

Issue: MEDICARE REIMBURSEMENT

Message Points:

- The Veterans Health Administration (VHA) continues to seek other revenue streams to supplement annual federal appropriations.
- VHA is authorized to bill, collect and retain payments from enrolled veterans and their health insurance insurers for inpatient and outpatient care, outpatient medications and long-term care services, except Medicare.
- Medicare is a prepaid, federally mandated health insurance program for all eligible Americans.
- Medicare-eligible veterans should have the same opportunity as every other Medicare participant, to use their Medicare coverage in the health plan of their choice.
- Veterans pay into Medicare their entire working lives and should not be penalized because they choose to have their care in VA, which is a system designed to meet their unique health care needs.
- The Indian Health Service has demonstrated the ability to bill and collect Medicare Reimbursement.
- The American Legion seeks to amend Title 18 of the Social Security Act, to allow Medicare Reimbursement for VA on a fee-for-service basis for the treatment of non service-connected medical conditions of enrolled, Medicare-eligible veterans.
- Enrolled, Medicare-eligible veterans should be authorized to participate in the Medicare Advantage option by choosing VA as their primary health care provider.

Issue: ARLINGTON NATIONAL CEMETERY

Message Points:

- The American Legion is dismayed and disheartened by the failures and disgraceful conduct documented by the US Army Inspector General (IG) Agency's Report of Investigation identified as SAIG-IN ROI 10-004 which was released on June 10, 2010 which found:
 - 1) Improper handling of thousands of remains.
 - 2) Loss of accountability of cremated remains.
 - 3) Unmarked gravesites.
 - 4) Unintended double burial of remains.
- Arlington National Cemetery is our country's most sacred shrine representing the embodiment of the sacrifices our service members made to protect and defend our nation.
- The American Legion approved a resolution at our convention in 2010 which urges Congress to place the responsibility of managing, operating and maintaining Arlington National Cemetery and the U.S. Soldiers and Airmen's Home National Cemetery in Washington D.C., currently administered by the U.S. Army directly with the Department of Veterans Affairs' National Cemetery Administration (NCA).
- The American Legion urges Congress to place the responsibility of maintaining Arlington National Cemetery under the purview of the National Cemetery Administration for four reasons:
 - 1) The National Cemetery Administration manages 131 National Cemeteries and that is their primary mission. The Department of Army's primary mission is force readiness (to prepare and execute) our nation's wars.
 - 2) The National Cemetery Administration already has computer technology for locating remains which is called the Gravesite Locator. This technology could easily be used at Arlington rather than the Department of Army developing their-own computer system.
 - 3) Cost.
 - 4) Customer Satisfaction. NCA has achieved the highest rating in customer satisfaction ever awarded to a federal agency or private organization with a score of 95 out of a possible 100 according to the American Customer Satisfaction Index survey, which is conducted every three years.
- The American Legion also urges the Department of Army to continue providing military ceremonies at Arlington National Cemetery including the Old Guard, 24-hour vigil at the Tomb of the Unknowns and providing military funeral escorts.
- We owe it to our service members and their families to ensure that they are given a proper and dignified burial.

Veterans Affairs & Rehabilitation
(202) 861-2700

Issue: WOMEN VETERANS PROGRAM

Message Points:

- According to the VA, as of September 2010 there are 1,840,380 Women Veterans.
- Women make up 13 percent of OEF/OIF/OND Veterans.
- Women Veterans account for 6% of the homeless population.
- Nearly 214,000 women are on active duty and roughly 240,000 women deployed to operational theaters since 2001.
- In FY 2009 and FY 2010 PTSD, hypertension, and depression were the top three diagnostic categories for women Veterans treated by VHA.
- About 1 in 5 women seen in VHA respond "yes" when screened for Military Sexual Trauma (MST).
- In 2010, The American Legion contracted with Prosidian Consulting, to conduct a women veterans survey. The survey was launched on January 5, 2011 and included surveying a sample of 3,012 women veterans in order to better understand their healthcare needs through the Department of Veterans Affairs.
- The survey consisted of sixty-seven (67) questions, designed to measure the following ten attributes of service quality: (1) tangibles, (2) reliability, (3) responsiveness, (4) competence, (5) courtesy, (6) communication, (7) credibility, (8) security, (9) access, and (10) understanding/knowing the customer. The overall findings for each service quality are as follows:
 - a. *Tangibles*: Almost twenty-five percent of the respondents rated the convenience of the location of VA facilities for women-specific issues as poor, indicating that gender-specific care is difficult to obtain for a significant number of women veterans.
 - b. *Reliability*: Almost fifty-seven percent of respondents were satisfied with the reliability of healthcare provided by the VA when compared to private healthcare providers.
 - c. *Responsiveness*: Over thirty percent of respondents were dissatisfied when they compared the responsiveness of the VA to that of private healthcare providers. This is a theme that occurs throughout the survey results.
 - d. *Competence*: Approximately one-fourth of the respondents said they were dissatisfied with the competence demonstrated by VA healthcare providers when compared to private practitioners.
 - e. *Courtesy*: With almost one quarter of the respondents rating this attribute as less than positive, courtesy appears to be an important issue for the VA to address.

- f. *Communication*: Approximately thirty percent of the respondents felt that they were not allowed an appropriate amount of time with their provider to discuss their specific health-related issues.
 - g. *Credibility*: Between twenty-five percent and forty percent, depending on the question was expressed a high level of dissatisfaction when they were asked to compare the credibility of healthcare provided by the VA with similar services provided by private practitioners.
 - h. *Security*: Over twenty-Five percent of respondents expressed a level of dissatisfaction for this attribute which suggest that there is considerable room for improvement in Security-related issues for the VA, especially in the degree of sensitivity surrounding a patient's personal information.
 - i. *Access*: Nearly one third of the respondents stated that they were dissatisfied with their most recent experience with the Women Veterans Program Manager (WVPM), suggesting there is room for significant improvement in the capabilities of the VA to provide gender-specific services.
 - j. *Understanding*: Only forty-two percent of the respondents were satisfied with their experiences related to the MST screening process. This represents a critical area in which the VA needs to improve its practices in regard to gender-specific services.
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- Since the survey, The American Legion has continued to advocate for improvements with delivery of timely and quality health care for women veterans.
 - The Veterans Affairs and Rehabilitation Commission will continue to make recommendations to the Administration, Congress and senior officials at the Department of Veterans Affairs on how women veterans programs can be more effectively supported.
 - The VA&R Division hired a Women Veterans Outreach Coordinator in September 2011 to manage Women Veterans Programs for The American Legion. This position will help identify women veterans best practices and challenges and is working with the Departments to establish Women Veterans State Coordinators to oversee women veterans programs in each state. Contact information for Amanda Leigh, Women Veterans Outreach Coordinator, e-mail aleigh@legion.org, phone: (202) 679-0212.

FACT SHEET: GULF WAR VETERANS

PEOPLE:

697,000 servicemembers served in the Southwest theater of operations during Operations Desert Shield and Desert Storm (August 2, 1990 to July 31, 1991). Congress has not officially ended the Gulf War era period. Therefore, anyone who served on active duty from August 2, 1990 to present is considered a Gulf War era veteran. The American Legion has more than 168,169 Gulf War era veterans among its membership.

GULF WAR VETERANS' ILLNESSES:

Thousands of Gulf War veterans are suffering from chronic symptoms of fatigue, joint and muscle pain, headaches, and other symptoms known as "Gulf War Veterans' Illnesses." From FY 1994 through FY 2009, \$392M Federal dollars have been spent to conduct 361 research projects to determine the nature and prevalence of these illnesses. Of this, VA was responsible for \$144.1 million and 161 projects. No one cause has been linked to these illnesses although U.S. troops were exposed to a host of environmental hazards alone, or in combination, could have caused or contributed to illness.

DEPARTMENT OF VETERANS AFFAIRS:

Health Exams and Medical Treatment

- Public Law (PL) 102-585 established VA's Persian Gulf Registry in August 1992. Any Gulf War veteran is eligible for a free, complete physical examination with basic lab studies, whether or not the veteran is ill at the time.
- 146,445 Gulf War veterans have taken advantage of this special health examination.
- VA has designated a physician at every VA medical center to coordinate this program.
- Gulf War veterans are eligible for medical treatment from VA where an illness possibly related to exposure to an environmental hazard or toxic substance is detected during a Registry examination.

