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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	cover sheet, John Molino to Bob Jones (partial) (1 page)	05/31/1996	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Molly Brostrom
OA/Box Number: 8398

FOLDER TITLE:
Veterans Press Roundtable, 6/3/96 [2]

2012-0326-S
kc789

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

PRESIDENT CLINTON'S RECORD FOR AMERICA'S VETERANS:

- **Expanded disability benefits to Vietnam veterans exposed to Agent Orange**;

- **Ensured full COLAs'** on benefits going to disabled veterans and military retirees;

- Maintained a **firm commitment to veterans preference**, increasing the percentage of veterans hired for federal jobs;

- **Established a Presidential Advisory Committee on Gulf War Veterans' Illness** charged with leaving no stone unturned in finding the causes of these illnesses and improving care to veterans; signed legislation paying for benefits to Persian Gulf veterans with undiagnosed illnesses;

- **Strong commitment to veterans' health care**: Proposed a $1 billion increase in veterans health care in 1996 and a $500 million increase for 1997; Improving and restructuring VA's health care system;

- **Proposed long-awaited and much-needed eligibility reform** to ensure that veterans have access to the most appropriate care;

- Fought for **increased funding to assist communities** in developing local, coordinated solutions to **homelessness**, and worked to ensure that the one-third of the nation's homeless who are veterans are included in these solutions;

Briefing Book

Med Sch: DoD: do for graduate dollar

MMWR → open enrollment to Fee-for
↑ benefit

VHA/IHS → same cost (can account for
Pres: 5% more M^2 spending)

June 3, 1996

ROUNDTABLE WITH REPORTERS FROM VETERANS ORGANIZATIONS

DATE:	June 3, 1996
LOCATION:	Cabinet Room
TIME:	5:00 p.m.
FROM:	Mike McCurry

I. PURPOSE:

This session will give you the opportunity to talk about what your Administration has done for the nation's veterans. You can talk about your commitment to go beyond gratitude and ceremonies in honoring veterans, and your commitment of "Putting Veterans First."

II. BACKGROUND:

This is the second such meeting you have held with these organizations. The first was May 26, 1995; several of these participants attended that event as well..

You will take one question from each of the 12 reporters from various veterans and military service organizations. Among their particular concerns: Medicare subvention, the VA budget and POW/MIA certification in Vietnam.

III. PARTICIPANTS:

1. Mike McCurry
2. Hershel Gober, Deputy Secretary of Veterans Affairs
3. Wallace Williams, National Association of Black Veterans
4. Carl Stout, Vietnam Veterans of America
5. John Molino, Association of the U.S. Army
6. Robert Carbonneau, AMVETS
7. Clifford Crase, Paralyzed Veterans of America
8. David Autry, Disabled American Veterans
9. Major General J.C. Pennington (Ret.), Nat'l Assn. of Uniformed Services
10. Bill Smith, Veterans of Foreign Wars
11. Patricia Williamson, Fleet Reserve Association
12. Charles Jackson, Non-Commission Officers Association
13. Steve Salerno, American Legion
14. Alma Esparza, G.I. Forum

IV. PRESS PLAN

The interviews will be exclusive to the participants.

V. SEQUENCE OF EVENTS

You will be briefed in the Oval Office between 4:15-5:00 p.m. You will then proceed to the Cabinet Room for the roundtable.

VI. REMARKS:

The National Security Council has prepared brief opening remarks highlighting your commitment to and support for veterans.

VII. ATTACHMENTS:

Opening Remarks
Q & As

Briefing Materials for Veterans Media Roundtable
Monday, June 3, 1996
5:00 p.m.

Tab A . . . . . Achievements Overview

Domestic Issues

Tab B . . . . . VA Budget
Tab C . . . . . Medicare Subvention/Health Care for Military Retirees
Tab D . . . . . Soldiers' and Sailors' Act
Tab E . . . . . Veterans Preference
Tab F . . . . . Fleet Reserve Association Concerns
Tab G . . . . . Hispanics, VA and the Federal Government
Tab H . . . . . Uniformed Services University of the Health Sciences
Tab I . . . . . Unemployment Compensation
Tab J . . . . . Department of Labor Veterans Programs
Tab K . . . . . Montgomery GI Bill
Tab L . . . . . Homelessness
Tab M . . . . . Spinal Cord injury
Tab N . . . . . Board of Veteran Appeals
Tab O . . . . . Eligibility Reform
Tab P . . . . . Agent Orange
Tab Q . . . . . Flag Protection Amendment
Tab R . . . . . VA Health Care Reorganization

Foreign Policy Issues

Tab S . . . . . POW/MIA Certification in Vietnam
Tab T . . . . . Bosnia
Tab U . . . . . Gulf War Syndrome
Tab V . . . . . Remains Recovery in Korea
Tab W . . . . . Anti-Personnel Landmine Policy
Tab XYZ . . . . . Scheduled Department of Defense briefing

ACHIEVEMENTS OVERVIEW

- Expanded disability benefits to Vietnam veterans exposed to Agent Orange.
- Ensured full COLAs on benefits going to disabled veterans and military retirees.
- Maintained a firm commitment to veterans preference, increasing the percentage of veterans hired for federal jobs.
- Established a Presidential Advisory Committee on Gulf War Veterans' Illness charged with leaving no stone unturned in finding the causes of these illnesses and improving care to veterans; signed legislation paying for benefits to Persian Gulf veterans with undiagnosed illnesses.
- Strong commitment to veterans' health care: Proposed a $1 billion increase in veterans health care in 1996 and a $500 million increase for 1997; Improving and restructuring VA's health care system.
- Proposed long-awaited and much-needed eligibility reform to ensure that veterans have access to the most appropriate care.
- Fought for increased funding to assist communities in developing local, coordinated solutions to homelessness, and worked to ensure that the one-third of the nation's homeless who are veterans are included in these solutions.

in 96 FY95-dgts
Point: Your record demonstrates you will maintain our commitment to vets.

