

Town Hall Meeting Guide



Spring 2005

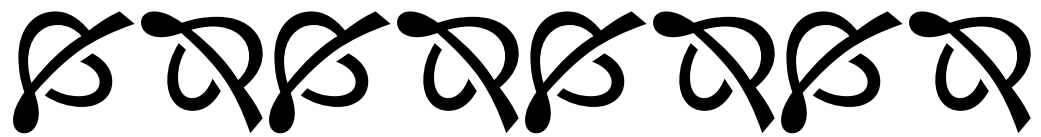
The attached Town Hall Meeting Kit is designed to help you conduct a successful Town Hall meeting. Suggested topics for discussion are: local issues important to veterans, budgetary shortfalls currently impacting VA Medical Centers in your VISN, the proposed fiscal year 2006 budget, and the need for veterans health care budget reform. The kit includes:

- 1. Guidelines for Town Hall Meetings:** Carefully read this material and follow the guidelines for planning and executing a Town Hall meeting. This packet includes a sample agenda, a sample public service announcement, a sample media advisory, and a Town Hall Planning Team Checklist.
- 2. Invitation Letter to Elected Officials:** Send to your elected officials (federal, state, and local), inviting them to attend the Town Hall meeting. Attach a copy of the meeting agenda.
- 3. Invitation Letter to Medical Center Director:** Send to the Medical Center Directors within your VISN, inviting them to speak at the Town Hall meeting.
- 4. Effective Letters to the Editor:** Guidelines for composing an effective letter to the Editor.
- 5. Sample Letter to the Editor:** Send to the editors of state and local publications in your area at least one week prior to the date of the Veterans' Town Hall meeting.
- 6. Veterans' Town Hall Meeting Flyer:** Please do one flyer and coordinate distribution with fellow veterans and military service organizations' to chapters and posts throughout your state.
- 7. Miscellaneous Handouts:** Talking points on the budget and mandatory funding; mandatory funding myths and facts, a DAV press release on the Murray amendment, and the vote tally on that amendment.
- 8. Mandatory Funding Brochure:** Distribute to veterans; local, state, and federal officials; and local media. You can request additional copies from DAV National Service and Legislative Headquarters once you have confirmed a meeting date.

Encourage members of veterans' and military service organizations to wear their service caps during the meeting.



Guidelines for Town Hall Meetings



Guidelines for Town Hall Meetings:

The purpose of the Town Hall meeting is to provide veterans the opportunity to discuss local issues important to veterans, budgetary shortfalls currently impacting VA Medical Centers in your VISN. Schedule, set up, and conduct the meetings in a way that makes participants feel comfortable in attending and expressing their opinions. Be sure that agency and organizational representatives understand that their role is to listen and support the open discussion of VA health care funding issues and perspectives. In all planning and activities, strive to keep consistent focus on identifying and hearing the voice of the veteran community that use the VA health care system.

Recommended Format for a Town Hall Meeting

Background information:

Background information should be distributed to participants as they enter (myths and facts, white papers, brochures, etc.)

Introduction:

A representative from one of the host veterans service organizations should act as moderator. The introduction for the meeting should include identifying the purpose of the meeting, recognizing other veteran service organizations present, elected representatives, and the protocol for the meeting.

Facility Set-up:

1. Make sure that entrance to the meeting is clearly identified and that people know what to do when they get in the door.
2. You may want to have a few greeters who welcome people as they enter and answer the inevitable questions about logistics (e.g., where to sit and location of restrooms). Greeters may be asked to direct participants to a specific table, e.g. the hearing impaired or for those needing wheelchair access.
3. Have a table where people can pick up any materials you have for them, including the agenda and background information.

MEETING MODERATOR:

The role of the Meeting Moderator is to serve as master/mistress of ceremony and to maintain the flow of the meeting as planned. Begin by welcoming people to the meeting and explaining its purpose, such as:

My name is (name and title) from (name of organization) . As moderator of this meeting, and on behalf of The Partnership for Veterans Health Care Budget Reform, we welcome you here today. This

meeting is a combined effort by the Partnership for Veterans Health Care Budget Reform. [Introduce the various members and acknowledge any special guests.]

Serious shortfalls have been reported for FY 2005 in every Veterans Integrated Service Network (VISN). We are concerned about the impact of these shortfalls on the local facilities in our VISN. We are also concerned about the proposed budget for FY 2006 and the need for budget reform.

This information, the ideas and recommendations discussed here today will serve as the basis for a local advocacy agenda. If the issues identified here today are important to you, we strongly encourage you to become involved with a local advocacy group, such as any of the veterans service organization before you today, as well as (list other entities present at the meeting i.e. Veterans Assistance Council, etc.)

The responsibilities of the moderator are:

1. Review the agenda and the process you will use.
2. Explain the background information.
It will provide a more detailed and systematic identification of issues, which will help to further explain the issues raised during the discussion.
3. Introduce guest speakers
 - o Controlled question and answer period

Some Tips for Controlled Q & A period:

- Identify the topic and the timeframe for discussion
 - Encourage everyone's participation and remind the group this is a discussion on the overarching issue of VA health care funding, *not to resolve individual issues*
 - Open the discussion by identifying someone who wishes to speak or by asking a stimulus question
 - Redirect attention from participants who begin to monopolize the discussion.
 - o Direct a question to other members or the panel
 - o Gently but firmly remind participants that dignitaries and agency representatives are present to listen and question, not to make presentations
 - o Encourage people wishing to engage in continuing discussion about personal needs or issues to delay until after the discussion groups are concluded
 - o Moderator should refrain from entering into a discussion to provide information to address an individual's issue. (This can be done during break time or after the session. If NSOs are available, individuals can be referred to them for assistance.)
4. Conclusion:
 - o Moderator will thank everyone for participating. Encourage any interested parties in helping to assure adequate funding for veterans health care to become active by making their voices heard: write letters, fax, phone calls, etc. Explain internet advocacy through VSO websites.

