VETERANS OF FOREIGN WARS OF THE UNITED STATES

OFFICE OF THE DIRECTOR

VFW ISSUES

Submitted to

THE WHITE HOUSE
INTERAGENCY VETERANS POLICY GROUP

October 4, 1995

OPPOSE INCREASING SERVICEMEN'S CONTRIBUTION TO MONTGOMERY G.I. BILL

The VFW is very concerned that a Senate proposal to increase the one-year individual contribution made by members of the Armed Forces who elect to participate in the Montgomery G.I. Bill from $1,200 to $1,600 will have a detrimental effect on the Department of Defense's ability to meet future recruiting quotas. To date more than 2 million service personnel have signed up for the G.I. Bill and a vast majority of those currently in uniform cite the G.I. Bill as the main reason they enlisted in the Armed Forces. The proposed increase represents a 33% increase over the current $100 deduction in pay. Since enactment of the Montgomery G.I. Bill 10 years ago, the cost of higher education has increased 75%. Yet the G.I. Bill benefits have increased only 33%. Also, during that same time period, the pay of E-1 and E-2 soldiers and sailors has increased only 48%, leaving some living at near poverty level and others in receipt of food stamps.

Increasing the individual contribution will be a disincentive to enlist and could force the Department of Defense to return to conscription.

U.S. INVOLVEMENT IN BOSNIA

The VFW is very concerned over the use of U.S. troops in Bosnia. We oppose the deployment of U.S. forces in any combat role, mission, or operation likely to engage hostile forces. The U.S. has no vital national interests at risk in this civil war and therefore should not put American lives

lives in jeopardy. The VFW remains concerned about the possible use of U.S. troops as "peacekeepers" and any Bosnian truce or peace treaty.

VETERANS EMPLOYMENT AND TRAINING CONCERNS

MAINTAINING A VIABLE TRANSITION ASSISTANCE SERVICE IN EACH SERVICE BRANCH

In recent weeks there has been much debate over whether there is a need to continue transition assistance services for active duty personnel in view of the fact that the five-year drawdown is nearing completion.

The VFW strongly disagrees with this wave of thinking. We wish to point out that even with a smaller force structure than before the drawdown, annual separations and retirements from all service branches combined may average 200,000 or more. We believe that the Department of Defense and the service branches have a special obligation to assist service members with job-search preparation, relocation, and other attendant services. It is our view that currently, and in the future, military transition assistance services should be viewed as an integral part of the service branches' operation.

LACK OF SUFFICIENT FUNDING FOR VETERANS EMPLOYMENT SPECIALISTS

Veterans Employment Specialists who develop jobs and training opportunities for veterans through State Employment Service Offices are seriously under funded. By law the veterans employment specialists who are also known as Local Veterans Employment Representatives (LVER) and the Disabled Veterans Outreach Program (DVOP) specialists are required to have minimum staff in each program of 1,600 to 1,999 respectively. Under the Administration's FY '96 Budget proposal, the LVER program would be under funded by approximately 146 positions and the DVOP program would be under funded by nearly 300 positions.

The VFW finds this especially troubling since funding for the LVER and DVOP programs currently depends solely on allocation of funds from the Federal Unemployment Tax Account (FUTA) trust fund. One of the requirements of this trust account is that proceeds may be used only in the furtherance of employment security programs, which is exactly what the LVER and

DVOP programs do. The FUTA trust account regularly accumulates surpluses of over $2 billion annually while the LVER and DVOP programs are continuously under funded.

The VFW opposes this practice and we urge the Administration to ensure the adequate funding of veterans employment specialists programs and the proper implementation of the FUTA trust fund.

The American Legion

For God and Country

★ WASHINGTON OFFICE ★ 1608 "K" STREET, N.W. ★ WASHINGTON, D.C. 20006-2847 ★
(202) 861-2700 ★

October 5, 1995

MEMORANDUM TO: **BOB JONES**
Special Assistant to the Secretary
Department of Veterans Affairs

FROM: **MIKE SCHLEE, Director**
National Security/Foreign Relations Division

SUBJECT: **Future Discussion Issues for the Interagency Veterans Policy Working Group**

In follow-up to our telephone discussion of October 5th, the following are deserving topics and issues which clearly require attention and possible discussion:

- Chronic and Persistent Backlog of Veterans Claims and Appeals
- Healthcare Reform
- Centralization of VA Claims Processing Centers
- Persian Gulf Veterans
- Protection of U.S. Peacekeeping Personnel

Please find attached a brief discussion on each topic.