VA BUDGET

Q: ***How do you explain your commitment to veterans programs and services when your budget provides less funding over 6 years than the Senate and House budget resolutions (and the funding declines and then rises with the trigger)? [Note: Even with the trigger, our funding levels are below theirs.]***

A: They may claim they will provide more funding, but look at our record. My record shows that I will continue to view veterans programs as a key priority when faced with the tough year-to-year decisions.

1. Republicans' Record in 1996 Budget: Cut my request by $900 million.

- Administration proposed $19.2 billion for VA. Republican Congress provided $18.3 billion.

2. Last Week's House VA/HUD Appropriations bill: While an improvement on last year's levels, still $350 million below my request.

3. Republicans' Record in Reconciliation: Medicare and Medicaid proposals would have threatened coverage for millions of veterans.

The Republican reconciliation bill that I vetoed would have:

- Raised Medicare premiums for 8.8 million veterans -- a third of all veterans -- by at least $850 million over 7 years. My budget kept premiums at 25% of program costs.
- Turned Medicare into second-class health care with $270 billion in cuts and damaging structural changes (e.g. MSAs, balanced billing, hard spending cap).
- Doubled the co-payment that veterans pay for prescription drugs for non-service connected conditions.
- By 2002, could have denied 150,000 veterans Medicaid coverage, most of whom could not afford private insurance.

4. Republicans' 1997 Proposals: Medicare and Medicaid proposals still threaten care.

5. Your record

- Entitlement: CHAMPUS
- Military facilities on space-avail basis
1. sharing agts w/ VA hosps
2. Medicare subv pilots

B-DLs + HC Δ's @ DoD → Medicare / Tricare
Point less space for retirees @ MTFs where they face lower costs than Medicare

MEDICARE SUBVENTION/HEALTH CARE FOR MILITARY RETIREES

Q: ***"The Fleet Reserve Association has urged Congress to adopt legislation expanding VA eligibility to non-disabled military retired veterans who are denied care in military treatment facilities -- with an added provision giving them priority behind service-connected veterans. No one should forget that military retirees are veterans too. Do you support expanding and funding VA eligibility for these military retirees?"*** [Question submitted by Fleet Reserve Association]

A: VA and DoD are working to expand health care options for military retirees. On June 29, 1995, DoD and VA signed a memorandum of understanding that will, for the first time, make VA Medical Centers eligible to be reimbursed for care under Defense's TRICARE program. While retirees and dependents can continue to use military treatment facilities and private sector providers under this agreement, many will have one more option -- a VA Medical Center. In addition to this new joint effort, VA has over 280 facility-level sharing agreements with DoD medical facilities ranging from major medical and surgical services to laboratory services.

Bec. military facilities close-ish

[Note: There are 1.3 million non-disabled military retirees who would be eligible under their proposal.]

Q: ***Our organizations have been advocating Medicare reimbursement of VA and DoD facilities. You have expressed support for Medicare Subvention in the past -- where does your Administration stand on the issue now?*** ☆

A: Making good progress in designing demonstrations of Medicare subvention to ensure military retirees' and veterans' access to high quality health care services in DoD and DVA treatment facilities.

Probs - DoD/VA little cost accounting

DoD, DVA, OMB, and HCFA working together to develop these important projects. Options for the Veterans' demonstration will be presented this summer.

CBO est'd unfd cost Medicare TF more

Making sure the demonstration does not adversely affect the care of military personnel and veterans.

Ensuring the demonstration does not impose any new costs on the Medicare trust funds.

Q: ***Do you support providing the Federal Employees Health Benefits Program (FEHBP) as an option to military retirees?***

A: The Department of Defense is conducting a study to see if we can provide FEHBP as an option for retirees. Study will show feasibility and cost of providing an FEHBP option. (Prob: diff. risk pools)

At 39 → mil. retiree → CHAMPUS
CHAMPUS designed to be wrap-around until Medicare

SOLDIERS' AND SAILORS' ACT

Q: ***How could you have claimed that the Soldiers' and Sailors' Act entitles you to a stay of a sexual harassment suit brought against you? Don't you understand that even as Commander-in-Chief, you are a civilian and not entitled to the protections given to those on active military service?***

A: As I understand what my lawyers wrote, they never claimed I was entitled to relief under the Soldiers' and Sailors' Act. They said that I am entitled to a stay of the lawsuit not because of that piece of legislation, but because of important constitutional principles, involving the separation of powers.

The way the Soldiers' and Sailors' Act came into the brief was as an example. My lawyers were trying to show that stays of lawsuits are not uncommon -- that courts often grant stays for important public reasons. In that context, my lawyers offered five examples -- of which the Soldiers' and Sailors' Act was but one -- of situations in which courts postpone litigation.

My lawyers have explained this many times by now. The continued accusations that I claimed relief under the Soldiers' and Sailors' Act are a distortion. Let me say again: I didn't claim relief under the Soldiers' and Sailors' Act and I have no intention of ever doing so.

