932.

In anticipation of the impact of the massive troop demobilization and reabsorbing 12 million of the 16 million members of the Armed Forces into the civilian economy, planners of programs for World War I veterans labored to avoid the failures of the past that led World War I veterans to beg or peddle apples on street corners. There were also prevalent sentiments that the burdens of war should be distributed as evenly as possible among the population, that the Nation owed a special debt to veterans for their extraordinary sacrifices, and that the government should aid the veteran by providing assistance designed to allow the veteran to make up for the time and opportunities lost during service. It was believed that veterans should be provided advantages and benefits to allow them, to the extent possible, to "catch up" with those who continued their lives at home—to allow veterans to reach that status they would have expected to reach had war service not interrupted their civilian education and careers. In 1944, Congress enacted the "GI Bill." The three major provisions of this comprehensive legislation assisted veterans by covering the full costs of their education or training and paying a monthly subsistence allowance; by providing federally guaranteed home, farm, and business loans under favorable terms and without down payment; and by payment of unemployment compensation. The positive impact of these programs on our economy was such that the GI Bill has been credited with no less than the making of modern America.

Enactment of the GI Bill treated our veterans like they deserve to be treated, but the GI Bill was every bit as good for the country as it was for veterans. Unfortunately, no group of veterans since has been treated quite as generously, and we are left to wonder what the effect would be if they were. Education benefits for Korean War and Vietnam era veterans were substantially reduced, and no longer paid the full costs of higher education. The assistance no longer supported attendance at the Nation's more prestigious universities.

Today, servicemembers must contribute part of their military pay toward their GI Bill educational benefits, and they must bear a substantial part of the costs of education when they do attend school. The benefit is far less generous than that for World War II veterans. Many veterans must pay user fees to get home loans under the V A program. The government has shifted part of the costs of medical care away from itself and onto veterans themselves. Many veterans incur copayments for medical care and medications. Last year, the Administration sought to shift even more of the costs of health care to veterans by imposing a \$250 annual enrollment fee for medical care. It is fundamentally contrary to the benevolent principles underlying veterans' programs to require veterans themselves to pay fees for their benefits. Historically, veterans' benefits have been entirely without cost to them, given by the citizens of our grateful nation in return for veterans' service as a means of letting all share in the burden of providing for the common defense.

Several benefits for disabled veterans have declined in value over the years because of failure to adjust them regularly to keep up with increases in the cost of living. The allowance for specially equipped automobiles for veterans with service-connected blindness or loss or loss of use of hands or feet, originally sufficient to cover the full cost of a new automobile, now at \$11,000 is only approximately 42 percent of the average cost of a new automobile. Similarly, without regular adjustments, the value of the specially adapted housing grant for severely disabled veterans has seriously eroded to where the current \$50,000 grant does not begin to cover the costs of a specially adapted home. The burial allowances also cover only a fraction of the cost of funeral services today. When the life insurance program for veterans had its beginning in the War Risk Insurance program, first made available to members of the Armed Forces in 1917, the maximum coverage was \$10,000, and that provided sufficiently for loss of income from the death of an insured in 1917. However, that maximum amount, not having been raised in the 86 years following, is insufficient life insurance coverage for veterans now. In addition, the premiums for Service-Disabled Veterans' Insurance (SDVI) are still based on mortality tables from 1941 when life expectancy was much shorter. As a consequence, insurance under this program is much more costly than comparable commercial policies. Because of service-connected disabilities, disabled veterans have difficulty getting or are charged higher premiums for life insurance on the commercial market. Congress established the SDVI program to offer disabled veterans life insurance at rates a healthy person would pay on the commercial market. Because the premiums are higher than commercial insurance, this program no longer meets its intended purposes.

Although neglect is itself a serious threat to veterans' benefits, we repeatedly face even more serious threats in the form of outright attempts to reduce or eliminate veterans' programs. We beat back two extremely brazen attacks on veterans in 2003. While many in Congress were making patriotic speeches and praising America's military as our leaders were making

preparations for war with Iraq, the House Budget Committee reported for a vote by the entire House a budget resolution that would have cut approximately \$25 billion from veterans programs over the next 10 years. With a courageous stand against it by several members of the House Committee on Veterans' Affairs, veterans defeated this shameful move only after a very hard fight. Within a few months after the dust had settled from that fierce legislative battle, the House majority leadership revealed its plans to include provisions in the annual defense authorization bill to severely restrict the terms of eligibility for service connection of disabilities. Under this scheme, the government would have renounced all responsibility to compensate and care for members of the Armed Forces disabled in the line of duty, except under extremely limited circumstances. Essentially, the government would have established service connection only for disabilities that occurred when the servicemember was actively engaged in performing functions of his or her military occupation. An individual could be disabled from accidental causes even while on duty and not be eligible for service-connected status. Likewise, a servicemember would be required to prove that an infectious disease was contracted while actually performing military duties to be eligible for service connection. Proof that degenerative and other diseases incurred during service were caused by performing military job-related functions would be near impossible. The Secretary of Veterans Affairs testified in a hearing before the Senate Veterans' Affairs Committee that approximately two-thirds of today's service-connected disabled veterans would not have qualified for service connection under these terms. Again, this attack on veterans was defeated only after an intense legislative battle. Veterans are certain to face similar attacks in the future. While there may very well be some in government who callously believe we owe veterans no more than a flag over their coffin, these attacks on veterans' programs are more often the product of misplaced priorities.