CHRONIC AND PERSISTENT BACKLOG OF VETERANS CLAIMS AND APPEALS

Although VA has made significant progress in reducing the enormous number of cases pending before the Board of Veterans Appeals (BVA) and the regional offices throughout the nation, The American Legion is still concerned with the large number of cases currently pending adjudication and awaiting final appellate action. At the present, there are 389,000 claims pending adjudication nationwide, down from an all-time high of 590,000 in 1994. The Board of Veterans Appeals (the Board) has reduced its caseload from 40,000 cases in 1994 to approximately 16,000. However, the Board has almost 56,000 cases on advance docketing pending in the regional offices waiting to be called-up for appellate review. Timeliness in adjudicating claims has improved. The regional offices are now processing original claims in approximately 158 days. Processing time of 106 days is acceptable to The American Legion. We are also concerned with the high remand rate at the Board and appeals returned to VA regional offices because of improper development.

HEALTHCARE REFORM

The American Legion will be introducing in the near future its proposal for making VA healthcare available to veterans and dependents entitled "The American Legion Veterans' Healthcare Security Plan." This plan will make VA medical facilities more inclusive as opposed to being exclusive. Many veterans seeking care are turned away from VA medical centers either because they do not have service-connected disabilities and/or because of excessive income.

Our proposal would remove these restrictions and convoluted regulations which prevent veterans from gaining access to VA medical care. It would also bring in additional revenue by allowing VA to retain the dollars generated for according healthcare to nonservice-connected veterans with Medicare and private insurance coverage. As is the current policy, monies that are generated are returned to the National Treasury.

CENTRALIZATION OF VA CLAIMS PROCESSING CENTERS

The American Legion opposes the centralization and regionalization of VA claims processing, i.e., Montgomery G.I. Bill, Persian Gulf, certain home loan guaranty cases, and POW disabilities. Because of Federal budgetary restrictions and a large backlog of pending benefit claims, VA has designated certain regional offices with proportionally lower workloads to handle certain categories of claims.

This procedure deprives the claimant reasonable and immediate access to their VA records, including information as to the status of the case or its disposition. It also inhibits the ability of the organization to effectively advise and assist, i.e., "represent" such claimants based on the Power of Attorney.

PERSIAN GULF VETERANS

The American Legion is extremely concerned with VA's low rate of allowances for service connection in claims filed by Persian Gulf veterans for undiagnosed illnesses and Chronic Fatigue Syndrome.

It is apparent that VA must better educate its network of physicians, adjudicators and rating specialists in examination procedures, criteria and the appropriate regulations as promulgated by PL 103-446.

VA's low percentage of allowances has caused America's newest generation of combat veterans and their families to suffer from untold economic hardships.

The American Legion is so concerned with the plight of these veterans and their families that it has created a core group known as "The Persian Gulf War Era Veterans Task Force."

The Task Force will perform outreach, develop initiatives through legislative change, pursue regulatory changes and legal action, provide financial assistance, and review VA and DoD protocol studies to ascertain the economic impact resulting from service in the Persian Gulf. Special advocacy assistance will be offered to PG veterans having difficulty obtaining acceptable and satisfactory resolution of their claims for disability compensation.

PROTECTION OF U.S. PEACEKEEPING PERSONNEL

Currently, U.S. servicemembers are not adequately protected by the Geneva Conventions should they be captured when conducting peacekeeping and humanitarian operations.

The U.S. has signed a U.N. convention to provide legal protection to those U.S. forces involved in U.N. sanctioned missions. This convention must be ratified by the Senate. Only two of the 26 signatories have ratified it, Denmark and Japan. Twenty-two ratifications are required. The Department of Justice, the Department of Defense and the Department of State are continuing on a priority basis to complete the ratification package for the Senate.