Sample Agenda:

ROSE COUNTY TOWN HALL MEETING
MAY **, 2004
AGENDA

12:30 -Registration, Coffee, and Fellowship

1:00 Welcome and Introductions

1:15 Topic Discussion:

3:30 ADJOURNMENT

Sample Public Service Announcement for Radio:

FROM:
FOR USE:
Contact Person:
Name of Organization:
Address:
Telephone:
Date: (Give dates including day of week)

FOR EXAMPLE ONLY!

TOWN HALL MEETING ON FUNDING FOR THE VA HEALTH CARE SYSTEM
TIME: 50 seconds
NUMBER OF WORDS: 142 words
ANNOUNCER:

Funding for the Department of Veterans Affairs health care system will be on center stage at a Town Hall meeting, which will be held Friday, May 12, from 1:00 until 3:30 p.m. at the Lincoln Park Community Center, 920 Maple Street.

Veterans, family members, friends, and interested parties are invited to discuss funding for veterans' health care.

Hosts of the Town Hall meeting are The American Legion, AMVETS (American Veterans), Blinded Veterans Association, Disabled American Veterans, Jewish War Veterans, Military Order of the Purple Heart, Paralyzed Veterans of America, Veterans of Foreign Wars, and Vietnam Veterans of America. Your voice matters! Join us on November 9 for the Lincoln Park Town Hall Meeting. For more information, call *Jane Doe at 555-5555.*

Sample Media Advisory:

MEDIA ADVISORY

WHAT: Leaders in Illinois's veterans community from the Partnership for Veterans Health Care Budget Reform will hold a news conference to discuss the current budget shortfalls for veterans health care and the proposed fiscal year 2006 budget. They will also discuss a mandatory funding mechanism that would ensure timely access to quality health care for today's veterans, as well as those men and women now fighting the war on terror in Iraq, Afghanistan and elsewhere.

WHEN: 1:00 p.m., Friday, May 12, 2004

WHERE: Lincoln Park Community Center
920 Maple Street
Lincoln Park, Ill

CONTACT: Jane Doe; (312) 555 -- 5555

The nine veterans service organizations united to form The Partnership for Veterans Health Care Budget Reform are The American Legion, AMVETS (American Veterans), Blinded Veterans Association, Disabled American Veterans, Jewish War Veterans of the USA, Military Order of the Purple Heart of the U.S.A., Inc., Paralyzed Veterans of America, Veterans of Foreign Wars of the United States and Vietnam Veterans of America, Inc.

Scheduled Speakers Include:

The American Legion Department of Illinois – Mike Adams, Department Commander – (312) 555-1111

The American Veterans (AMVETS) – Bob Mills, Department Commander – (312) 555-2222

Blinded Veterans Association Illinois Regional Group– Jane Brown, Group President – (312) 555-3333

Disabled American Veterans Department of Florida – John Smith, Department Adjutant – (312) 555-4444

Jewish War Veterans of the USA – Mel Kaplan, Department Adjutant – (312) 555-5555

Military Order of the Purple Heart of the U.S.A., Inc., Department of Illinois – Bill Ford, Department Commander – (312) 555-6666

Paralyzed Veterans of America Illinois Chapter – Joe Vaughn, Chapter President – (312) 555-7777

Veterans of Foreign Wars of the United States – Dave Ryan, VFW Post Commander – (312) 555-8888

Vietnam Veterans of America, Inc. Florida State Council – Dave Jones, State Council President – (312)
555-9999

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Town Hall Planning Team Checklist:

No.	Completed Activity	Person Responsible	Cost Consideration
1.	Choose Speaker		
2.	Make sure there is a bipartisan/ balanced panel		
3.	Chose VSO/Partnership Leader		
4.	Create list for: Partnership Representative Panel (elected representatives of local, state, and federal, VA Rep) Moderator		
5	Locate an accessible site		
6	Identify a date		
7	Develop Budget (if needed)		
8	Liability insurance/waiver (if needed)		
9	Meeting agenda		
10	Refreshments (optional)		
11	<u>Volunteers:</u> Photographer Recorder (if any) Registration Set-up Clean-up		
12	<u>Outreach and PR activities:</u> Radio/news spots Newspaper articles Flyers		
13	<u>Results:</u> Collect and compile comments. Mail results to participants. Publicize results in newsletters or to public media.		
14	Arrange Transportation (coordination if applicable)		

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Invitation Letters

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Month __, 2005

The Honorable (Full Name)
Address of District Office
City, State Zip

Dear (Title) (Last Name):

I am writing on behalf of the (number) of veterans in (state), to invite you to participate in a Town Hall Meeting on issues impacting the Department of Veterans Affairs (VA) health care system. The meeting, to be attended by local area veterans and families, will be held on (Day of Week), Month __, 2004, from _____ to _____, at (Location).

Sick and disabled veterans need your help. Continued funding shortfalls for veterans' health care, combined with rising costs for care and increased demand for services, have resulted in unprecedented waiting times for routine and specialized medical services nationwide. I am especially concerned about how this has hampered timely access to quality health care for the nation's service-connected veterans, including those most severely disabled. This situation has reached a critical point with no sign of abatement.