Purportedly, the House Budget Committee sought to reduce spending on veterans' programs by \$25 billion to help accommodate the loss of revenue from the proposed \$726 billion tax cut package. In response to heavy and sustained pressure to enact legislation to permit military retirees to receive both their military retired pay and veterans' disability compensation, the Administration and House leadership hatched a scheme to reduce entitlement to service connection and thereby substantially limit spending on compensation as a way to enact concurrent receipt legislation without incurring additional net costs to the government. Congress imposed user fees for home loans and medical copayments as temporary measures to reduce government spending as part of its overall budget deficit reduction effort. However, when the deficit was eliminated, Congress continued the user fees and copayments.

Undoubtedly, there is a real need to end deficit spending and reduce the national debt. The solution to controlling government spending is not to take the meat axe to veterans' programs, however. Congress must employ strategic and justified controls on Federal expenditures. Veterans' programs must remain a national priority as a continuing cost of war and national defense. Moreover, we cannot allow veterans' programs to be incorrectly blamed for the Nation's fiscal ills.

Fortunately for veterans, some of you stood firm against the attempt to strip \$25 billion from veterans' medical care and benefit programs, and members of these committees refused to enact legislation to impose the enrollment fee for medical care. You pressed for an adequate budget for veterans' medical care. However, nothing demonstrates the need for a change in the

funding mechanism for veterans' medical care better than your struggle and our struggle every year to get adequate appropriations for this program. Again this year, the President's budget request is seriously inadequate. His request for medical care appropriations is only about \$310 million above last year's appropriation, amounting to only a 1 percent increase. V A's Undersecretary for Health testified last year that V A needs an annual increase of approximately 14 percent to maintain current services in veterans' medical care. The President's budget would also reduce staffing levels in the Veterans Benefits Administration by several hundred employees, at a time when VA must anticipate an increased number of benefit claims from veterans of the war in Iraq and other ongoing hostilities around the world. We will again need your help and all the help we can marshal to obtain adequate appropriations for veterans' medical care and other discretionary accounts.

Year after year, veterans must compete with pork barrel projects and other less meritorious spending for funding to operate veterans' medical care programs. Year after year, the outcome is uncertain. Year after year, V A is consequently unable to use its resources most efficiently through strategic planning for the long term. Year after year, the appropriation falls short of what is needed to meet demand. In addition, it is becoming commonplace for V A to be forced to operate under temporary continuing appropriations because of Congress' inability to enact an annual appropriation by the beginning of the fiscal year. For the period of time V A is operating under such temporary funding-sometimes for several months-it cannot hire the new medical care personnel it needs, cannot purchase new equipment, and must hold in abeyance new initiatives and projects to improve services. That is why one of the DA V's most important legislative goals is changing the funding mechanism for veterans' medical care from the capriciousness and uncertainties of the annual discretionary appropriations process to funding mandated at adequate levels through a formula in permanent authorizing legislation. Under such mandatory funding, resources for veterans' medical care would be determined by real need rather than by the vagaries of politics. The current situation is simply unacceptable.

Just as inevitably as a person with inadequate food intake will in time suffer the effects of malnutrition, any program requiring resources will become ineffective for its intended purposes to the extent its resources continue to fall short of its needs. To get a certain return, there must be a certain investment. Undeniably, the veterans' medical care system suffers severely from just such a disparity between the level of resources it needs and the level of resources it has been provided. The V A medical care system is in a crisis; sick and disabled veterans are suffering the consequences; the Administration is in denial; and many in Congress are also in denial or merely unaware of the magnitude of the problem.

Though increased over the years, discretionary appropriations for V A's medical care system have clearly not kept even with rising costs and greater demands for veterans' medical care. The number of veterans needing VA medical care grew from 2.9 million in 1996 to 6.8 million in 2003. Despite this far more than doubling of workload, appropriations increased by only 44 percent during those years, from \$16.6 billion in 1996 to \$23.9 billion in 2003. On average, appropriations for veterans' medical care increased 5 percent annually over the last eight years, while VA's Under Secretary for Health stated in congressional testimony last year that V A requires a minimum 14 percent increase each year just to maintain current services. Adding to the problem is the necessity for V A to continue well into the fiscal year under the rate

for operations for the previous year when, as is becoming commonplace, Congress fails to enact regular, permanent appropriations by the start of the current fiscal year.

The deficiencies in medical care services to veterans from the shortfall in resources for V A hit veterans hard. The need for medical care often cannot wait, but veterans' health is put in jeopardy by unprecedented waiting times for routine and specialized services. The rationing of medical care means that some veterans will not merely suffer from delays, but will suffer from the denial of needed treatment altogether. These are the more immediate and visible effects. With these budget constraints, V A has been unable to make needed upgrades to its facilities and medical equipment. Even the most dedicated health care professionals cannot provide the best quality of care under these circumstances. Eventually, the increasing weight of these strains upon personnel and infrastructure can only lead to greater fraying of the fabric and systemic breakdown of services. After years of laboring to build this system into a model of efficiency and a world leader in medical care, this is such a foolish squandering of a valuable national resource.