This convention, when ratified, will provide adequate POW status for U.S. troops in most cases as discussed in Presidential Decision Directive 25 (The Clinton Administration's Policy on Reforming Multilateral Peace Operations - May 1994). This however will not adequately address the necessary POW/MIA status protections in the cases of non-U.N. sanctioned unilateral or multilateral operations undertaken by the U.S. in the realities of the post-Cold War period.

The Retired Enlisted Association

RESOLUTION NO. 18
NATIONAL (1995-1996)

MEDICARE SUBVENTION

WHEREAS, the Military Health Services System (MHSS) has begun to disenfranchise the Medicare eligible military beneficiary and;

WHEREAS, the Department of Defense (DoD) does not allow the Medicare eligible military beneficiary to enroll in the Tricare Prime health care program;

WHEREAS, the Department of Defense (DoD) states it will be unable to treat approximately eighty (80) percent of Medicare eligible military beneficiaries without the Health Care Finance Administration (HCFA) reimbursing DoD Medicare dollars when treating Medicare eligible beneficiaries in the MHSS; NOW,

THEREFORE, BE IT RESOLVED, that The Retired Enlisted Association supports Medicare Reimbursement to DoD when any Medicare eligible DoD beneficiary receives health care in the Military Health Services System.

The Retired Enlisted Association

RESOLUTION NO. 19
NATIONAL (1995-1996)

TRICARE PRIME FEE STRUCTURE

WHEREAS, the Department of Defense's (DoD) Tricare Prime program requires enrollment fees ($460 family - $230 single) from the military retired community ONLY, and;

WHEREAS, the copayments when enrollees receiving care using private sector Health Maintenance Organizations (HMOs) affiliated with Tricare Prime are higher than active duty members when receiving sixty (60) percent of HMO services, and;

WHEREAS, enrolled retirees remain on Space Available when requesting care at Military Treatment Facilities, and;

WHEREAS, the approximately 1.5 million regular military retirees, of which 1 million are retired enlisted, are the only class of DoD beneficiary required to pay enrollment fees, NOW;

THEREFORE, BE IT RESOLVED, that The Retired Enlisted Association is adamantly opposed to the current fee structure of Tricare Prime, and;

BE IT FURTHER RESOLVED, that The Retired Enlisted Association strongly opposes the retired enlisted community having to subsidize the Department of Defense's Tricare Prime program de facto.

Vietnam Veterans of America, Inc.

1224 M Street, NW, Washington, DC 20005-5183
Telephone (202) 628-2700 • General Fax (202) 628-5880 • Advocacy Fax (202) 628-6997 • Finance Fax (202) 628-5881

A Not-For-Profit Veterans Service Organization Chartered by the United States Congress

"VVA, At Work in Your Community"

STATEMENT OF

VIETNAM VETERANS OF AMERICA

Presented by
William F. Crandell,
Deputy Director
Government Relations

Before the
White House Interagency
Veterans Policy Group

October 12, 1995

INTRODUCTION

Vietnam Veterans of America (VVA) welcomes the opportunity to participate in a meeting of the White House Interagency Veterans Policy Group once again. The primary topics we would like to discuss are homelessness, veterans preference, and veterans health care.

HOMELESSNESS

Over a third of the nation's homeless are veterans. A recent state-by-state survey estimates that the number of homeless veterans is over 270,000 nationally. We had hoped to have information, prior to preparing this paper, on steps the Administration has taken since we met last May, when Mr. Ben-Ami expressed a serious interest in addressing the lack of sensitivity of the Department of Housing and Urban Development (HUD) with regard to veterans.

There is a causal connection between military service – especially combat stress – and homelessness in veterans. There is also a causal connection between recognizing that link and really helping homeless veterans. When homeless veterans are approached as "generic" homeless, some of the best efforts simply fail to reach them and make little difference in their lives. Approaching homeless veterans as veterans, recognizing their ability to trust other veterans and putting them in touch with services that are designed for veterans, is a powerful force that can turn them around. VVA's experience demonstrates that small, tough, inexpensive veteran-specific programs for homeless veterans can produce working citizens.