Serious shortfalls have been reported for fiscal year (FY) 2005 in every Veterans Integrated Service Network (VISN). We are concerned about the impact of these shortfalls on the local facilities in our VISN. Additionally, Congress has started its work in creating a budget and spending program for the federal government for fiscal year 2006. Unfortunately, there are no assurances that health care programs for veterans will be funded or sustained at levels necessary for the VA to meet its mission. A funding shortfall would seriously jeopardize the quality of health care provided to our nation's sick and disabled veterans.

Facing a budget crisis, the best recourse is to bring veterans, families, and friends of the veterans community together to discuss this matter. The Town Hall meeting at (Location) is just one of many across the country that will focus public attention on the need for veterans' health care budget reform.

As their elected voice on Capitol Hill, the veterans of (State) are counting on your presence and your participation at the meeting. We appreciate your favorable consideration in this important matter and look forward to your response.

Sincerely,

Month __, 2005

Mr./Ms./Dr. (Full Name)
Address of Medical Center
City, State Zip

Dear (Title) (Last Name):

I am writing on behalf of the (number) of veterans in (state), to invite you to be a guest speaker at a Town Hall Meeting to inform veterans about budgetary challenges that the VISN and local facilities face. The meeting, to be attended by local area veterans and families, will be held on (Day of Week), Month __, 2004, from _____ to _____, at (Location).

Serious shortfalls have been reported for fiscal year (FY) 2005 in every Veterans Integrated Service Network (VISN). We are concerned about the impact of these shortfalls on the local facilities in our VISN. Additionally, Congress has started its work in creating a budget and spending program for the federal government for fiscal year 2006. Unfortunately, there are no assurances that health care programs for veterans will be funded or sustained at levels necessary for the VA to meet its mission. A funding shortfall would seriously jeopardize the quality of health care provided to our nation's sick and disabled veterans.

Facing a budget crisis, the best recourse is to bring veterans, families, and friends of the veterans community together to discuss this matter. The Town Hall meeting at (Location) is just one of many across the country that will focus public attention on the need for veterans' health care budget reform.

Given your knowledge of current local challenges, the veterans of (State) would very much appreciate your presence and your participation at the meeting. We appreciate your favorable consideration in this important matter and look forward to your response.

Sincerely,

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Letters to the Editor

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Effective Letters to the Editor

Ever read a news story or editorial and disagreed with the point-of-view it expresses? Or heard your elected officials on the news and felt they were misinformed? When this frustrating situation occurs, there is something you can do: write a letter to the newspaper. Letters printed in the newspaper educate thousands, sometimes millions, of readers. Some letters, of course, are more effective than others. The following are some tips for writing effective letters.

- **Be succinct.** Develop one or two points to make your letter and limit yourself to those points, and make them well.
- **Be brief.** Short letters are much more likely to be printed than long letters. Keep your letter less than 300 words in length. Some newspapers have word limits.
- **Local impact.** Tell how the situation impacts (positive or negative) on the local community.
- **Sign your letters.** Letter to the Editor must be signed, with an address and day telephone number to verify authenticity. Use your professional title only if your position is related to the subject matter at hand.
- **Type or print.** If the editor cannot read your letter, he or she cannot and will not print it.
- **Reinforce the message.** Encourage others in your community to write letters-to-the-editor, especially if there are more than one or two message points that need to be addressed.

**SAMPLE LETTER TO THE EDITOR TO BE RE-TYPED,
SIGNED BY APPROPRIATE ORGANIZATION'S LEADERSHIP,
AND HAND DELIVERED TO LOCAL NEWSPAPER
TAILOR THIS LETTER TO YOUR SPECIFIC COMMUNITY.
INCLUDE PERSONAL DETAILS AND EXPERIENCES.**

Editor:

As we pause during this Memorial Day period to honor the memory of those brave Americans who paid the ultimate price for freedom and democracy, let us also honor the national commitment to America's sick and disabled veterans.

While this nation is asking more from its active and reserve military, many are returning physically and mentally wounded. This is the cost of war paid for over the lifetime of the service member. The Federal government has an ongoing responsibility to provide top-quality health care to those men and women who bear the deepest wounds and scars of war. Yet, the proposed federal budget for veterans' health care is wholly inadequate and would seriously erode and undermine the Department of Veterans Affairs health care system.

As a veteran in (insert State), I find it absolutely outrageous that any elected representatives in Washington would even consider these funding levels as living up to this nation's sacred obligation to veterans.

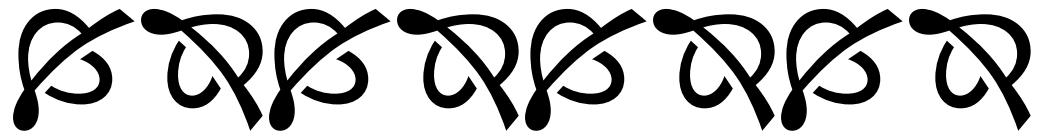
Every day we are reminded that service members risk their lives for America, yet when veterans turn to VA for their health care needs, their timely access is often threatened by budgetary shortfalls. The citizens of (insert State) must remind their Members of Congress that they were elected to meet the nation's obligation to provide sufficient Federal funding to properly meet the health care needs of sick and disabled veterans.