Q: ***Were you aware of the references to the Soldiers' and Sailors' Act in either the recent petition to the Supreme Court or in prior legal papers?***

A: I didn't read the recent petition prior to its being filed. I've talked to my lawyers about the case generally, of course, but we did not discuss any specific cases or statutes they were thinking of putting in this brief or the others. We talked only about the basic constitutional principles.

Q: ***If you didn't rely on the Soldiers' and Sailors' Act as a basis for relief, why did your lawyers think it necessary to file a separate legal pleading a few days later retracting this claim?***

A: Again, I am not seeking relief under the Soldiers' and Sailors' Act. What my lawyers did, in a routine reply brief that would have been filed in any event, was to make clear what the original petition had argued and what it had not argued. That clarification was necessary because of the misunderstanding surrounding the original petition.

+OPM + VP's office → outreach to VSO's
↳ requirements

VETERANS PREFERENCE

Q: ***We're concerned about your Administration's commitment to veterans preference during this time of downsizing and civil service reform. Can you explain your position?***

A: Strong record on veterans hiring. As documented by a recent GAO report, while overall federal hiring has gone down in the last few years, the percentage of veterans hired has increased significantly.

Point I

In the three years of this Administration (FY93-FY95), the percentage of veterans hired for full-time, permanent positions averaged 31.1%. This was an increase of 12.6 percentage points (or 68%) over the previous three years (FY90-FY92) of 18.5%. (OPM figures)

[Note: There are fewer veterans in the workforce due to the aging of the veterans population and the downsizing of government.]

Q: ***How do you feel about establishing an independent appeals process for investigating veterans preference complaints?***

A: Support establishing an appeal mechanism for veterans on the application of veterans preference and welcome recommendations of veterans organizations on how to do this.

[Note: Monitoring and oversight mechanisms exist. OPM evaluates whether agencies are fully enforcing veterans preference. OPM has also entered into a Memorandum of Understanding (MOU) with the Department of Labor for handling complaints of veterans preference violations in hiring where DOL refers cases it cannot resolve to OPM. Only five cases reached OPM last year; only one of these was found to involve a valid issue of veterans prefernce. February's GAO study also concluded that OPM's oversight of agency implementation of veterans preference is effective.]

- not nec'ly Merit System Protection Board
  - tech'l review
  - limits

Wheeler: anti-vet discrim in wh collar, indy w/Hse vet

Minnick → now, hired @ Holocaust @ equal position (GS-14)
OPM investigated + (directed)
Holocaust decided not-qualified (subjective)

- Veteran always retained over non-vet + may "bump" non-vet + rt to re-employment

Q: ***How is veterans preference being applied in the reductions in force across the federal government?***

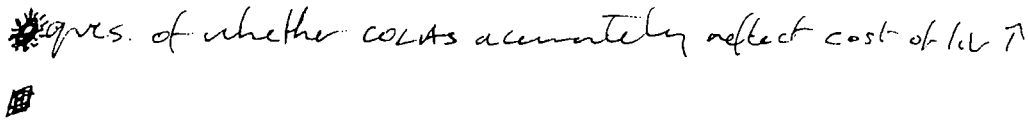
A: Veterans have additional rights during RIFs from 1876 Veterans' Act. - Vets Pref Act of 1944 Administration strictly adhering to these laws: to stay in present positions, veterans are always retained over non-veterans with the same tenure. Veterans in jobs being eliminated may "bump" employee with lower retention standing. Separated veterans have priority over non-veterans for reemployment for two years following the RIF.

COST OF LIVING ADJUSTMENTS

[Question submitted by Fleet Reserve Association]

Q: ***Why does the Administration continue to insist on a reduction in cost-of-living adjustments (COLAs) for military retirees and veterans? Also, do you feel that any one group of COLA recipients should have priority over another?***

A: During my Administration we have given only full cost-of-living adjustments to military retirees and veterans.



Repeat

VA ELIGIBILITY FOR MILITARY RETIREES

[Question submitted by Fleet Reserve Association]

Q: ***"The Fleet Reserve Association has urged Congress to adopt legislation expanding VA eligibility to non-disabled military retired veterans who are denied care in military treatment facilities -- with an added provision giving them priority behind service-connected veterans. No one should forget that military retirees are veterans too. Do you support expanding and funding VA eligibility for these military retirees?"***

A: VA and DoD are working to expand health care options for military retirees. On June 29, 1995, DoD and VA signed a memorandum of understanding that will, for the first time, make VA Medical Centers eligible to be reimbursed for care under Defense's TRICARE program. While retirees and dependents can continue to use military treatment facilities and private sector providers under this agreement, many will have one more option -- a VA Medical Center. In addition to this new joint effort, VA has over 280 facility-level sharing agreements with DoD medical facilities ranging from major medical and surgical services to laboratory services.

[Note: There are 1.3 million non-disabled military retirees who would be eligible under their proposal.]

MILITARY PERSONNEL STRENGTHS

[Question submitted by Fleet Reserve Association]

Q: ***Since 1989 military personnel strengths have been reduced 28% while operational tempos increased 143% and continue to be sustained at this high level. DoD is looking at further reductions, but the services barely have sufficient numbers to sustain the levels of deployments, training exercises, and other operational commitments. How does the Administration propose to balance readiness needs with operational commitments?***

A: The level of operations sustained by our military personnel has increased since 1989. Based on inputs from the Military Services, however, I can report to you that our forces' Personnel Operating Tempo (PERSTEMPO) is both sustainable and healthy.

