

PARALYZED VETERANS OF AMERICA

2005 ANNUAL TESTIMONY

PRESENTED BY

RANDY L. PLEVA, SR., NATIONAL PRESIDENT

BEFORE A JOINT HEARING

OF THE

HOUSE AND SENATE COMMITTEES ON VETERANS' AFFAIRS

MARCH 10, 2005

Mr. Chairmen and members of the Committees, I am Randy L. Pleva, Sr., National President of Paralyzed Veterans of America (PVA). With me today are Delatorro McNeal, Executive Director; John Bollinger, Deputy Executive Director; Douglas Vollmer, Associate Executive Director for Government Relations; and Richard Fuller National Legislative Director. Behind me are PVA's Executive Committee and Chapter Legislation and Advocacy Directors representing our 21,000 members from all fifty states and Puerto Rico.

Mr. Chairmen, when I became President of PVA I committed to our members that their health care needs would be my highest priority. I also promised that I would tell it like it is, regardless of whose feathers might get ruffled or how unpopular our position might be to some here in Washington. For the Paralyzed Veterans of America, overcoming obstacles and challenges is nothing new – it is a fact of life all of our members live with on a daily basis.

PVA has its beginnings during the last stages of World War II. At that time, the life expectancy of someone who experienced a spinal cord injury could be measured in months. By the war's end, with the advent of new antibiotics, thousands of veterans were going through successful therapies at VA hospitals around the country. This group of veterans learned quickly that the nature of a spinal cord injury presented very new medical, physical and social challenges. They realized that successful rehabilitation required facing a hostile physical environment outside the hospital. A wheelchair was not a welcome piece of equipment in their homes, their towns and cities. Even if they found a way to drive a car, there were very few places they could go, stores, restaurants, movie theaters, train stations, airports, that did not present permanent physical barriers. Worse, they feared the embarrassing and dangerous need to be lifted by strangers over these barriers.

PVA grew out of the need to overcome these challenges. From the very beginning PVA has focused on ensuring that its members receive quality and timely health care and we have joined and worked with the doctors, nurses and therapists in the VA to develop

approaches to care for veterans with spinal cord injury and dysfunction. Out of this partnership, the VA's network of spinal cord injury centers developed and the vast improvements in SCI medicine and rehabilitation evolved that have made the VA a world leader in this field.

We have come a long way since those early days after World War II and I am here today to tell you that we will do all in our power to continue to move forward and not watch the VA slide backward due to a lack of resources. For me, and for our members, the protection of specialized services within the VA is our highest priority – we have no other options. It is my firm belief that in order to protect spinal cord injury care we must protect the entire VA health care system. Services for veterans with spinal cord injury cannot exist in a vacuum, in a system that is weakened by diminished funding and reduced access.

PVA is about more than just seeking to protect the VA so that our members maintain access to specialized services. We also have an obligation to our fellow veterans, those men and women who served side-by-side with us, our fathers and grandfathers who served in earlier wars and conflicts, and our sons and daughters who are serving today.

It is for these reasons that we must, again today, challenge this Administration's budget priorities. PVA has presented its views on the resources necessary to maintain the Department of Veterans Affairs as a vibrant system of care and benefits for the nation's veterans in testimony before the Committees on Veterans' Affairs and in detail in *The*

Independent Budget. The “views and estimates” recently submitted by the majority to the respective Budget Committees demonstrates that our voice was not heard, or was disregarded. These “views and estimates” provide little comfort to PVA’s members and the other veterans.

While PVA recognizes that there are certain positive elements in your budget submissions, most notably the rejection of increased co-payments for pharmaceuticals and rejection of some of the most egregious cuts in long-term care programs for the aging veterans’ population, the proposals fall far short of providing the resources necessary for the VA.

The reliance on enrollment fees, whether at a fixed rate for priority 7 and 8 veterans or on a sliding scale, forces one group of veterans to provide the resources necessary for the health care needs of other veterans. We have heard those in Congress question why veterans without service connected disabilities, or the very poorest, should not pay for a portion of their care. Our response is quite simple – first, many already do through the existing system of co-payments; second, they served their country honorably, separated from home and family, frequently in combat and by great good fortune remaining whole. The nation did not “means test” their entry into military service and should not now do so for their access to earned care. These are not second class veterans and they should not be treated as such. During an era of conscription and draft they bore the brunt of sacrifice in every war our nation has fought during the twentieth century.

We have also heard those in Congress, and on these Committees, who say that the continued need for additional resources for the health care system is the result of the enactment of eligibility reform in 1996 and that this reform is a failed policy. To the critics of eligibility reform I say that your position is wrong. The VA health care system treats more than double the number of veterans today than it did in 1996 – at less than double the cost. The VA is a changed and improved system today. The addition of over 900 outpatient clinics, not eligibility reform, has driven the increase in the number of veterans using the system. The VA has become a leader in improved therapies of care and medical administration. It could not make that claim prior to 1996.

As more and more young servicemen and women are returning from Iraq, Afghanistan and other areas of conflict now is not the time to reduce funding for the VA and “down size” our commitment to those who have served in earlier wars and conflicts. As other sectors of the American health care system are being squeezed and options diminished the VA must be supported both financially and philosophically for the nation to keep its promise to those who have served in defense of freedom.

Mr. Chairmen, while we recognize the initial budget work of the Committees is finished we ask that you reconsider where your actions will take the VA in the future. You may believe you are merely acting in a fiscally restrained manner, just slowing the growth of a large federal department. The way we see it is that your efforts will have potentially devastating effects on sick and disabled veterans. Veterans have turned to the VA because it is a good system of care, a system of care put in place by a government that

recognized its obligation to those who served. Reducing funding for the VA will have real effects on real people in need.

PVA will use whatever resources and means we have to continue to work to secure what we believe the VA requires to meet the needs of our members and all veterans. We will focus on the Budget and Appropriations Committees as they move forward with the budget process. We will go to the American people in our efforts to gain support for maintaining a viable system of care and benefits for veterans.

PVA vows to work with the Committees on Veterans' Affairs on issues where we can find common ground in making the VA better. But we will not sit idly by and watch the system shrink or force out veterans who have honorably served this country.

Thank you for this opportunity to express the views of Paralyzed Veterans of America. This concludes my remarks and I will be happy to respond to any questions you may have.

RANDY L. PLEVA, SR
NATIONAL PRESIDENT

Randy L. Pleva, Sr., was elected as national president of the Paralyzed Veterans of America (PVA) during PVA's 58th Annual Convention in Albuquerque, New Mexico on July 30, 2004.

Previously, he served as national senior vice president and three years as national vice president. Pleva joined the Kentucky/Indiana Chapter in 1989. He later helped form the West Virginia subchapter. After chapter status was granted to West Virginia PVA in 1992, Pleva was elected as its first president and national director. Pleva has held these positions for eight years. For the past 11 years, he has served on numerous state and federal committees, either as a member of the board of directors or chairman. In 1998, the West Virginia Governor, Cecil H. Underwood, appointed Pleva as Americans with Disabilities Act coordinator.

Pleva joined the US Marine Corps in 1971 and served with the Task Force Delta Unit in Southeast Asia. He was discharged in 1974, became employed as a coal miner and United Mine Workers mediator. In 1982, he sustained a spinal cord injury in a coal mining accident.

Pleva currently resides in Tad, West Virginia.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2005

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program— \$228,000 (estimated).
Paralyzed Veterans of America Outdoor Recreation Heritage Fund – Department of Defense -- \$1,000,000.

Fiscal Year 2004

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program— \$228,000 (estimated).

Fiscal Year 2003

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program— \$228,803.