Name

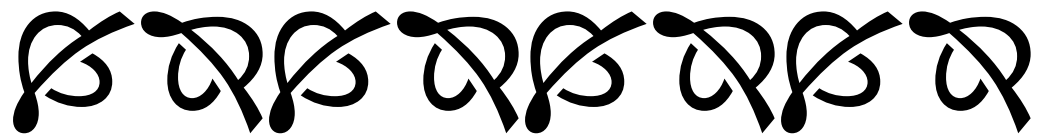
Title & Organization

Address

Telephone number



Veterans' Town Hall Meeting Flyer



**The Partnership for Veterans Health Care Budget Reform
is holding a**

Veterans' Town Hall Meeting

(Date)

(Time)

(Place)

**The nation's major veterans' organizations
are united in seeking a solution
to the veterans' health care funding crisis.**

**Find out how you can help ensure that all eligible
veterans have access to timely, quality health care.**

Contact: Name, Title
Phone Number (daytime and night)

Be There To Protect Veterans Health Care!

(The American Legion, AMVETS (American Veterans), Blinded Veterans Association, Disabled American Veterans, Jewish War Veterans of America, Military Order of the Purple Heart, Paralyzed Veterans of America, Veterans of Foreign Wars of the United States, and Vietnam Veterans of America)

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Handouts

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TO MAINTAIN ESSENTIAL SERVICES FOR VETERANS, CONGRESS MUST PROVIDE ADEQUATE FUNDING

The Administration's budget for fiscal year (FY) 2006 seeks only \$27.8 billion in appropriations for veterans' medical care. This amounts to only a 0.4%—or less than one-half of one percent— increase over the FY 2005 appropriation in nominal, or constant, dollars, and therefore would be a reduction below the FY 2005 appropriation of \$27.7 billion adjusted for inflation. The Administration's budget would tighten funding for veterans' medical care at a time when an influx of new veterans from the wars in Iraq and Afghanistan will place substantial new demands upon a system already unable to meet its mission. With the FY 2005 appropriation, the Department of Veterans Affairs (VA) had to maintain a freeze on new enrollments of lower priority group veterans seeking medical care, and even with that freeze, VA medical facilities across the Nation are already experiencing shortfalls in FY 2005 funding. These shortfalls prevent the hiring of new health care employees and new equipment purchases. *The Independent Budget*, coauthored by the Disabled American Veterans, AMVETS, the Paralyzed Veterans of America, and Veterans of Foreign Wars, estimates that Congress must appropriate \$31.2 billion for veterans' medical care in FY 2006 just to maintain current service levels.

To bridge some of the gap between the resources needed and the appropriations requested, the Administration's budget would shift some of the costs of VA medical care from the Government onto veterans themselves. To shift costs to veterans, it would impose a \$250 annual enrollment fee and increase pharmacy copayments upon certain veterans seeking medical care. According to the Administration's budget, imposing these fees has two goals: (1) to generate non-appropriated revenues from money collected from sick and disabled veterans and thereby partially offset reductions in appropriations, and (2) save money by driving a projected 213,000 veterans away from the VA medical care system in FY 2006. To further partially reduce the gap between resources needed and appropriations requested, the Administration merely declares that it will achieve \$590 million in savings through new management efficiencies, a highly questionable proposition.

These proposed user fees are nothing more than taxation upon the benefits of disabled veterans. Such fees depart from the fundamental principle that veterans' benefits are provided to veterans free by a grateful nation in return for their service and sacrifices. Assuming Congress agrees to impose these taxes on disabled veterans, assuming the projected savings from the unconscionable scheme to drive veterans away from the system created for them, and assuming all of the savings from the attainment of new efficiencies, the total budget authority would still fall far short of what is needed to maintain services. The total budget authority for medical care would still be so inadequate that it would require draconian reductions in essential medical services to veterans. Thus, the Administration's budget proposes a sharp curtailment of long-term care to disabled veterans. The Administration's budget requests that Congress change the law to relieve VA from congressionally mandated levels of VA long-term care. The Administration's budget would provide VA nursing care to 27% fewer veterans in FY 2006 than in FY 1998, the year used for comparison because the law employed 1998 capacity as a statutory minimum level of VA nursing care capacity. The Administration's budget will cover the costs of nursing care in state institutions for 61% fewer veterans in FY 2006 than in FY 2005.

The Administration's budget would also make further personnel reductions in VA's Veterans Benefits Administration at a time when benefit claims are expected to increase and despite the unacceptable delays already occurring due to inadequate staffing. The budget includes no funding to continue information technology initiatives designed to improve efficiency in benefits administration. Veterans who need benefits for the necessities of life or subsistence will suffer additional hardships because of VA's inability to make timely decisions on their claims.

- *Congress should provide \$31.2 billion in appropriations for veterans' medical care in FY 2006*
- *Congress should reject recommendations to impose additional charges upon veterans for medical care*
- *Congress should provide \$1.55 billion for general operating expenses in FY 2006 to allow VA to employ a sufficient number of fulltime employees in the Veterans Benefits Administration and to cover the costs of necessary information technology improvements.*

SUPPORT ASSURED FUNDING FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE

Once again VA faces a critical situation in funding for veterans health care. Each year DAV, as part of the *Independent Budget*, fights for sufficient funding for veterans health care. Each year the level of appropriated dollars falls short of what is necessary to meet the needs of sick and disabled veterans. The current discretionary funding method used to appropriate resources for VA, coupled with continued inadequate and frequently late budgets, has created a funding crisis in the system and jeopardizes quality of care to America's sick and disabled veterans.

We believe funding for veterans benefits and health care services should be a top priority for Congress and the Administration as a continuing cost of our national defense. As a nation, we must be willing to bear the costs of providing special benefits to such a unique group—those men and women who were willing, on behalf of all Americans, to stand the watch to secure our nation in peacetime and be prepared to fight our wars to preserve our cherished freedoms and democratic values. To assure the veterans medical care system is maintained as a top government priority, its funding should be mandatory to remove it from competition with politically popular but less meritorious projects and programs.