On the margin, there have been some military occupations, weapon systems and units where PERSTEMPO has been above desired levels. These are generally in what we call "high demand, low density" units, such as AWACS and Patriot air defense crews. DoD has taken aggressive actions to address those problem areas and most, if not all, are back within desired PERSTEMPO thresholds.

A measure of our success in managing PERSTEMPO is that we have not experienced any significant problems with overall retention rates. I can assure you that the DoD will continue to monitor those skills and units that are heavily engage, to work hard to balance the PERSTEMPO load, and to ensure that we maintain high readiness levels as well as our highly skilled personnel.

Downsizing
- Places pressure on ppl that are left
- Applies to ppl in active duty
- have been relieved by Reserves

IMPACT AID PROGRAM

[Question submitted by Fleet Reserve Association]

Q: Why does the Administration continue to recommend less money to support the impact of the increased enrollment of military children in public schools?

A: We are in a tight budget era that has affected not only the Impact Aid program but virtually all federal government programs. DoD and other affected agencies work very closely with the Department of Education to ensure that the declining funds are used in the most effective and equitable manner. Furthermore, since DoD families are the most affected by reductions to the Impact Aid program, supplemental funds have been appropriated to Defense so that financial assistance can be provided to school districts that are the most heavily impacted by the military presence or by base realignments and closures.

HISPANICS, VA AND THE FEDERAL GOVERNMENT

[Questions submitted by American GI Forum]

Q: ***How is VA responding to the GAO report on barriers for Hispanic veterans in obtaining VA assistance?*** + that VA doesn't track info nec'y to know that utiliz

GAO Rept # of things sending guidance in Spanish / app forms / h loan notices

A: VA is working with the American GI Forum (AGIF) to 1) develop outreach approaches to improve Hispanic veterans' awareness of benefits and services, 2) analyze Hispanic veteran data to better understand the use of services of Hispanic veterans relative to other veterans, and 3) to increase the number of community-based clinics and other access points.

Q: ***Given Hispanics under-representation in the federal government, what will be the impact of downsizing?***

A: Hispanics are the only minority group under-represented in the federal workforce with roughly half the representation they have in the civilian labor force (CLF) -- 5.9% vs. 10.2%.

hope ✓ Hispanic representation is increasing, however, during this time of government downsizing. Hispanics made up 7.4% of new hires while accounting for only 4.7% of losses. Many agencies are making conscious efforts to improve Hispanic representation in hiring.

(40.5% of Hispanics are non-citizens)

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USUHS)

[Question submitted by the National Association for Uniformed Services]

Q: ***"The Administration continues to eliminate funding for the Uniformed Services University of the Health Sciences (USUHS) in Bethesda. This is the military's West Point for doctors which provides unique training in military medicine...I urge you to take this fine institution off the hit list. Will you do so?"***

A: The National Performance Review recommended closing USUHS because it is very expensive for DoD compared to alternative sources of military physicians. The NPR said it cost DoD $562,000 per graduate compared to $111,000 per graduate for the Armed Forces Health Profession Scholarship Program. GAO confirmed that USUHS is very expensive in a September 1995 report saying "...on a per graduate basis, the university is the most expensive source of military physicians when considering DoD costs and total federal costs."

While we proposed closure of USUHS last year, we have not eliminated funding for it. USUHS is fully funded in the FY 97 President's budget, with funding decreases over the next few years reflecting closure of the university.

UNEMPLOYMENT COMPENSATION

[Question submitted by Non Commissioned Officers Association]

Q: "Each year for the past several years, your administration and some members of Congress have proposed the elimination of unemployment benefits for service members who are eligible but decline to reenlist in the armed forces. Will you abandon this "savings" proposal and instruct the Labor and Defense Secretaries to oppose Congressional efforts to limit unemployment compensation for ex-service members?"

A: This Administration has never made such a proposal and has objected to such proposals in the past. A proposal to limit unemployment compensation only to involuntarily separated ex-service members has been proposed most recently as part of the Republican House budget resolution.

DOL VETERANS PROGRAMS

Q: What is your position on a transfer of DOL's Office for Veterans Employment and Training (VETS) to the Department of Veterans Affairs?

A: I will need to consult with Secretaries Reich and Brown on that question. I know, however, that the Department of Labor is committed to veterans programs and believe that the employment and training expertise at DOL is a tremendous resource that our veterans should have access to.

[Note: VSOs and Congressional Republicans have expressed concern about DOL's commitment to veterans programs as a result of:

- Zero funding in our FY 97 budget for two DOL VETS programs, the Homeless Veterans Reintegration Program (HVRP) and the National Veterans Training Institute (NVTI).

  In 1995 and 1996, Congress rescinded funding ($5 million) for and then did not appropriate funds for HVRP which funds re-employment programs for homeless veterans. Through a joint HUD-DOL agreement, we managed to keep the program funded for 1996. Our FY 97 budget zeroed out the program, proposing to integrate it into JTPA.

  On Friday, May 31, DOL committed to finding alternative sources of funding to continue HVRP.

  VETS is looking at alternative ways of providing training at a lower cost than the National Veterans Training Institute. The choice was made to seek increased funding for state staff providing direct employment services to veterans instead of continuing NVTI.

