



# IRAQ *and* AFGHANISTAN VETERANS *of* AMERICA

U.S. HOUSE COMMITTEE ON VETERANS' AFFAIRS,  
SUBCOMMITTEE ON HEALTH  
"LEGISLATIVE HEARING"

MAY 27, 2010  
TESTIMONY OF TIM EMBREE  
IAVA LEGISLATIVE ASSOCIATE

Mr. Chairman, Ranking Member, and members of the subcommittee, on behalf of Iraq and Afghanistan Veterans of America's one hundred and eighty thousand members and supporters, I would like to thank you for inviting us to testify before your subcommittee. My name is Tim Embree. I am from St Louis, MO and I served two tours in Iraq with the United States Marine Corps Reserves. The legislation being considered today will profoundly affect veterans of all generations and their families. We appreciate this opportunity to offer our feedback.

**Executive Summary:**

Three bills being considered today will positively affect our members and their families so IAVA supports them. The "Improve VA Outreach Act" addresses the need for a concerted VA effort to reach out to veterans and their families to promote the services and benefits available to them. H.R. 4062, the "Veterans' Health and Radiation Safety Act," insures the safety of veterans receiving specialized treatments involving radioactive isotopes. H.R. 4505 expands access for gold star parents to state nursing homes.

**Full Testimony:**

**H.R. XXXX, Improve VA Outreach Act of 2010**

IAVA proudly supports the "Improve VA Outreach Act of 2010." Too many men and women, discharging from the military, are not enrolling in the Department of Veterans Affairs (VA) for their well earned benefits. Currently, the burden is on them to seek out their benefits, within a passive VA. This is unacceptable. It is long overdue for the VA to aggressively recruit veterans and their families into VA programs.

"The VA could be more aggressive in contacting OIF/OEF veterans and at least talking to them before the veteran has a mental health crisis. They need to be proactive instead of reactive." –IAVA Member

The VA must develop a relationship with the servicemember while they are still in the military, not after the servicemember has traded their uniform for a t-shirt and jeans. The VA should learn from successful college alumni associations, which do not wait until graduation day to find their newest members. Instead, they greet them on the first day of freshman year and stay with them throughout school with engagement activities and social events. The VA should do

the same: greet servicemembers as they complete basic training and build on that relationship throughout the servicemember's time in uniform.

When a person leaves the service, the VA should create a regular means of communicating with them about events, new programs and opportunities. And the VA must reach out to aggressively promote VA programs to veterans who have not yet accessed their VA benefits. If I got half as many letters and emails from the VA, as I do from my college alumni association, that would be a great start.

To transform the VA from "reactive" to "proactive," IAVA believes the VA must invest in aggressive, modern, innovative outreach. This is not happening now—and veterans are clearly suffering as a result. IAVA was disappointed that there were only a few brief mentions of outreach activities in the President's VA budget submission; none of which were for a dedicated outreach campaign. We believe the VA budget must include a distinct line item for outreach within each VA appropriation account. This line item should fund successful outreach programs such as the OEF/OIF Outreach Coordinators, Mobile Vet Centers and the VA's new social media presence on Facebook and Twitter.

The VA's current outreach campaign is disappointing. When the VA announced that it had placed ads on more than 21,000 buses nationally,<sup>1</sup> to spread the word about the suicide prevention lifeline, we were initially enthusiastic; an image of the ad is below. When we saw the ad, it was clearly a failure. The ad has over 30 small print words; the average bus ad is limited to 5-10 words. In the short time in which a bus passes, a veteran would have to go by the bus repeatedly to even read the hotline number.



IAVA has run one of the largest non-governmental outreach campaigns in history, through a partnership with the Ad Council and some of the world's best advertising firms. We have learned a lot about the best ways to communicate complex and serious issues through television and print. We are ready to work with the VA and share our expertise.

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<sup>1</sup> <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1707>



The “Improve VA Outreach Act” will help the VA take their current outreach efforts to a whole new level. It requires the VA to:

1. effectively coordinate outreach efforts among the different parts of the department as well as other agencies offering services to returning servicemembers;
2. work closely with the Department of Health and Human Services to promote community health centers. These community health centers may be the only medical facility a rural veteran can reasonably access without spending a full day riding in a car or bus;
3. set up an outreach committee tasked with coordinating efforts which currently are being done on an ad hoc basis among many of the VA’s separate departments; and
4. submit a two-year plan fully explaining their outreach activities.

To bring America’s next generation of veterans into the VA, to receive the benefits they have earned, will require an unprecedented VA outreach program. The “Improve VA Outreach Act of 2010” is the first step in getting us there.

**H.R. 4062, Veterans’ Health and Radiation Safety Act (Adler)**

IAVA endorses H.R. 4062, the Veterans’ Health and Radiation Safety Act. Improper use of medical equipment, especially radioactive isotopes, can lead to unexplained illness, cancer and even death. The VA was recently issued the second largest fine by the Nuclear Regulatory Commission for misuse of radioactive isotopes in the treatment of nearly 100 veterans in Philadelphia. Stories about veterans leaving VA facilities sicker than when they entered casts a cloud over the confidence veterans place in the system charged with their care. H.R. 4062 mandates the proper oversight of these treatments so veterans will be confident in the safety of the care they receive.

**H.R. 4465, Adjusting veterans financial status based on the number of their dependents (Kissell)**

IAVA does not take a position on H.R. 4465 because it appears to be duplicative of current law. This bill requires the VA to take into consideration that veterans seeking care in a state nursing home may have children and therefore the veteran’s “attributable income” should be adjusted accordingly, when deciding whether a veteran can pay for nursing home care. Section 1722 of title 38 establishes this eligibility and already accounts for each dependent a veteran might have by increasing the “attributable income” threshold for free care for each dependent the veteran has. If H.R. 4465 somehow expands or clarifies the definition of dependent, IAVA would gladly support it.

**H.R. 4505, Authorizing state homes to provide services to gold star parents (Thornberry)**

IAVA supports H.R. 4505, and stands with Gold Star mothers (or whoever carries weight from that community) which expands access for gold star parents to state nursing homes. Previously, a gold star family member would only be eligible for these services only if all their sons and daughters died in combat. This bill changes that requirement to include a gold star family member, who has no remaining sons and daughters, but has lost one of their children in the service of their country. It is a common-sense way to support our Gold Star parents—who have given so much for our nation.



**H.R. XXXX, World War II Hearing Aid Treatment Act (Teague)**

IAVA supports the draft legislation known as the “WHAT Act – WWII Hearing Aid Treatment Act.” We believe that any veteran with a diagnosed hearing impairment, whether they served in Baghdad or Normandy, should have access to free hearing aid devices from the VA. Again, this seems like common sense.