Under the discretionary method, funding for veterans health care is determined by political processes and based more on political considerations than actual funding needs. The lack of a consistent and reliable budget process has prevented VA from adequately planning for and meeting the growing needs of veterans seeking health care. VA's enrolled patient population has increased from 4.3 million in 1999 to 7.4 million in 2004, a 72 percent increase. However, appropriated funding for VA medical care only increased 41 percent from FY 1999 to FY 2005 when adjusted for inflation.

The VA's funding crisis is exacerbated by Congress not passing the VA, HUD, and Independent Agencies appropriations bill prior to the start of the new fiscal year which begins on October 1. Unfortunately, failing to provide a VA budget on time is becoming an annual tradition. In the past five fiscal years, VA has not received its appropriation before the start of the new fiscal year. In the past two years, the appropriation was not enacted until after January 1 of the next year—more than one-third of the way through the new fiscal year.

The current fiscal year (FY) 2005 budget for veterans medical care fell short of the *Independent Budget* recommendation as well as the 13-14 percent annual increase that VA testified it needs just to maintain the current level of services. VA medical center directors are now reporting that the funding shortfall coupled with the rising costs for medical care and increased demand for services will likely mean cutbacks in patient services, including specialty appointments for neurosurgery, orthopedics, cardiology, dermatology, and long-term care services. It will prevent hospital directors from hiring new personnel, purchasing new equipment, and moving forward with capital projects. One director noted increases in demand for care and less staff to see patients creates a real potential for longer wait times for appointments. This is especially distressing given the increasing need for long-term care services by our aging veterans. It is also a concern given the need for VA's specialty programs for limb loss, blindness, spinal cord injury,

traumatic brain injury and post- traumatic stress disorder by our newest generation of war-wounded veterans.

The Administration's fiscal year 2006 budget presents an even more dismal outlook. The appropriations requested in the budget is less than one half of one percent, 0.4 percent, above the 2005 appropriation. This budget proposes increased co-payments for prescription medication and a \$250 enrollment fee for veterans placed in lower priority groups, as well as other budget gimmicks to bridge the gap between resources needed and resources requested. The proposed FY 2006 budget also includes major cuts in long-term care programs and services at a time when these programs are becoming even more critical for the aging veterans of "America's greatest generation" and later wars.

The President's Task Force to Improve Health Care Delivery for our Nation's Veterans identified a significant mismatch between demand for VA services and available funding, which, if left unresolved, would delay veterans' access to health care and threaten the quality of care provided. The Task Force recommended, as one option, that the Federal Government should provide mandatory funding for veterans health care to ensure Priority Groups 1-7 are provided the current comprehensive benefit in accordance with VA's established access standards.

In response to the funding crisis in VA health care, the DAV and eight other veterans service organizations formed the Partnership for Veterans Health Care Budget Reform. We strongly believe that the assured funding measures will provide a comprehensive solution for VA's health care funding crisis and that all enrolled veterans should be included under a mandatory funding mechanism.

Because of their extraordinary sacrifices and contributions, veterans have *earned* the right to free health care as a continuing cost of national defense. Mandatory health care funding would not create an individual entitlement to health care, nor change the VA's current mission. Guaranteeing veterans' health care funding would, however, eliminate the year-to-year uncertainty about funding levels that has prevented the VA from being able to adequately plan for and meet the growing needs of veterans seeking treatment.

Encourage House members to support H.R. 515, the Assured Funding for Veterans Health Care Act of 2005.

Encourage Senators to support S. 331, the Assured Funding for Veterans Health Care Act of 2005.

MANDATORY FUNDING FOR VA HEALTH CARE

MYTHS and REALITY

MYTH: Mandatory funding creates an individual entitlement to health care.

REALITY: The Assured Funding for Veterans Health Care Act of 2003 (H.R. 2318) would **not** create an individual entitlement to health care nor change the Department of Veterans Affairs' (VA's) current mission. It would simply shift the current funding for VA health care from a discretionary to a mandatory program. The Act does not expand current eligibility for VA medical care, the current benefits package, or VA's mission. While all entitlement programs are mandatory, not all mandatory programs are entitlements.

Therefore, Congress must make VA health care accounts non-discretionary. If veterans' health care were a mandatory program, sufficient funding to treat enrolled veterans who fell under its mandatory provisions would be guaranteed for so long as the authorizing law remained in effect. Veterans would not have to fight for sufficient funding in the budget and appropriation processes every year as they now do. Making veterans' health care funding mandatory would also eliminate the year-to-year uncertainty about funding levels, which have prevented the VA from being able to adequately plan for and meet the growing needs of veterans seeking treatment. Guaranteed funding is a common sense solution to the decades-long crisis that has led to the severe rationing of health care that plagues the VA medical care system.

MYTH: Guaranteed funding would open the VA health care system to all veterans.

REALITY: The Health Care Eligibility Reform Act of 1996 theoretically opened the VA health care system to all 27 million veterans; however, it was never anticipated that all veterans would seek or need VA health care. Many veterans have private health insurance and will likely never elect to use the system.