From its thorough examination of the functioning of the veterans medical care system, the President's Task Force to Improve Health Care Delivery for our Nation's Veterans encountered these obvious and unavoidable realities head-on. The Task Force was compelled to conclude in its final report that there exists a significant mismatch in V A between demand and available funding that, if left unresolved, will delay veterans' access to care and could threaten the quality of health care services. The Task Force found that the discretionary appropriations process had been a major contributor to this historic mismatch. The Task Force found the effects especially egregious for veterans with the lowest priority for V A medical care, Priority Group 8 veterans. Observing that the Secretary of Veterans Affairs suspended new enrollments for Priority Group 8 veterans in January 2003, the Task Force declared these consequences "unacceptable." The Task Force stated: "Individually, veterans do not know from year to year whether they will have access to V A care, and as an organization, V A cannot effectively plan or budget, given the uncertainty." In the view of the Task Force, all veterans deserve clarity and fairness in the policies and practices related to benefits received following their service to the Nation. The President's Task Force recommended changing to a mandatory funding mechanism as an option for curing the instability and historical failings of the annual appropriations process.

The Administration has refused to endorse, or to even acknowledge, the recommendation of the President's own task force. We can only conclude that this rejection has nothing to do with the soundness of this recommendation, but rather obedience to raw political priorities focused on matters other than the best means to maintain effectiveness of the veterans' medical care system.

We recognize that getting mandatory funding for veterans' medical care is a big issue and big challenge. We have regularly faced serious challenges in providing for veterans, but the logic and lessons of history reveal there are always solutions. Otherwise, all progress we have made would never have been realized and each challenge would have been defeated by one serious obstruction. Adversity is no stranger to disabled veterans. Disabled veterans have faced adversity in war, in civilian life following, and in confronting those in government who do not

understand or appreciate the merits and importance of veterans' programs. Through perseverance and determination, we have overcome strong opposition in the past.

Many dismissed the idea that military retired disabled veterans would ever see the day where the prohibition against concurrent receipt of military retired pay and disability compensation would be repealed. Although we have not yet succeeded in obtaining total elimination of this unjust offset of disability compensation against retired pay, we have pierced the armor of the entrenched resistance, and we have made serious inroads toward eventual total removal of this injustice. Many of you took up this cause and helped. We intend to continue the campaign, but your help is essential to eradicating the remnants of this indefensible law. Although this is not a matter under your jurisdiction, you have demonstrated that you understand the injustice better than most of your colleagues in Congress. You understand the impact of such inequitable laws on the lives of disabled veterans and their families. We must again call on you to assist us in obtaining justice for all disabled military retirees. The path to concurrent receipt legislation has proven unexpectedly tortuous because the diversions by its opponents have made it veer off the road on numerous occasions. Last year's legislation put the effort back on the right track. For our disabled military retirees, we can do no less than pledge that we will march on until we reach the destination of total repeal of the offset.

For those benefits I mentioned that have lost part of their value and effectiveness because they have not been regularly adjusted to keep abreast of the cost of living, we again seek increases this year along with provisions for automatic annual adjustments in the future based on increases in cost of living. These benefits are the grants for specially adapted housing, grants for automobiles, and the burial allowances. No good reason exists for not adjusting these benefits every year as we do with compensation and the clothing allowance. Provisions for automatic increases indexed to the increase in the cost of living would alleviate the necessity for legislation each year and would alleviate the necessity of finding offsetting savings from other programs in accordance with provisions adopted in the budget resolution.

It is becoming ever more difficult for the committees to find offsetting savings for the purpose of increasing grant rates or making needed improvements in the benefit programs for veterans while keeping the spending budget neutral. Under Congress' self-imposed budget rules, which it follows or ignores to suit its purposes, the Committees must report legislation to reduce or eliminate one veterans' program to accomplish a beneficial improvement in another veterans' program. In effect, Congress requires one group of veterans to pay for the benefits of another group. This is simply no way to treat veterans and reveals misplaced congressional priorities. When it has the political will, Congress acts to shield new direct spending from pay-as-you-go points of order, or, through "directed scorekeeping" provisions in law, Congress exempts certain spending increases from counting on a PAYGO scorecard. No Federal spending deserves such measures to allow for easy passage more than laws for veterans. With expiration of the statutory budget enforcement provisions, Congress has much more latitude in authorizing spending on priorities. We urge you to start looking for such ways to improve veterans programs without doing harm to others.

One of the harms done is the continuing resort to rounding down of cost-of-living adjustments for benefits to achieve offsetting savings. While this amounts to a relatively small

loss to the beneficiary in the short term, the effect is compounded over time and eventually causes a significant loss in the earning power of the already modest compensation and education benefits. In addition, because compensation is adjusted based on and subsequent to the increase in the cost of living that was already experienced in the preceding 12 months, with the increased rates paid prospectively, the veteran is never paid for the increase in the cost of living during the span of the year in which it occurred and immediately begins to again lose ground to inflation in the months of the new year following the adjustment. This loss could be remedied by a single payment of retroactive compensation to cover the difference between the rate received and the cumulative increase in the cost of living for the months of the prior year. The insidious diminishment of buying power of these benefits is an issue the committees should address.