We strongly support the Administration's effort to make continuum of care the national standard for all programs for the homeless. VVA has always believed that a continuum of care which is an integrated combination of programs that range from immediate aid – such as food and shelter, job training and transitional housing to preparation for permanent jobs and permanent housing – is the best way to break the cycle of homelessness.

The Department of Housing and Urban Development (HUD) currently operates – depending on the outcome of the budget process – programs in which 15 percent of funding is targeted for special needs programs. This is a means of making certain that a program fits the people it is meant to help. Veterans are not identified in these HUD-run programs. Homeless veterans remain a large special needs population that generally goes unrecognized and unidentified. HUD is only incidentally helping veterans, with minimal effort. Some community agencies still turn away veterans because there is a misconception that the VA will take care of their needs. VA does not have that kind of resources, and there are a number of barriers that would keep VA from serving many homeless veterans if money were no object.

Last year Congress showed great wisdom in adopting a "sense of Congress" resolution in PL 103-446 requiring that a proportionate share of federal grant money given to community organizations that assist the homeless go to providers who "provide assistance primarily to veterans." HUD is the major agency for dealing with homelessness, but it does not employ the "Fair Share" concept in allocating its funds for programs and grants, nor do most state and municipal governments.

In March HUD announced the 47 grants for its $25 million 1995 Innovative Homeless Project Funding, awarding not a dime to homeless veteran providers, though there were numerous applications. Last year's grants gave 2 percent of the funding to veteran-specific programs. If there were not a prejudice at HUD against veterans programs, mere chance would prevent such a clean sweep. Clearly HUD either believes that veterans are taken care of elsewhere, or is unwilling to care for veterans unless they drift into HUD-sponsored programs.

The first requirement is to recognize formally that homeless veterans are a distinct special needs population. VVA would like to work with HUD, the Committees on Veterans' Affairs and Appropriations, the Senate Committee on Labor and Human Resources and the House Committee on Economic and Educational Opportunities to explore funding to support VA and DOL projects for homeless veterans. If we are to reduce the growing numbers of homeless veterans, we must encourage and support such programs and organizations. Money that now goes to HUD must reach providers whose service to homeless veterans is not incidental.

VETERANS PREFERENCE

VVA strongly supports enforcement of veterans preference laws. Since its creation at the end of the Civil War, veterans preference has stood as a tangible sign of the thanks of a grateful nation to those who have risked their lives and perhaps lost their limbs on its behalf. It was designed to help veterans catch up with the employment opportunities they lost by serving their country. This means helping veterans gain good jobs for which they are qualified. Veterans preference is part of the merit system through competitive hiring.

Veterans preference has been eroding since this nation's commitment of troops to Vietnam began. From 50 percent of the federal workforce in 1976, veterans' share has plummeted to 20 percent. The Office of Personnel Management (OPM) considers it a success to match the portion of veterans in the workforce, as though veterans were being hired under a diversity formula rather than on a preferential basis aimed at compensating and rewarding those who have served and sacrificed.

Vietnam-era veterans are currently faced with their greatest economic challenge since the three major recessions of 1970-1982. Any change in veterans preference in hiring, firing and reduction in force (RIF) procedures in the federal sector will affect all veterans entitled

to these preferences. The federal workforce gained 56,055 positions since 1985. During the same period veterans lost 137,559 positions while non-veterans gained 193,614 positions. Positions allocated only to veterans by somebody with a grim sense of humor – such as elevator operator and gravedigger – are disappearing, while fewer and fewer competitive titles are being filled through the methods prescribed by federal law.

OPM's Current Report to Congress for fiscal year 1992 indicates that the total number of employees in the federal workforce as 2,138,673. Since 1989 the federal workforce rose by 20,120 positions. Non-veterans in the federal workforce gained 61,819 positions. Vietnam-era veterans lost 9,940 positions and other veterans in the federal workforce lost 31,759 positions. This was a net loss was 41,699 veteran positions in just 3 years. VVA believes these figures illustrate a systematic disregard in federal agencies for the veterans preference system and for veterans of the Vietnam War.