The Secretary is required by law to make an annual enrollment decision based on available resources. He must determine if there is sufficient funding to treat all categories of veterans without a negative impact on quality or timeliness of health care delivery. The Veterans Health Care Funding Guarantee Act would not affect the Secretary's authority to manage enrollment into the VA health care system. Because of insufficient funding, VA has not had the resources necessary to provide timely medical care to all enrolled veterans who need it, and now the Secretary has been forced to close VA's doors entirely to some veterans. Thus, guaranteed funding would only ensure the Secretary has sufficient funds to treat those veterans enrolled for VA health care.

MYTH: Guaranteed funding for VA health care would cost too much.

REALITY: Congress typically provides an annual discretionary appropriation for VA health care short of actual needs, and guaranteed funding would simply ensure that VA is provided the necessary resources to care for enrolled veterans. Guaranteed funding under the Act would

utilize a formula based on the number of enrolled veterans multiplied by the cost per patient, with an annual adjustment for medical inflation.

The Health Care Eligibility Reform Act paved the way for the creation of a Uniform Benefits Package—a standard health benefits plan that emphasizes preventative and primary care and a full range of outpatient and inpatient services to all enrolled veterans.

The change in the VA health care system due to eligibility reform has created a more cost effective and efficient health care system. The creation of Community-Based Outpatient Clinics and outreach brought record numbers of veterans into the VA health care system. Improvements in the quality of care and patient safety have made VA a world leader in the health care industry. The goal of eligibility reform was elimination of unnecessary expensive inpatient health care services and the development of cost-effective preventative and primary health care services.

Guaranteed funding would ensure that VA receives sufficient resources to treat veterans using the system. The annual adjustment for inflation would allow VA to keep pace with increased costs for medical equipment, supplies, and pharmaceuticals.

MYTH: Veterans in Priority Group 7 and 8 are using up all of VA's health care resources; and it therefore costs too much to continue to treat these veterans.

REALITY: Among the 6.7 million enrollees in the VA health care system, 2.1 million veterans from Priority Groups 7 and 8 accounts for only 31 percent of the total enrolled population. As of September 30, 2002, the total expenditure for these veterans was \$2 billion, which is only 10.5 percent of the total expenditure for all priority groups. Furthermore, Priority Group 7 and 8 veterans are typically lower users of VA health care than higher Priority Groups.

Moreover, VA provides medical care for Medicare-eligible veterans in these Priority Groups at a substantially lower cost than Medicare providers, which results in considerable savings for the United States Government.

Finally, a sufficient number of veterans are needed to ensure the viability of the system for its core users, preserve its specialized programs, and to remain cost effective. Therefore, guaranteed funding for VA health care should include all categories of veterans who are enrolled in the VA health care system.

MYTH: Congress would lose oversight over the VA health care system if VA shifted from discretionary to mandatory funding.

REALITY: While funding would be removed from the direct politics, uncertainties, and capriciousness of the annual appropriations process, Congress would retain oversight of VA programs and health care services, as it does with other federal mandatory programs. VA would still be held accountable for how it spends its money and how well it runs health care programs.

Guaranteed funding for VA health care would free members of Congress from the annual budgetary battles they face and allow them to concentrate on oversight of VA programs and services.

MYTH: The viability of the VA health care system can be maintained even if VA only treats service-connected veterans or the “core group,” Priority Groups 1-6.

REALITY: The VA is a unique health care system, which offers an array of specialized services to meet the complex health care needs of veterans. Many of these specialized services such as prosthetics, spinal cord injury, blind rehabilitation, mental health, and traumatic brain injury are not available in the private sector. The private sector does not have the experience or the special expertise to provide many of these services.

Thus, the VA health care system should be maintained and devoted solely to treat these veterans. But, to maintain this system, a proper patient mix and larger number of veterans is needed to ensure the viability of the system for its core users, preserve its specialized programs, and to remain cost effective.

A veteran injured today in Afghanistan or Iraq will need the VA health care system beyond the middle of this century. However, if the VA health care system was allowed to be significantly reduced, these brave men and women would not be able to replicate the special care they receive from VA in the private sector, which is currently undergoing a crisis of its own.

Accordingly, we must continue to focus on maintaining and improving the VA health care system so that VA can continue to deliver cost-effective high quality health care to its core constituency, veterans with service-connected disabilities, low incomes, and veterans with special needs, and all enrolled veterans, well into the future. Priority Groups 7 and 8 are therefore important to the maintenance of this unique system.

MYTH: Providing guaranteed funding for VA health care will not solve VA’s problems.

REALITY: VA must have a sufficient budget to effectively manage its health care programs and services and to hire the appropriate number of clinicians, nurses and support staff to meet the demand for high quality medical care. VA must also have the ability to adequately prepare for the coming year well in advance. With guaranteed funding, VA can strategically plan for the long term to optimize its assets, achieve greater efficiency, and realize long-term savings. Discretionary funding for VA medical care benefits neither VA nor taxpayers, and it certainly is now having a negative impact on veterans.

VA continues to struggle to provide timely health care services to all veterans seeking care due to insufficient funding. The guaranteed funding formula in the Act provides a standardized approach in solving the access issue. It also allows VA to prepare for the new fiscal year 3-4 months prior to its beginning.

MYTH: Veterans health care should be privatized because the system is too big, inefficient, and unresponsive to veterans.

REALITY: Privatization of veterans health care is a serious threat to the viability of the VA health care system and the specialized disability programs VA has developed to treat our nation's most severely disabled service-connected veterans and veterans with special needs.

The private sector would not want to enroll VA patients, who are often elderly, have multiple disabilities, or are chronically ill. These veterans would pose too great an underwriting risk for private insurers and health maintenance organizations. The VA provides a wide range of specialized care to meet the unique needs of veterans. Spinal cord injury medicine, blind rehabilitation, prosthetics, advanced rehabilitation, posttraumatic stress disorder, mental health care services, and long-term care are at the very heart of the VA health care mission. Unquestionably, VA provides much more comprehensive services for these veterans' specific needs than would the private sector.