A potentially more immediate and direct threat to the integrity of veterans' benefits comes from ill-advised and arbitrary schemes to restrict or eliminate their disability programs. These schemes are almost always driven by goals of cost savings rather than sound and equitable public policy for veterans. Growing out of the aborted shameful attempt last year to restrict service connection for disabilities was legislation creating a disability benefits commission. Neither you, who are the subject matter experts and committees of jurisdiction, nor the members of veterans' community, who are the beneficiaries and stakeholders, requested this commission. Veterans are naturally skeptical. The DA V will be vigilant in monitoring recommendations of the commission. We urge the committees to do the same. Veterans serve out of a sense of duty and patriotism, not to get benefits. No veteran goes into military service so he or she can get disability compensation. No veteran enlists with the goal of losing his or her legs or eyesight, to thereafter live a life of certain extreme physical limitations, and perhaps chronic pain and economic deprivation, just to get disability benefits. No benefit payment can ever fully compensate a veteran for the deformity and functional effects of the loss of a limb; for the inability to engage in playful activities with his or her children or see them as they grow to adulthood; for the inability to walk normally and painlessly or dance with a spouse; for the inability to personally maintain his or her home, lawn, or garden; or for the inability to ever again enjoy the sights of everyday life. We can only hope that this new disability benefits commission is mindful of that reality and not focused on cold, abstract notions of the economic value of a bodily part or function when it starts looking at the benefits we provide to disabled veterans. We hope the commissioners remember the principles and spirit of disability benefits, that our citizens repay veterans for their service as citizens' own form of patriotism and share of the cost of national defense. We can only hope this commission strives to find ways to improve the effectiveness and fairness of benefits and services we provide to our disabled veterans rather than follow some furtive political motive to justify a reduction in government expenditures. Disabled veterans will be counting on you to effectuate the positive commission recommendations and flatly reject any detrimental ones.

Similarly, Congress must closely monitor VA's Capitol Asset Realignment for Enhanced Services (CARES) initiative. Modern medicine and the consequent changes in methods of medical care delivery, along with changes in the veteran population and where they live, have left VA with a monumental challenge to modernize its infrastructure to accommodate these changes. With the recognition that its massive, geographically dispersed, and sometimes antiquated medical care facilities must be reconfigured to provide the kinds of services veterans need in locations where veterans live, VA undertook its CARES study to assess veterans' medical

care needs and begin the process of realigning its aging assets to match its modern mission. Any such major redistribution of assets must be carefully and objectively carried out so as to increase efficiency and enhance services. Congress must intervene if necessary to ensure that any "asset realignment" is truly for "enhanced services."

A principle articulated in the opening words of a 1951 report by a special subcommittee of the Senate Committee on Labor and Public Welfare, chaired by Senator Hubert H. Humphrey and created to investigate Veterans Administration policies regarding hospital administration, rings so true today:

The medical care program of the Veterans' Administration is one of the largest in the world. . . . Obviously, a program of this magnitude is one of considerable and continuing interest to the Congress and the people of the United States. . . .

That interest. . . is considerably heightened by the fact that during the last few years the quality of the medical care available to the beneficiaries of the Veterans' Administration has been raised to a point where it unquestionably represents the best medical care available anywhere in the world at any time in the world's history.

When one realizes that this program also represents an attempt on the part of Congress to partially discharge our obligation to the men and women who have offered their lives in defense of our country, it is obvious that anything materially affecting that program should be the immediate concern of the Congress.

We are confident the members of these committees share that same deep sense of responsibility today. We urge you to be every bit as guarded in overseeing the actions of V A. You too have been disappointed to learn, as veterans have, that, with stiff competition for the Federal dollar and with agencies under the thumb of others in the executive branch that have other national priorities, purely political considerations tend to adulterate the best formulation of solutions that require resources. Just consider the Administration's refusal to adopt the recommendation by its own task force that chronic deficiencies in veterans' medical care should be cured by mandatory funding. When political considerations become the overriding motive and trump everything else, an originally good-faith initiative such as CARES can end up being a blunt cost-savings tool rather than a genuine and meticulous means to achieve efficiency and enhance services for the beneficiaries of the involved program. Quite frankly, there is a lingering apprehension in the veterans' community and among some V A employees that the CARES process will be perverted and the CARES plan will serve as a pretext for degrading rather than upgrading the system. We suspect the danger of this occurring will increase if the honest data show that enhancing services will require substantial new investments in the system.

Our observations of the CARES process thus far have given us little reason for greater optimism. Rather than accept the projections of substantially increased demand for long-term care, V A simply chose to proceed without factoring the long-term care component into the plan. The data provided to the CARES commission is incomplete in this respect. We question how VA can develop valid plans for use of its capital assets without consideration of the impact of

demand for long-term care and the resources necessary to provide that care. VA mental health experts reviewing the model used to project demand for mental health care determined it was seriously flawed, and the projections are therefore not accurate. For this component, the CARES commission was not provided accurate projections. The model for projecting demand for domiciliary care was also found to be flawed by reason of its erroneous assumption of an even distribution of domiciliaries across the system. Here again, V A is proceeding toward development of its national CARES plan with the knowledge that its data is inaccurate.