- An internal DOL spreadsheet in which VETS funding appeared at the bottom of the spreadsheet was interpreted by veterans service organizations to mean that DOL gave VETS low priority.

Last week, DOL Deputy Secretary Cynthia Metzler met with veteran service organizations, assuring them of DOL's support and agreeing to continue meeting with them in the future.]

VA administers

MONTGOMERY GI BILL

Q: ***The value of the GI Bill has declined since WWII. Will you pledge your support for efforts to restore the value of the GI Bill by increasing the benefits to a more attractive level, eliminating or opposing growth in enrollment fees, and opening enrollment to all members of the armed forces?***

under current law, indexed w/ inflation

A: The value of MGIB benefits has increased slightly over the past few years (from $350 per month to $416 today), but not near enough to keep up with inflation in college costs. DoD and VA are exploring innovative ways to keep MGIB stipends at levels satisfactory to both attract new recruits and help defray the cost of a college education. ~~Admin will continue to t benefits of inflation~~ < Full COLA in FY 97 FY 96

Last year I opposed, and I will continue to oppose, attempts to raise the enrollment fee (by 33 percent). Congress

The Department of Defense is reviewing the possibility of a request to Congress for authority to conduct another open period to give Service members who originally declined to enroll another opportunity to participate. The review should be completed by the end of June.

= over 95% of new entrants sign up
= have to take physical action not to get it

Pay $1200 →
Based on amt of time in school → get

1st yr → 0
2nd → 1/2
3rd → full COLA

Since 1986 - cost of enrollment is same → value of benefit
today 12:1 benefit : contribution
inception 9:1

Many ppl use for less than 36 months

Dole : attempt to create new GI Bill → rejected
more generous

HOMELESSNESS

[Question submitted by National Association for Black Veterans, Inc.]

Q: ***With a third of this nation's homeless estimated to be veterans, what is your Administration doing to address this problem?***

A: 1. My Administration has a very strong commitment to ending the cycle of homelessness in this country.

--Doubled funding at HUD (to $1.12 billion);
--Fought hard for this funding in budget process; last week's House appropriations committee approved $300 million less than my FY 97 request;
--HUD providing leadership to states and communities in developing "continuums-of-care": localized, coordinated solutions; and
--Simplified and consolidated homeless funding at HUD (single application).

2. Our efforts include a focus on veterans:

--HUD has conducted significant outreach to veterans, including establishing a Veterans Resource Center;
--VA homelessness funding more than doubled under this Administration;
--VA established new grant program which has awarded more than $11.8 million to 59 public and private nonprofit groups to develop new programs to assist homeless veterans; · created over 2,000 new vet-specific beds
--the Interagency Council on the Homeless has established a Homeless Veterans Task Force to ensure cooperation and coordination across agencies.

VA sponsoring 2 Nat'l Confs = to bring veterans + h'less ass orgs together in addition "Ending Homelessness takes all t/ks"

- Nat'l Coalition for Homeless
- VA Med'l Ctrs
-

VA HEALTH CARE REORGANIZATION

Q: ***How will reorganization of the VHA improve health care services to veterans?***

A: As you know, the veterans health care system has been locked into a 1960's style delivery mechanism -- large, impersonal hospitals; care that was hospital-focused, not patient-focused, and fragmented. As the veterans population ages, health care needs were changing, yet the health care system was not adapting.

I want to applaud VA Undersecretary for Health Ken Kizer for the work he has done. As you know, I appointed Dr. Kizer in the fall of 1994, and he has not looked back since in his efforts to prepare the VA medical system for the 21st century and to provide the best health care for America's veterans.

Under Dr. Kizer's leadership, VA field activities have been restructured into 22 integrated service networks (Veterans Integrated Service Networks); and hospitals are shifting to an outpatient basis modeled after private practice. Patients and providers are reporting improved satisfaction, and improved and better coordinated care for veterans.

HEALTH CARE REORGANIZATION AND SPINAL CORD INJURY

[Question submitted by Paralyzed Veterans of America]

Q: ***With all of the health care reorganization occurring at the Veterans Health Administration, what is going to happen to happen to unique VA programs, such as spinal cord injury (SCI)?***

A: VA Undersecretary for Health Ken Kizer is committed to VA's unique special emphasis programs, such as spinal cord injury.

While the VA healthcare reorganization will decentralize day-to-day decision-making, national programs such as SCI will continue to have national policy and performance measures. I know that VA is committed to working with you on establishing those measures and ensuring that changes improve care to people with spinal cord injury.

BOARD OF VETERANS APPEALS

[Question submitted by Disabled American Veterans]

Q: ***"On May 21, 1996, the House of Representatives passed HR 1483. This measure would allow a veteran who has a claim for a clear and unmistakable error in a prior, final decision of the Board of Veterans' Appeals (BVA) to reopen that appeal and have it decided by the Board on the merits of whether undebatable error exists. This legislation would ensure that any veteran who had a claim for benefits wrongfully denied has an opportunity to have the illegal action corrected. Presently, the Senate is less than enthusiastic in its support for this important legislation. Can veterans count on your Administration's support for this necessary and long overdue legislation?"***

A: Concerned about the bill's impact on the existing backlog of claims at BVA. My Administration has made progress in reducing that backlog, but still too long a wait for decisions.

Remedies do exist today that we believe provide adequate redress.

[Note: Through a Statement of Administration Policy and VA testimony, we are on record opposing HR 1483, for the above as well as PAYGO reasons.]