In addition, the VA supplies one-third of all care provided for this nation's chronically mentally ill. The VA is also the largest source of health care for AIDS-related disorders. One-third of the nation's homeless are veterans, and the VA has developed broad-reaching programs to meet their psycho-social needs.

Those in government who oversee and implement public programs that serve America's veterans must provide the resources and authority necessary to carry out those programs. And the best way to ensure that is for VA to continue as a distinct entity, directly accountable to the American people for providing high-quality, cost-effective health care services to meet the unique needs of the veteran population. Anything less than that would be to abandon this nation's sacred obligation to veterans.

The VA health care system was created for the unique needs of disabled veterans and, therefore, must be maintained. While private sector hospitals have administrative costs and profit motives, studies have shown that VA provides more cost-effective care than comparable private sector health care. Without VA, millions of veterans would be forced to rely on Medicare and Medicaid at substantially greater federal and state expense.

MYTH: The merits inherent in veterans' benefits will alone always ensure that Congress sufficiently funds veterans' programs.

REALITY: Over the years, Congress has authorized many beneficial VA health care programs and services for veterans. Unfortunately, sufficient funding to ensure these programs and services are readily accessible for veterans has not kept pace with demand for services. Keeping VA health care funding under a discretionary program forces veterans to unfairly compete with other programs for limited resources.

Funding for veterans benefits and health care services **should** be a top priority for Congress and this Administration. These costs are a continuing cost of national defense and war. Once the battlefields fall silent, veterans should not have to beg for benefits they have earned and rightfully deserve. A promise of benefits and services alone is not good enough. Approved programs must be sufficiently funded. As a nation, we must be willing to bear the costs of providing special benefits to such a unique group—those men and women who were willing, on behalf of all Americans, to serve in peace time and fight our wars to preserve our cherished freedoms and democratic values.

To assure the veterans medical care system is maintained as a top government priority, its funding should be mandatory to remove it from competition with politically popular but less meritorious projects and programs.

MYTH: We already have too many mandatory programs.

REALITY: The government is already providing mandatory funding for one class of veterans—longevity military retirees who are Medicare-eligible under TRICARE for Life, Public Law 106-398, enacted in October 2000. For fiscal year 2004, the Administration is proposing an entitlement program for military retirees under the age of 65, similar to the TRICARE for Life program.

While it is necessary for our government to provide a mandatory program to meet the health care needs of the men and women who dedicated a career to the defense of our nation, and for their families, it is no less important to guarantee funding for the VA health care system.

Congress must ensure that all veterans enrolled in VA health care receive timely, quality health care through a mandatory funding program. Veterans have earned the right and they deserve no less from their government.

MYTH: Under a mandatory funding program, VA would no longer have an incentive to find efficiencies and to supplement its appropriation with third-party collections.

REALITY: Mandatory funding will provide sufficient resources to ensure high quality health care services when veterans need it. Mandatory funding for veterans health care is based on a formula that includes the number of enrolled patients and a per capita amount for each patient. It is not intended to provide excess funding for veterans health care. Under this method, inefficiencies in spending would be easily revealed.

VA Central Office (VACO) would still be responsible for local managers using funds appropriately and efficiently. Hospital directors would still be required to meet performance standards and third-party collection goals. Current checks and balances will help ensure accountability. VACO provides monetary incentives to local managers who meet their goals and strive for the most efficient ways of delivering high quality health care to our nation's veterans.

Finally, VACO would continue to evaluate local managers and distribute allocations to Veterans Integrated Service Networks based on need and performance.

DISABLED AMERICAN VETERANS

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NEWS RELEASE

FOR IMMEDIATE RELEASE

April 14, 2005

Veterans Health Care Supplemental Defeat a ‘Bitter Disappointment’

Disabled American Veterans National Commander James E. Sursely today expressed the organization’s bitter disappointment that the United States Senate blocked an amendment to the \$80 billion supplemental appropriation bill to provide \$2 billion to cover a critical shortfall in funding for veterans medical care.

“Less than half way through the current fiscal year, Veterans Affairs medical facilities across the country have already run out of money and face huge deficits, an emergency situation if there ever was one,” Sursely said.

The amendment failed to win approval in two procedural votes that saw just one Republican, Pennsylvania’s Arlen Specter, along with every Democrat and the Senate’s lone Independent voting in favor.

The amendment, offered by Senators Patty Murray (D-Wash.) and Daniel Akaka (D-Hawaii), would increase funding for the Department of Veterans Affairs by \$1.98 billion for the current fiscal year and designate it as emergency spending. Some \$840 million of that money would be used to provide each veterans regional health network with an additional \$40 million. The amendment designated \$610 million to address the needs of servicemembers returning from Iraq and Afghanistan and \$525 million would be used to provide mental health care and treatment for veterans.

“That money is urgently needed to stem the flow of red ink that threatens health care for today’s veterans and thousands of men and women injured and disabled during the war in Iraq and Afghanistan,” said Commander Sursely. “Sick and disabled veterans are bitterly disappointed that some in Congress refuse to act before this emergency becomes an even worse crisis.”

“VA facilities in every region of the country have exhausted reserve funds to meet critical needs. Many have stopped hiring doctors and nurses because of shortfalls, while still others have cut back or even eliminated medical services. Health care for millions of today’s and tomorrow’s veterans is in limbo because Congress and the Administration have continually failed to adequately fund the VA,” Sursely said.