For results that can only be effective when based on highly accurate analysis of current and projected patient populations and a composite of all their medical care needs, V A cannot selectively factor out of the model the most costly services. The data must be complete and accurate, and the planning model must represent the true and complete picture. We were favorably impressed by a model designed by the Altarum Institute for a pilot study in V A's Veterans Integrated Service Network (VISN) 10. Altarum uses its thoroughly developed and tested "Healthcare Complex Model," as a basis for individual model design. The model is a tool to assess and forecast the size and medical care needs of patient populations and consequent demand for services in relation to system assets to determine the changes and resources necessary to bring facilities in line with capacity and service requirements. We understand that Veterans Health Administration officials were also very favorably impressed by the model developed for the VISN 10 pilot but would not agree to cover the costs of doing the analysis in all VISNs. Given the importance of accurate analysis for planning and the most efficient use and long-term investment of billions of dollars-and certainly delivery of the level and nature of medical care our veterans deserve-we believe nothing short of such a sound, comprehensive, and objective approach is acceptable.

An important safeguard for the correct delivery of benefits to disabled veterans is the availability of independent review of V A's administrative decisions by the United States Court of Appeals for Veterans Claims. Experience with the Court, newly created in 1988 after many decades of no judicial review for veterans, has revealed a need to make adjustments to the judicial review process. The Court was conducting such superficial review of V A factfinding that veterans were in effect being denied meaningful appellate review of benefit decisions that rested on factual matters and were being deprived of any means to obtain enforcement of the benefit-of-the-doubt rule that requires V A to decide a factual question in the veteran's favor when the evidence supporting the claim is at least as strong as that in opposition. In effect, V A can properly deny a claim only when the evidence against it is of greater weight than the evidence supporting it, that is, the "preponderance" of the evidence must be against the claim. The Court was upholding V A decisions that were merely supported by some "plausible" basis. At the urging of DA V and the veterans' community, Congress amended the law to require the Court to perform a more in-depth review, with due regard for consistency of the V A decision with the benefit-of-the-doubt rule. In its initial decisions construing these changes, CA VC has not given them the effect intended by Congress to ensure that veterans have meaningful judicial review in all aspects of their appeals. Essentially, the Court held that the amendments were meaningless and made no change to its standard of review. More precise adjustments are therefore still needed to require the Court to fulfill congressional intent that veterans receive meaningful judicial review of V A decisions. The DA V recommends amendments to the law that would require the Court to set aside a factual finding against a veteran that is not reasonably

supported by a preponderance of the evidence. Until the law is changed in this respect, VA is free to arbitrarily deny meritorious claims, and veterans have no effective remedy for such unlawful decisions.

Another matter concerning the veterans court merits mentioning here. During the nearly 15 years since the Court was formed, it has been housed in commercial office buildings. It is the only Article I court that does not have its own courthouse. This court for veterans should be accorded at least the same degree of respect enjoyed by other appellate courts of the United States. Rather than being a tenant in a commercial office building, the Court should have its own dedicated building that meets its specific functional and security needs and projects the proper image. The Court should have its own home, located in a dignified setting with distinctive architecture that communicates its judicial authority and stature as a judicial institution of the United States. Construction of a courthouse and justice center requires an appropriate site, authorizing legislation, and funding. The DA V asks for your support in enacting the necessary legislation to construct a courthouse and justice center for the United States Court of Appeals for Veterans Claims.

Beyond working with Congress to ensure our Government provides the most effective and needed aid, the DA V will continue to do its part for our Nation's disabled veterans and their family members. We provide assistance directly to veterans to complement or supplement the benefits and services available through the government, or to fill in where veterans' needs are not met by existing government programs. The centerpiece of DA V programs is our veterans' claims assistance service. We employ a corps of 261 National Service Officers (NSOs), who are themselves service-connected disabled veterans whom we have thoroughly trained in veterans' benefits law and the medical aspects of disability evaluation. Every day in DA V offices across the Nation, our NSOs provide free benefits counseling and claims assistance to hundreds of veterans and their family members. Each year, we represent thousands of them in their appeals to the Board of Veterans' Appeals (BV A) here in Washington, D. C. Among the several organizations and others that represent veterans before BV A, the DA V represents by far the largest number and percentage of the total number of appellants. In FY 2003, we provided representation in 9,336 of the cases decided by BV A, which was nearly 33 percent of all represented appellants and 29.7 percent of all appellants. Statistics indicate that 22.8 percent of DA V's cases were allowed by BV A and another 43 percent were remanded to correct defects in adjudication or record development. The DA V is also the largest single practitioner before the United States Court of Appeals for Veterans Claims. Our judicial appeals staff filed 181 appeals in 2003. Of the 148 cases for which a disposition was reached in the Court last year, 145 were reversals or remands. The Court affirmed the BV A decisions in only 3 of our appeals. We therefore had a remarkable 97.9 percent success rate at the Court.

In striving to even more effectively meet veterans' needs and ensure they receive the benefits our grateful Nation has authorized for them, we have undertaken two additional initiatives to enhance and expand benefits counseling and claims representation services to veterans. The first of the two programs involves outreach to members of the Armed Forces at the location and time of their separation from active service. The second involves services to veterans in the communities where they live.