In 1988, Congress provided for judicial review of Board of Veterans' Appeals decisions, allowing veterans to appeal decisions to the Court of veterans appeals.

This bill would require BVA to revisit old decisions (1933-1988) on demand, and if the second decision continued to deny the veteran's claim, would allow the veteran to appeal that decision to the Court of Appeals.

Today, veterans can apply for a motion to reconsider a claim; BVA has been liberal in granting these motions.]

ELIGIBILITY REFORM

Q: ***What is the Administration doing to move eligibility reform forward?***

[NOTE: Eligibility reform would permit VA medical care to be provided in the most appropriate setting as clinically determined, and to manage that care across settings.]

A: Existing eligibility laws are too complicated, result in fragmented care, and favor in-patient care. As you know, reform of these rules was a key piece of the Reinvention proposals we introduced last spring and sent to Congress in September.

Much of what we have proposed is reflected in Rep. Stump's bill which is expected to go to the House floor soon. I do not care whose name is on the final bill -- I just encourage Congress to act on this long-awaited and much needed reform.

I applaud the veteran service organizations for your own similar proposal.

AGENT ORANGE

Q: ***What led you to the decision to expand benefits to Vietnam Veterans with prostrate cancer and peripheral neuropathy?***

A: VA conducted an in-depth review of the March National Academy of Science report on the health effects of exposure to Agent Orange and other herbicides. This report shows that there is "limited/suggestive" evidence to show an association with prostrate cancer, peripheral neuropathy (a neurological disorder) in Vietnam Veterans, and spina bifida in their children. In 1993, disability benefits were extended to Vietnam Veterans suffering from respiratory cancers and multiple myeloma based on similar "limited/suggestive" evidence.

Veterans have taken enormous risks and sacrificed tremendously for this country. Secretary Brown and I believe that this sacrifice deserves compensation. Furthermore, the Agent Orange law requires giving veterans the benefit of the doubt, saying that if the credible evidence for an association is greater or equal to the credible evidence against an association between Agent Orange and a condition, then service-connection should be presumed. A VA task force concluded that the evidence for was at least equal to the evidence against.

VA is developing a regulation as quickly as possible so we can begin compensating Vietnam veterans with these conditions. We will also seek legislation to provide an appropriate remedy for children of Vietnam veterans who suffer from spina bifida.

FLAG PROTECTION AMENDMENT

Q: ***Do you support a constitutional amendment to ban flag burning?***

A: As my established record shows, I completely abhor flag burning (supported legislation as governor; initiated state-wide "Flag Respect" program; as President, worked to craft legislation that would survive Supreme Court review). I believe the flag is a unique symbol that should be protected from desecration.

Regrettably, it appears that the problem is not amenable to a legislative solution.

I am, nonetheless, opposed to a constitutional amendment on the grounds that the Bill of Rights which has survived unchanged for 200 years, is too precious for this kind of tinkering. My position is premised on a reverence for the Constitution and an appreciation for our historical reluctance to resort to the amendment process lightly. My position does not depend on "first amendment values," i.e., the view that even reprehensible forms of speech should be protected.

Agent Orange / Vietnam
- Yes, assuming we can approp by structure methodology

VIETNAM

Q: ***On what basis did you certify that Vietnam is cooperating in full faith on POW/MIA issues?***

A: The Omnibus Appropriations Act placed limits on the size and number of our posts in Vietnam unless I certified within 60 days of April 26 that the Vietnamese are cooperating in full faith on POW/MIA issues.

I determined that the actions Vietnam has taken since July 1995 to help us achieve the fullest possible accounting for POW/MIAs, our highest priority in our relations with Vietnam, demonstrate full faith cooperation.

Vietnam is cooperating across the four areas cited in the legislation and our accounting effort is now self-sustaining and on a track that will in time produce the fullest possible account that we seek.

Since January 1993, we have confirmed the fate of 85 individuals on the last-known-alive discrepancy list, reducing the number of individuals whose fate remains unknown to 50 (from 135 on January 1993 and from 196 originally).

The remains of 5 more individuals on the discrepancy list have been identified, bringing the number of whose remains have been recovered and identified to 27. We have conducted 20 joint field activities in Vietnam.

We have returned to the U.S. 183 sets of remains recovered through joint excavation and unilateral turnover. The remains of 50 individuals repatriated from Vietnam have been identified and returned to their families.

Joint research teams reviewed and photographed approximately 28,000 archival items. In 1995, Vietnam, unilaterally turned over 295 documents totaling 563 pages; in the last ten months they have provided 47 reports on last-known-alive discrepancy cases, and additional reports containing information on 12 individuals.

Since December 1994, seven Vietnamese witnesses have participated in joint field activities in Laos, providing information that led to the recovery and January 1996 repatriation of remains believed associated with a case involving 8 unaccounted-for Americans. Forty-two more Vietnamese witnesses have been identified to participate in future field activities in Laos.

Q: Why did you decide at this point in the development of out relations with Vietnam to nominate Peter Peterson as Ambassador?

A: Pete Peterson is an able and dedicated public servant who will bring great credibility to our efforts to advance U.S. interests with Vietnam. His first priority will be to pursue the fullest possible accounting of our POW/MIAs, a task for which he is clearly well qualified.

Peterson's presence will also let us push forward on a range of issues including human rights, improved trade relations and better cooperation on strategic regional issues.