The 1.2 million-member Disabled American Veterans, a non-profit organization founded in 1920 and chartered by the U.S. Congress in 1932, represents this nation’s wartime disabled

veterans. It is dedicated to a single purpose: building better lives for our nation's disabled veterans and their families. For more information, visit the organization's Web site www.dav.org.

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On the Motion
04/12/2005
Senate Roll Call No. 90
109th Congress, 1st Session

Rejected: 46-54 (see [complete tally](#))

Motion to waive the Budget Act with respect to the Cochran, R-Miss., point of order against the Murray amendment no. 344. The Murray amendment would increase funding for the Veterans Affairs Department by \$1.98 billion. It would stipulate that \$840 million be used for veterans regional health networks; \$610 million be used to address the needs of servicemembers deployed in Iraq and Afghanistan; and \$525 million be used to provide mental health care and treatment.

Yea : 46 Members

[Blanche Lincoln](#) (D-AR)
[Mark Pryor](#) (D-AR)
[Barbara Boxer](#) (D-CA)
[Dianne Feinstein](#) (D-CA)
[Ken Salazar](#) (D-CO)
[Christopher Dodd](#) (D-CT)
[Joseph Lieberman](#) (D-CT)
[Joseph Biden](#) (D-DE)
[Thomas Carper](#) (D-DE)
[Bill Nelson](#) (D-FL)
[Daniel Akaka](#) (D-HI)
[Daniel Inouye](#) (D-HI)
[Tom Harkin](#) (D-IA)
[Richard Durbin](#) (D-IL)
[Barack Obama](#) (D-IL)
[Evan Bayh](#) (D-IN)
[Mary Landrieu](#) (D-LA)
[Edward Kennedy](#) (D-MA)
[John Kerry](#) (D-MA)
[Barbara Mikulski](#) (D-MD)
[Paul Sarbanes](#) (D-MD)
[Carl Levin](#) (D-MI)
[Debbie Stabenow](#) (D-MI)
[Mark Dayton](#) (D-MN)
[Max Baucus](#) (D-MT)
[Kent Conrad](#) (D-ND)
[Byron Dorgan](#) (D-ND)
[Ben Nelson](#) (D-NE)
[Jon Corzine](#) (D-NJ)
[Frank Lautenberg](#) (D-NJ)
[Jeff Bingaman](#) (D-NM)
[Harry Reid](#) (D-NV)
[Hillary Clinton](#) (D-NY)

[Charles Schumer](#) (D-NY)
[Ron Wyden](#) (D-OR)
[Arlen Specter](#) (R-PA)
[Jack Reed](#) (D-RI)
[Tim Johnson](#) (D-SD)
[James Jeffords](#) (I-VT)
[Patrick Leahy](#) (D-VT)
[Maria Cantwell](#) (D-WA)
[Patty Murray](#) (D-WA)
[Russ Feingold](#) (D-WI)
[Herbert Kohl](#) (D-WI)
[Robert Byrd](#) (D-WV)
[John Rockefeller](#) (D-WV)

Nay : 54 Members

[Lisa Murkowski](#) (R-AK)
[Ted Stevens](#) (R-AK)
[Jeff Sessions](#) (R-AL)
[Richard Shelby](#) (R-AL)
[Jon Kyl](#) (R-AZ)
[John McCain](#) (R-AZ)
[Wayne Allard](#) (R-CO)
[Mel Martinez](#) (R-FL)
[Saxby Chambliss](#) (R-GA)
[Johnny Isakson](#) (R-GA)
[Charles Grassley](#) (R-IA)
[Larry Craig](#) (R-ID)
[Mike Crapo](#) (R-ID)
[Richard Lugar](#) (R-IN)
[Sam Brownback](#) (R-KS)
[Pat Roberts](#) (R-KS)
[Jim Bunning](#) (R-KY)
[Mitch McConnell](#) (R-KY)
[David Vitter](#) (R-LA)
[Susan Collins](#) (R-ME)
[Olympia Snowe](#) (R-ME)
[Norm Coleman](#) (R-MN)
[Christopher Bond](#) (R-MO)
[Jim Talent](#) (R-MO)
[Thad Cochran](#) (R-MS)
[Trent Lott](#) (R-MS)
[Conrad Burns](#) (R-MT)
[Richard Burr](#) (R-NC)
[Elizabeth Dole](#) (R-NC)
[Chuck Hagel](#) (R-NE)
[Judd Gregg](#) (R-NH)

[John Sununu](#) (R-NH)
[Pete Domenici](#) (R-NM)
[John Ensign](#) (R-NV)
[Mike DeWine](#) (R-OH)
[George Voinovich](#) (R-OH)
[Tom Coburn](#) (R-OK)
[James Inhofe](#) (R-OK)
[Gordon Smith](#) (R-OR)
[Rick Santorum](#) (R-PA)
[Lincoln Chafee](#) (R-RI)
[Jim DeMint](#) (R-SC)
[Lindsey Graham](#) (R-SC)
[John Thune](#) (R-SD)
[Lamar Alexander](#) (R-TN)
[Bill Frist](#) (R-TN)
[John Cornyn](#) (R-TX)
[Kay Bailey Hutchison](#) (R-TX)
[Robert Bennett](#) (R-UT)
[Orrin Hatch](#) (R-UT)
[George Allen](#) (R-VA)
[John Warner](#) (R-VA)
[Michael Enzi](#) (R-WY)
[Craig Thomas](#) (R-WY)