Veterans' rights under veterans preference are very clear in law, but enforcement is lacking. OPM uses its best efforts to avoid RIFs, considering them unpleasant and chaotic situations. RIF rules, however, spell out veterans preference rights very clearly, while the alternative procedures – "downsizing," "rightsizing," "reinventing" and other soft-sounding terms – allow federal agencies to restructure outside the federal laws that were passed by Congress to protect veterans. The result is to pit veterans against women and minorities, as if women and minorities did not comprise a great portion of the veterans population. Enforcing the law on veterans preference does not endanger the goal of diversity in the workplace.

This administration has stood behind veterans preference as an integral part of the merit system – despite some very strong opposition in the United States Postal Service, other federal agencies, and the National Performance Review – and we thank the President for this commitment. The temptation to find shortcuts for fulfilling other goals will always be strong, and will need aggressive opposition. While we appreciate the commitment of the Administration to veterans preference, we warn you that it is nonetheless being undercut on your watch. We would like to work with you to make your commitment effective.

VA Health Care

VVA has been and continues to be supportive of ongoing management changes within the Veterans Health Administration. VVA has long advocated many of the progressive and prudent changes described in "Vision for Change" put forth by Under Secretary for Health Kenneth Kizer. We are especially heartened to see the strategy for accountability, standardization of quality of care, and emphasis on maximum utilization of resources and services available to veterans. Because community-based delivery systems and decentralization of both responsibility and budget functions have proven to be effective and efficient in the private sector, these changes will better prepare VA to be a contender in today's highly competitive health care environment.

Additionally, VVA and the other organizations participating in the Partnership for Veterans Health Care Reform have endorsed basic eligibility reform as passed by the House Veterans' Affairs Committee last week. Such basic, incremental steps toward broader access will eliminate many of the inpatient/outpatient criteria hoops-and-hurdles which prevent veterans from receiving comprehensive care. Providing health services to veterans in the most medically appropriate, cost-effective manner will certainly improve quality and timeliness of VA health care, as well as customer service and satisfaction. Even a partial "eligibility reform" proposal – which does not allow new veterans access to the system but eliminates barriers to outpatient care in a budget-neutral fashion – is critical to the ongoing evolution of the VA health care system into a modern, progressive provider of care. We are hopeful that the Senate Veterans' Affairs Committee will also see the wisdom of this proposal.

VVA views our own role in these processes as one of oversight. We plan to get out of the way, if you will, but closely monitor the progress of both internal and legislative reforms. While the goals have been clearly established and are mutually agreeable to virtually all stakeholders, there may be locale-specific implementation problems. We have already learned of incidences where local VHA administrators plan to close beds and/or programs without making alternatives available to the local veteran population. VVA is not opposed to closing VA beds or even facilities, if VHA can provide the needed services to the veteran population in a more appropriate, cost-effective, and convenient manner – so long as the services are accounted for.

We encourage our members to work with the Administration to attempt to resolve such problems at the local level, through advisory committees or other consumer input modalities. Dialogue on the local level between facility administrators, professional staff, and members of the veterans community is a very effective means of identifying local problems and organizing the resources to solve them. When these groups are formalized into an advisory committee or task force, veterans and VA personnel develop energetic partnerships which engender a real spirit of shared purpose.

Specialized Services

Of particular concern to many veterans advocates is the continuation and viability of the "specialized services" VHA provides to veteran patients with unique needs – programs such as Post Traumatic Stress Disorder (PTSD) treatment and counseling, Agent Orange and Gulf War Illness screening, spinal cord injury medicine, blind rehabilitation, advanced rehabilitation, prosthetics, amputee programs, extended mental health, and long-term care programs. Veterans organizations would be hard pressed to advocate for the VA health care system if it evolved exactly like the typical private-sector health-care provider networks. VA was designed to meet some very atypical needs of the veteran population. The programs which specifically carry out this mission must be maintained and enhanced. These are truly an American asset which would be lost if not for the VA health care system.