With an Ambassador in country we can stay engaged in a dialogue on a regular and routine basis, which will help us press Vietnam to be responsive on all issues of concern, especially those relating to POW/MIA accounting.

BOSNIA

Q: You have stated that American troops will be withdrawn from Bosnia by December. Is this plausible and how confident are you with the peace established there?

A: When I decided to send in our troops, I said their mission would take about a year.

Not an artificial timetable, but careful assessment by our military leaders, who were personally involved with the negotiations, that Dayton accord tasks would take about a year to complete.

Since their arrival they have accomplished a great deal:

The IFOR, the NATO-led Implementation Force, has maintained the cease-fire and compelled the parties to withdraw all forces behind a 4km Zone of Separation without significant incident.

Substantial compliance has been achieved in withdrawing all heavy weapons and forces to cantonments or other designated areas.

The Parties have successfully negotiated and implemented the first series of Confidence Building Measures designed to reduce military activity, restrict locations of weapons and troops, and exchange data on weapon holdings. Negotiations on limits of armament levels and manpower are near complete.

Q: What measures are being taken to provide for aid to civilians and to begin the reconstruction process?

The $86 million in "Quick Impact" funding I announced at the signing of the Agreement has been spent on restoring heat and electricity, warm winter clothing, and other provisions intended to improve the quality of life.

A Donors' Conference in Brussels raised $1.2 billion for reconstruction, humanitarian aid, funding for policy training, support for the elections, demining, and other projects.

A Mine Action Center has been established to collect information on the location of mines and coordinate efforts to train Bosnians in demining.

GULF WAR VETERANS' ILLNESSES

Q: What is the Administration doing to help those who have been stricken with Gulf War Veterans' Illnesses?

A: Established Presidential Advisory Committee on Gulf War Veterans' Illnesses, which will issue final report in December.

Department of Defense and Veterans' Administration have provided free medical examinations to more than 75,000 Gulf War Veterans and 4,000 of their family members.

Declassified and made public more than 7,000 pages of operational intelligence information from the Gulf War.

Declassified information that may help find causes for illnesses and began reexamination of records for evidence of exposure to chemical, biological agents that might be linked to these illnesses.

Solicited and funded government and private research on illnesses; more than 70 federally sponsored research projects have been initiated.

Signed landmark legislation providing benefits to disabled Gulf War vets for whom there was no diagnosis. VA has now approved almost 23,000 disability compensation claims.

KOREA

Q: What have you done to advance POW/MIA accounting for those lost in the Korean War?

A: In early May we completed negotiations with North Korea that I believe will launch a concerted effort to account for many of the service personnel lost in that war.

We have received 172 sets of remains and will be holding technical talks with the North in mid-June to make arrangements for two joint field operations in North Korea before October.

Now that the North has accepted the principle of joint recovery operations, I am hopeful we can convince them to allow us access to archival items.

I will pursue accounting for our Korean War losses until we are satisfied we have done all that is possible.

ANTI-PERSONNEL LANDMINE POLICY

Q: Why do you want to ban landmines?

A: 25,000 people each year are killed or maimed by the estimated 100 million landmines in place today. They obstruct economic development and keep refugees from returning to their homelands. The more than one million mines still being laid each year will remain a growing threat to civilian populations for decades unless we act now.

We are aggressively seeking an international agreement to ban landmines. For our part, we will no longer use so-called dumb mines with the exception of Korea and in training.

We have reserved the option to use self-destructing/self-deactivating APL, subject to the restrictions the United States has accepted in the Convention on Conventional Weapons.

This initiative sets out a concrete path to a global ban on APL while at the same time, making sure our commanders have what they need to safeguard American lives and hasten the end of fighting in case of hostilities.

Details:

International Ban - The United States will aggressively pursue an international agreement to ban use, stockpiling, production, and transfer of anti-personnel landmines (APL) with a view to completing the negotiation as soon as possible.

Program to Eliminate - I have directed the Secretary of Defense to undertake a program to determine the measures needed to permit both the United States and our allies to end reliance on APL as soon as possible.

Ban on Dumb APL with Training and Korea Exceptions - Effectively immediately, we will unilaterally undertake not to use all non-self-destructing (dumb mines) APL with the exceptions (a) training personnel engaged in demining and countermining operations, and (b) and to defend the United States and its allies from armed aggression across the Korean demilitarized zone.

Self-Destructing APL - Between now and the time an international agreement takes effect, we reserve the option to use self-destructing/self-deactivating APL, subject to the restrictions the United States has accepted in the Convention on Conventional Weapons.

Annual Report - Beginning in 1999, the Chairman of the Joint Chiefs of Staff will submit an annual report to the Secretary of Defense and the President assessing whether any military requirement remains for the exceptions of Korea and training.

Expanding Demining Efforts - The Department of Defense will undertake a substantial program to develop improved mine detection and clearing technology and to share this improved technology with the international community. The Department of Defense will also significantly expand its humanitarian demining program to train and assist other countries in developing effective demining programs.

DEPARTMENT OF DEFENSE VETERANS BRIEFING TRIP

NOTE: The Department of Defense is taking representatives from 11 veterans and military service organizations on a defense briefing trip June 22-June 27.

SOME, BUT NOT ALL, OF THE GROUPS AT THE ROUNDTABLE HAVE BEEN INVITED ON THIS TRIP.

The visit will provide these leaders with in-depth briefings on NATO activities and a first-hand look at U.S. participation in Operation Joint Endeavor. It will include stops in Brussels, Taszar, Hungary and Tuzla.