For benefits counseling and assistance to separating servicemembers in filing initial claims, the DA V has hired and specially trained 26 Transition Service Officers (TSOs) who provide these services at military separation centers, under the direct supervision of DA V National Service Officers. By accepting and deciding-compensation claims at separation centers where the service medical records and examination facilities are readily available, V A envisions better, more prompt service to veterans in a way that is also more efficient and effective for V A. This enhancement in assistance to those seeking veterans' benefits will contribute to the DA V's goal of maintaining its preeminent position as a provider of professional service to veterans. In 2003, our TSOs conducted 1,467 briefing presentations to groups of separating servicemembers, with 62,755 total participants. TSOs counseled 31,148 persons in individual interviews, reviewed the service medical records of 24,954, and filed benefit applications for 22,771.

The DA V's Mobile Service Office program is a part of the same goal. By taking its service offices on the road to rural America, inter-cities, and disaster areas, the DA V assists veterans where they live, which increases accessibility to the benefits our Nation provides for veterans. The DA V has 10 of these specially equipped mobile offices on tour to make stops in communities across the breadth of the country. During 2003, our Mobile Service Offices interviewed 12,252 persons at 563 different locations and accepted 11,511 claims.

Beyond all the services we deliver through our employees, the DA V and its Auxiliary together currently have approximately 17,930 volunteers who predominantly assist employees and patients in VA hospitals. Last year, they logged 2,524,152 hours of free service to the VA, valued at \$41,749,474. Since we began our program to furnish indigent and disabled veterans free transportation to V A facilities for medical care, the DA V has purchased and then donated 1,405 passenger vans to the VA, at a cost of \$28,940,080. Through our close relationship with Ford Motor Company, we have secured the donation of 90 additional vans from Ford. From the transportation program's inception to the end of FY 2003, we provided 8,049,039 round trips to veterans, in which our DA V drivers volunteered 16,400,745 hours of their time and traveled 304,316,159 miles. This program enables disabled veterans in virtually every congressional district in the country to get to their medical appointments.

Immediately following the September 11, 2001, terrorist attacks, the DA V sprung to action to assist in the relief efforts. Our DA V transportation network delivered 250 pints of blood from the Orlando, Florida, V A Medical Center to Patrick Air Force Base for shipment to New York. Our NSOs, established an office at the Family Relief Center where they issued 300 disaster relief grants and provided other assistance to veterans and their families who were victims of the attack. We dispatched one of our Mobile Service Offices to the World Trade Center site where we distributed more than 6,000 articles of clothing, nearly 5,000 comfort kits, and a variety of patriotic items to firefighters, police, and emergency rescue workers. We also established an office at the Pentagon Family Assistance Center in Arlington, Virginia, where we issued 120 disaster relief grants and distributed clothing and patriotic items to family members of victims, active duty servicemembers, and other volunteers. Our NSOs made personal visits to those veterans who remained hospitalized from injuries sustained during the Pentagon attack and presented them with disaster relief grants and patriotic items.

In addition, to disaster relief grants, the DA V provides college scholarships for youth volunteers and assists veterans and their families in a variety of other ways. Of course, we are only able to accomplish these benevolent tasks because of strong support from a generous American public and selfless dedication of our members, who often volunteer despite their advanced age and their own painful and debilitating disabilities.

To ensure veterans receive the services they need, the DA V works closely in partnership with Congress and departments and agencies of the executive branch. Cooperation between organizations such as the DA V and government is essential to optimal use of limited resources for common goals, especially prompt assistance to those hospitalized from combat wounds. For more than six decades, the DA V has had open access to patients in military hospitals. Today, as much as ever, wounded soldiers, sailors, airmen, and Marines need to be fully informed about their legal rights and options, and the support and services available to them. We cannot do too much for these heroes. Perhaps you have seen the stories in the national media that reveal the Department of Defense is sometimes doing too little for them. They remain a priority with the DA V, however. Considering their contributions and honored status as combat wounded, it seems irrational that the Department of Defense would deny them the best services available, especially the free services and claims representation the DA V is eager to provide as the core of its congressionally-chartered mission. Surprisingly, that is the unfortunate and frustrating situation the DA V faces currently, particularly with our premiere military medical facility right here in the Nation's capital. Walter Reed Army Medical Center (WRAMC) has severely restricted our access to these patients and imposed procedures so onerous and intrusive that they hinder our ability to fully assist the few we do get to see. For example, WRAMC requires us to make all requests to visit patients to its headquarters office. That office then selects the patients we may visit and denies us access to such data as the patient's name and nature of injuries. The DA V's representatives are escorted at all times while in the facility, with all visits to patients closely monitored, preventing open and confidential communication between the DA V representative and potential client. So far, our efforts to solve this problem through appropriate channels have been unsuccessful. If we are ultimately unable to resolve this unacceptable and indefensible situation, we may be left with no option other than a legislative remedy. We hope we can count on these committees to ensure these services to the 'combat wounded are fully restored.