Among these "specialized programs" that VVA feels is critical to the VA's mission, and is truly a success among federal government agencies is the Vet Center program, managed by the VA Readjustment Counseling Service. Dr. Kizer's reorganization plan incorporates the Readjustment Counseling Service (Vet Centers program), and maintains RCS's separate authority structure and budget. Our members, at the national convention in 1995, adopted a strong resolution calling for the continuation of the Readjustment Counseling Service in its present configuration as a community-based service provider with locations separate from and outside of the budgetary and managerial control of the VA Medical Centers.

The unique community-based nature of Vet Centers is a distinct asset to the future planning of VA health care. Expanding access points is one of the primary objectives of VHA reorganization and reform. This is critical to VA's ability to provide more cost-effective care and to reach out to those veterans who do not currently access VA services. The Vet Centers can serve as a model for this growth. The geographic distance separating many veterans from the nearest VAMC makes the community-based Vet Centers an important point of contact for veterans in their first attempts to access VA services. The benefit of coordination already being done between Vet Centers and VAMCs around the nation, conducting preliminary health screening and referrals, will be critical to VA's expansion of outpatient and primary care access points.

These community-based walk-in assistance and referral centers have proven to provide efficient and cost-effective treatment for veterans seeking help for PTSD and its secondary symptoms of substance abuse and homelessness, as well as more basic VA benefits information and employment and training referrals. One of the Vet Centers' greatest strengths has always been that of veterans helping veterans. VVA remains a strong proponent of the Vet Center program. This issue is critical to our membership.

CONCLUSION

Nearly 27,000,000 American veterans rely upon the nation they served – rely, in effect, on everybody involved in this meeting. Vietnam Veterans of America thanks you for this opportunity to work with the Administration on issues of concern to us all.

THE WHITE HOUSE

WASHINGTON

March 28, 1996

MEMORANDUM FOR EXECUTIVE DIRECTORS OF
The American GI Forum
The American Legion
AMVETS
Blinded Veterans Association
Disabled American Veterans
Military Order of the Purple Heart
National Association of Black Veterans
National Association of State Directors for Veterans Affairs
Paralyzed Veterans of America
Veterans of Foreign Wars
Vietnam Veterans of America

FROM: Alexis Herman
Assistant to the President for Public Liaison
Kitty Higgins
Secretary to the Cabinet
Carol Rasco
Assistant to the President for Domestic Policy

RE: Meeting on Thursday, April 18

As chairs of the White House Interagency Veterans Policy Group, we cordially invite you to a meeting with our offices on **Thursday, April 18, 3:00–4:30 pm**, in Room 180 of the Old Executive Office Building.

As you know, over the past two years the Interagency Veterans Policy Group has provided a forum for discussion of veterans policy issues across agencies. Our meetings with your organizations, such as the April 18 meeting, provide an opportunity for you to highlight issues that the Interagency Veterans Policy Group should address and for us to update you on the status of key issues.

Please submit a brief written summary of the issues that you would like to discuss and the name and date of birth of the attendee from your organization to Bob Jones by April 15 (telephone: 273–4845 fax: 273–4876).

Thank you, and we look forward to hearing from you.

THE WHITE HOUSE

WASHINGTON

March 28, 1996

MEMORANDUM FOR EXECUTIVE DIRECTORS OF
The American GI Forum
The American Legion
AMVETS
Blinded Veterans Association
Disabled American Veterans
Military Order of the Purple Heart
National Association of Black Veterans
National Association of State Directors for Veterans Affairs
Paralyzed Veterans of America
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Thank you, and we look forward to hearing from you.

THE WHITE HOUSE

WASHINGTON

March 28, 1996

MEMORANDUM FOR EXECUTIVE DIRECTORS OF
Air Force Association
Association of the United States Army
Fleet Reserve
Jewish War Veterans
National Association of Uniformed Services
National Guard Association
Non-Commissioned Officers Association
Reserve Officers Association
The Retired Enlisted Association
The Retired Officers Association
U.S. Marine Corps League

FROM: Alexis Herman
Assistant to the President for Public Liaison
Kitty Higgins
Secretary to the Cabinet
Carol Rasco
Assistant to the President for Domestic Policy

RE: Meeting on Monday, April 22

As chairs of the White House Interagency Veterans Policy Group, we cordially invite you to a meeting with our offices on **Monday, April 22, 3:00-4:30 pm**, in Room 180 of the Old Executive Office Building.