Disability Compensation Claims

- VA has approved more than 289,610 claims of 1991 Gulf War veterans for service injuries or illnesses of all kinds.
- Public Law 103-446, enacted in 1994 authorized VA to pay compensation to disabled Gulf War veterans suffering from undiagnosed illnesses. The undiagnosed illness must have become manifest either while the veteran was in the Southwest Asia theater or prior to January 1, 2012 if symptoms first developed after the veteran left Southwest Asia.

- Effective March 1, 2002, provisions of Public Law 107-103, signed into law on December 27, 2001, clarifies and further expands the definition of undiagnosed illness under the law to include medically unexplained chronic multi symptom illness, such as chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome, that is defined by a cluster of signs or symptoms. Signs or symptoms that may be a manifestation of an undiagnosed or chronic multi symptom illness include the following: fatigue, unexplained rashes or other dermatological signs or symptoms, muscle pain, joint pain, neurological signs or symptoms, signs or symptoms involving the upper or lower respiratory system, sleep disturbances, gastrointestinal signs or symptoms, cardiovascular signs or symptoms, abnormal weight loss, menstrual disorders. A disability is considered chronic if it has existed for at least six months.

DEPARTMENT OF DEFENSE:

- Dr. Bernard Rostker was appointed in November 1996 to revamp DoD's approach to Gulf War Illnesses after the Presidential Advisory' Committee found DoD's efforts superficial and lacking credibility. He increased the manpower devoted to investigating chemical and biological warfare agents' exposures ten fold, and his office reached out to veterans and Veterans Service Organizations in an effort to restore DoD's credibility on this issue.
- The office formerly headed by Dr. Rostker was re-designated as the Deployment Health Support Directorate in May 2002 and is responsible for all deployment health related issues and investigations. That office has since been re-vamped and is now called Force Health Protection and Readiness. The office is responsible for deployment medicine, force health protection, medical readiness, international health agreements, deployment related health policy, theater information systems, humanitarian and health missions, and national disaster support. Currently, the office is under the direction of Dr George Peach Taylor, the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness.

THE AMERICAN LEGION:

Serving Gulf War Veterans and Families

- The American Legion is a congressionally chartered Veterans Service Organization with nearly 3 million members dedicated to serving America's veterans and their families.
- In 2002, the Legion's Temporary Financial Assistance (TFA) program provided almost \$104,000 in grants to Gulf War era veterans and families in need. The grants are typically used to provide a temporary financial boost during a financial or medical crisis.
- The Legion created a Gulf War Task Force in 1995 to focus on the special needs and concerns of Gulf War veterans. Since Congress has not officially ended the Gulf War era, and numerous peacekeeping missions and operations, including the War on Terrorism and the current war in Iraq, have taken place since the 1991 Gulf War, the

Task Force has been expanded to serve the needs and interests of veterans who served in these operations as well.

- Legion service officers have helped many disabled Gulf War veterans file a disability claim with VA, and they provide this service free of charge to any veteran. One need not be a member of The American Legion to receive assistance from a Legion service officer.
- The Legion produced and distributed Radio Public Service Announcements informing Gulf War veterans about our Gulf War programs and VA benefits.
- The American Legion has produced several VA Benefits guides for Gulf War era veterans.

HOW TO GET HELP:

The American Legion

The American Legion 1-800-433-3318 or http://www.legion.org/our_legion/ol_dsodir.php

(For financial assistance, or help in dealing with VA or DoD)

American Legion Homepage www.legion.org

General VA-related issues var@legion.org

Department of Veterans' Affairs

VA's Helpline 1-800-PGWVETS

Local VA Regional Office 1-800-827-1000

Gulf War Illness on the Internet <http://www.va.gov/health/environ/persgulf.htm>

Department of Defense

DoD Deployment Health Clinical Center Hotline 1-800-796-9699

DoD Force Health Protection Readiness Office 1-800-497-6261

(If you witnessed an event that may have led to poor health for you or others)

Websites: <http://home.fhpr.osd.mil/home.aspx>

www.deploymentlink.osd.mil

www.gulflink.osd.mil

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