Sometimes our leaders attempt to pay the Nation's debt to disabled veterans through the counterfeit of shallow symbolism rather than with the genuine currency of substance. Though the best recognition and honor we can bestow upon veterans disabled in the service of their country is through deeds that match our words when we provide them services, we must, nonetheless, not neglect to honor them with more heartfelt and personal expressions of appreciation. Because we are a nation of the people, we are a nation of moral values, utmost conscience, tight bonds of social kinship, and genuine gratitude. Above all, we admire our heroes and look to their sacrifices and contributions to inspire our individual patriotic ideals. Nowhere are these dear national characteristics more evident than here in our Nation's capital, where they are symbolized by the many monuments to the great heroes who have built and protected our grand republic. The busloads of school children and tourists from all over the world that continually descend upon Washington are a testament to the deep spiritual meaning and majestic grandeur of the scores of monuments and memorials that tell the American story.

Cut in stone and shaped in bronze are words of wisdom and statues that define our creed and remind us of those who gave us this great gift, but in so doing, give us an identity and a reflection of who we are, even more vividly and tangibly than our history books, folklore, cultural expressions. Certainly, we must include among those that have allowed us to become who we are the many that personally paid the high price of freedom with their arms, legs, eyesight, or mental well-being, for example. That is why the DA V is providing major support to the Disabled Veterans LIFE Memorial Foundation in its work to construct a memorial to disabled veterans in Washington. Congress has enacted legislation that authorizes construction of the memorial on select lands in the shadow of the United States Capitol. You have companion bills in both chambers-H.R. 2823 in the House and S. 1379 in the Senate-to provide for the minting of coins by the Treasury to commemorate disabled veterans and to contribute the surcharges on the coins to the fund for construction of the American Veterans Disabled for Life Memorial. I want to especially urge the members of these two veterans' committees to give their full support to these bills. Some of you are, but many of you are not, among the 38 cosponsors of the American Veterans Disabled for Life Commemorative Coin Act in the House and the 21 cosponsors in the Senate. I urge you to begin to show your support by signing on as a cosponsor if you have not already done so.

Although cited most frequently perhaps, wounds on the battlefield are not the only source of service-connected disabilities. Military service is by its very purpose and nature inherently dangerous. Beyond the unavoidable rigors and risks, our own Government has exposed our military men and women to some of the most extraordinary hazards imaginable. Many suffer serious, debilitating disabilities that are difficult to treat as a result.

Between 1945 and 1962, testing programs for nuclear weapons exposed thousands of participants to ionizing radiation. Others were exposed as prisoners of war of Japan at the time of the atomic bombing or as occupation forces stationed in or near Hiroshima and Nagasaki. Over the decade from 1961 to 1971, our military forces sprayed approximately 21 million gallons of herbicide agents in Vietnam. Nicknamed according to the color of the stripe on their storage barrels, the most common of these was "Agent Orange." Agent Orange was also used along the demilitarized zone in Korea during the Vietnam era. These herbicides contained a contaminant, dioxin, which is one of the most toxic substances known to humankind. Veterans of the first Persian Gulf War were exposed to a variety of chemical and biological warfare agents, vaccinations, infections, pesticides, microwaves, depleted uranium, smoke from oil well fires, and other chemicals. They began suffering debilitating symptoms that medical science has yet been unable to diagnose or even conclusively link to a specific cause or causes. These illnesses are referred to generically as "Persian Gulf Syndrome."

Often, the effects of these exposures were not evident during service and did not manifest clinically until after veterans had been discharged. Sometimes, the onset of related diseases was delayed for years. Direct evidence of cause and effect was difficult or impossible for veterans to produce. Too frequently, the bureaucracy was slow to acknowledge and address the special problems of these veterans. For these very deserving disabled veterans, justice came only after Congress intervened to authorize medical care and presumptions of service connection. With the passage of time, more maladies have been shown to be associated with exposure to these hazardous materials. As an association between more illnesses and these unique exposures

during military service become apparent, the coverage of the laws may need to be expanded. The committees have done a superb job of holding hearings and acting decisively to enact authorizing legislation to ensure veterans receive the medical care and compensation they so rightfully deserve. The special problems of these veterans and the questions of service causation are among the most complex thrust upon the committees, but we cannot allow that complexity to delay effective action when it becomes indicated. The DA V's legislative agenda includes resolutions calling for expansion of these benefits as new supporting information comes to light. We appreciate the logical and fully warranted improvements in provisions for service connection and treatment that you made for prisoners of war last year.

In dealing with disabled veterans and former prisoners of war, we encounter much to remind us about the human costs of freedom. There is another memory we must not allow to fade from our consciousness. Our agenda would be incomplete if we ever forgot those whose fate is still unresolved. Until we and their families account for them, we cannot rest. The families of many American servicemen continue to live with the pain of the awful uncertainty of whether their missing sons, fathers, and husbands are yet held as prisoners of foreign governments. Even those who have long abandoned anguished hope still live with the unsettling lack of closure that comes from not knowing what end their loved ones may have met. Sensitive to the emotional burdens upon these families and the inhumanity of abandoning any that may still be alive and held captive, our members continue to adopt a resolution every year that charges the United States Government to keep the disposition of the missing in action as one of its highest priorities and to exert all necessary pressure upon responsible foreign governments to come forth with all information they have to resolve this matter. Finally, the resolution calls for legislation directing the heads of all pertinent Federal departments to fully disclose information about the status of United States personnel who were known to have been prisoners of war or are classified as missing. Please do not let the inherent difficulty of this challenge cause you to abandon any efforts within your powers to bring this, among the saddest consequences of war, to its most appropriate conclusion.