As you know, over the past two years the Interagency Veterans Policy Group has provided a forum for discussion of veterans policy issues across agencies. Our meetings with your organizations, such as the April 22 meeting, provide an opportunity for you to highlight issues that the Interagency Veterans Policy Group should address and for us to update you on the status of key issues.

Please submit a brief written summary of the issues that you would like to discuss and the name and date of birth of the attendee from your organization to Bob Jones by April 17 (telephone: 273-4845 fax: 273-4876).

Thank you, and we look forward to hearing from you.

THE WHITE HOUSE

WASHINGTON

April 8, 1996

MEMORANDUM FOR EXECUTIVE DIRECTORS OF
The American GI Forum
The American Legion
AMVETS
Blinded Veterans Association
Disabled American Veterans
Military Order of the Purple Heart
National Association of Black Veterans
National Association of State Directors for Veterans Affairs
Paralyzed Veterans of America
Veterans of Foreign Wars
Vietnam Veterans of America

FROM: Alexis Herman
Assistant to the President for Public Liaison
Kitty Higgins
Secretary to the Cabinet
Carol Rasco
Assistant to the President for Domestic Policy

RE: TIME AND DATE CHANGE FOR WHITE HOUSE MEETING

We regret to have to change the time and date of our next meeting to **Friday, April 19, 10:15 - 11:45 am**, Room 472 of the Old Executive Office Building (the original date was Thursday, April 18, 3–4:30 pm, per the memorandum of March 28).

The requests of the first memorandum remain the same -- please submit a brief written summary of the issues that you would like to discuss and the name and date of birth of the attendee from your organization to Bob Jones by April 15 (telephone: 273–4845 fax: 273–4876).

We apologize for the inconvenience of the schedule change. Thank you, and we look forward to hearing from you.

March 27,1996

MEMORANDUM

TO: **Molly Brostrom** (273-4876 fax)

FROM: **Bob Jones** BJ

SUBJECT: **Interagency Veterans Policy Working Group**

Per our discussion, I recommend that the following organizations be invited to attend the meeting as scheduled on April 18/22, 1996. Invitations should be sent to the Executive Director. They should be limited to one organization representative-the executive director or designated staff representative. I would appreciate the RSVP's being sent to me so that I may track the response of the organizations. In addition, I recommend that the organizations be requested to provide written copies of their issues at least three days prior to the meeting. I will compile these and insure the responsible White House staff receive copies.

22 Group 1

Veterans organizations (April 18) You or your desig rep

The American Legion	FAX 202-861-2786	
AMVETS	FAX 301-459-7924	
BVA	FAX 202-371-8258	Blinded Veterans Assoc
DAV	FAX 202-554-3581	Disabl Am Vets
GI Forum	FAX 202-289-0956	
MOPH	FAX 703-642-2054	Mil Order of the Purple Heart
NABVETS	FAX 202-371-8258	Natl Assoc of Bl Vets
NASDVA	FAX 302-739-3811	Natl Assoc State Dirs for Vets Affairs
PVA	FAX 202-416-7643	Paralyzed Veterans
VFW	FAX 202-543-6719	✓ Foreign
VVA	FAX 202-628-5880	Vietnam

Military Coalition (April 22)

TREA	FAX 703-548-4876
NAUS	FAX 703-354--4380
ROA	FAX 202-479-0416
TROA	FAX 703-838-8173
NCOA	FAX 703-549-0245
JWV	FAX 202-234-5662
NGA	FAX 202-682-9358
AUSA	FAX 703-243-2589
AFA	FAX 703-247-5853
Fleet Reserve	FAX 703-549-6610
USMC league	FAX 703-207-0047

CC: Lee Satterfield

- Retired Enlisted Assn
Nat'l Assn Chief Serving
Reserve Officers Assn
Retired Officers Assn
Non Commissioned Officers
Jewish War Vets
Nat'l Guard Assn
Assoc of US Army
Air Force Assn