With the high expectations and extraordinary demands upon our men and women in uniform, and with the essential role they play in the continuation of all we stand for, it is most fitting that *Time* chose the "American soldier" as its Person of the Year for 2003. In the policy of war, it is our civilian leadership that calls the shots, but it is the soldier in the field that must execute the act and fire the shots in a hostile environment and in the face of threats that most government officials and most citizens never have to experience, and can never fully appreciate or imagine. As noted in the *Time* article, our servicemembers "share the duty of living with, and dying for, a country's most fateful decisions." "They are the bright, sharp instrument of a blunt policy, and success or failure in a war unlike any in history ultimately rests with them." "For uncommon skills and service, for the choice each one of them has made and the ones still ahead, for the challenge of defending not only our freedoms but those barely stirring half a world away, the American soldier is *Time's* Person of the Year" its article stated. The outcome of war determines the fortunes of nations. Without question, we are the most fortunate nation on earth, and we owe not only our prosperity, security, and freedom, but our very existence, to the sacrifices of our veterans. In a sense, veterans' benefits are an investment in America: one of our most necessary and fruitful investments. A nation that abandons its warriors once the swords of its enemies lie rusting on the ground dishonors itself and imperils its future. Therefore, let's

resolve not to do what we have done too often in the past. Let's resolve not to, today, praise them as soldiers, pat them on the back, and send them off to war, and, tomorrow, neglect them as veterans, pay lip service to their needs, and send them on their way. Sure, veterans' programs require a commitment of taxpayers' dollars, but, compared to what we asked of them as soldiers, they ask little of us as veterans. As observed by *Time*, "They are the face of America." When they return to our ranks, let's look them in the eye with the confidence we have done as right by them as they have done by us.

To do right by veterans, none of the DA V's legislative goals alone or all together require a commitment of resources anywhere close to the portion of the Federal budget devoted to veterans' programs in 1893 or any growth in spending approaching that between 1924 and 1932 that I previously noted. None seeks legislation as ambitious and broad in scope as the World War II GI Bill. But the depth of the Nation's moral obligation to veterans today is no less than it was during these earlier eras. We still have as much need as ever for a strong support from these committees to guide our government toward fulfillment of its indebtedness to disabled veterans.

The members of these committees make the beneficial things happen that happen for veterans each year. The DA V's positive agenda, as always, calls upon you for the necessary action to improve the benefits and correct problems, and sometimes calls upon you to oppose unwarranted and detrimental actions of others in government. Obviously, you listen, and, obviously, you act. During the especially challenging times last year, you stood up for veterans, and you stood up for what was right. Accordingly, I want to close with a renewed call upon you to stay the course, and we pledge to work closely with you and your staff. Most of all, however, I want to express to you on behalf of the disabled veterans of this country, as well as their families who also bear the burdens of their disabilities, that we consider ourselves fortunate to have advocates such as you on our side, and we have the deepest respect and appreciation for all that you do for us.

# FACT SHEET

## BIOGRAPHICAL INFORMATION

### **ALAN W. BOWERS**

National Commander  
Disabled American Veterans

Alan W. Bowers, a Vietnam War disabled veteran, was elected National Commander of the 1.2 million-member Disabled American Veterans (DA V) at the organization's 2003 National Convention in New Orleans, Louisiana.

A native of Royalston, Massachusetts, Commander Bowers earned Bachelor of Science and Master of Science degrees in computer science from The Pennsylvania State University. He is also a graduate of the Air Force Squadron Officer School and the Command and Staff College.

Commander Bowers enlisted in the u.S. Air Force in 1957. Following basic training, he entered the Aviation Cadet program. He was commissioned a second lieutenant and earned his navigator wings from the program in 1958. In September 1972, he suffered a compression fracture spinal cord injury while ejecting from a disabled OV-10 aircraft over Vietnam. Due to his service-connected disability, Major Bowers was medically retired from the Air Force in 1974. He immediately joined the DA V.

A life member of DA V Chapter 46 in Athol, Massachusetts, Commander Bowers has held most appointed and elected positions, including Commander and Adjutant. At the DA V Department level, he has served as Junior and Senior Vice Commander, and 1996-'97 Department Commander. He is also a past President of the DA V Department of Massachusetts Past State Commanders' Association. At the National level, the Commander served as a member of the DA V National Executive Committee and was consecutively elected National 4th, 3rd, 2nd and 1st Junior Vice Commander, and Senior Vice Commander beginning in 1998. He is also the recipient of numerous awards and honors recognizing his service as an active member of various local fraternal and community organizations.

National Commander Bowers and his wife, Theresa, reside in Royalston, Mass. They are the parents of three grown children, two sons and a daughter; and grandparents of six grandchildren.

## **DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS**

The Disabled American Veterans (DA V) does not currently receive any money from any federal grant or contract.

During fiscal year (FY) 1995, DA V received \$55,252.56 from Court of Veterans Appeals appropriated funds provided to the Legal Service Corporation for services provided by DA V to the Veterans Consortium Pro Bono Program. In FY 1996, DA V received \$8,448.12 for services provided to the Consortium. Since June 1996, DA V has provided its services to the Consortium at no cost to the Consortium.