DOL VETERANS PROGRAMS

Q: What is your position on a transfer of DOL's Office for Veterans Employment and Training (VETS) to the Department of Veterans Affairs?

A: I will need to consult with Secretaries Reich and Brown on that question. I know, however, that the Department of Labor is committed to veterans programs and believe that the employment and training expertise at DOL is a tremendous resource that our veterans should have access to.

[Note: VSOs and Congressional Republicans have expressed concern about DOL's commitment to veterans programs as a result of:

- Zero funding in our FY 97 budget for two DOL VETS programs, the Homeless Veterans Reintegration Program (HVRP) and the National Veterans Training Institute (NVTI).

  In 1995 and 1996, Congress rescinded funding ($5 million) for and then did not appropriate funds for HVRP which funds re-employment programs for homeless veterans. Through a joint HUD-DOL agreement, we managed to keep the program funded for 1996. Our FY 97 budget zeroed out the program, proposing to integrate it into JTPA. **On Friday, DOL committed to finding alternative sources of funding to continue HVRP.**

  VETS is looking at alternative ways of providing training at lower cost than the National Veterans Training Institute. The choice was made to seek increased funding for state staff providing direct employment services to veterans instead of continuing NVTI.

- An internal DOL spreadsheet in which VETS funding appeared at the bottom of the spreadsheet was interpreted by veterans service organizations to mean that DOL gave VETS low priority.

Last week, DOL Deputy Secretary Cynthia Metzler met with veteran service organizations, assuring them of DOL's support and agreeing to continue meeting with them in the future.]

Q's

NATIONAL ASSOCIATION FOR BLACK VETERANS, INC.
2001 S Street N.W. Suite 610
Washington D.C. 20009
(202) 289-VETS / FAX (202) 328-0063

DEAR MR PRESIDENT:

FOR OVER 25 YEARS, WE AT THE NATIONAL ASSOCIATION FOR BLACK VETERANS, HAVE WORKED IN COLLABORATIVE RELATIONSHIPS WITH THE COMMUNITY TO ALLEVIATE SOME OF THE HARDSHIPS SUFFERED BY THE OVER 300,000 HOMELESS IN AMERICA. WITH OVER 33% OF THAT NUMBER BEING VETERANS, AND UNDERSTANDING THE FACT THAT YOUR ADMINISTRATION HAS GONE THE EXTRA MILE FOR VETERANS, WE AT NAB-VETS WOULD LIKE YOUR THOUGHTS ON ERADICATING THIS HIDEOUS PROBLEM?

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	cover sheet, John Molino to Bob Jones (partial) (1 page)	05/31/1996	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Molly Brostrom
OA/Box Number: 8398

FOLDER TITLE:
Veterans Press Roundtable, 6/3/96 [2]

2012-0326-S
kc789

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

ASSOCIATION OF THE UNITED STATES ARMY
2425 WILSON BOULEVARD, ARLINGTON, VIRGINIA 22201-3385 • (703) 841-4300
FAX: National Offices 703/525-9039
Industry Affairs 703/243-2589
Government/Public Affairs 703/243-2589

FAX TRANSMITTAL HEADER SHEET

TO:
Name Bob Jones Date May 31, 96

Office/Mail Stop

Fax No. (202) 273-4876 No. of Pages (including this sheet) 1

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL SENDER

FROM:
Name/Office John Molino

Comments:

Mr. Jones:

I will Represent AUSA on Monday at 5:00 p.m.

John Molino, P6/(b)(6)

Issues I might raise:

- The Affordability of maintaining the current VA Health delivery structure.
- Medicare Subvention (HCFA & DoD's inability to cooperate).
- Extension of FEHBP to military beneficiaries.

I'm told you called for this information. I thought the deadline was noon today.

AmVets

1. VA Budget -- Secretary Brown has said a number of times that you have agreed to meet with him annually to reevaluate the VA budget in order to meet the current needs of our nation's veterans. As you know Jesse has taken his licks from the appropriators and others on the Hill.

This is a two-part question:
1. Will you continue to meet with the VA Secretary to readjust the budget?
2. What comment would you have for members of Congress that say, "By promising this to the VA you open the door to other cabinet secretaries to do the same thing and therefore, your long-term budget proposal is at best misleading?"

2. Veterans Preference -- as we move forward with reinvention initiatives, decentralization of human resource management, and downsizing of the government, the concern we have, is the enforcement of veterans' preference in the hiring and reduction-in-force process. Would you support legislation that provides a redress mechanism similar to the MSPD process that affords veterans an appeal avenue? (Merit System Protection Board)

3. An issue that has been raised before, and is certain to come up again, is the perception that your appointments of veterans throughout your administration do not stand up to the numbers of your predecessors. If that fact is reality, what steps would you take to be ensure that veterans were better represented across the board, during your possible second term?

/rak-5/31/96
ques-wh.rpc

PVA ISSUES FOR DISCUSSION WITH PRESIDENT CLINTON

- Will emphasize to the President that PVA's major challenge and concerns are the VHA SCI reorganization and that SCI care is extremely vulnerable realizing that VA Administrators facing budget cuts will be tempted to eliminate costly SCI Service.

- Will explain PVA's desire and commitment to work with the Administration, the Congress and the VA.

Monday

June 3, 1996

Honorable William J. Clinton

On May 21, 1996, the House of Representatives passed H.R. 1483. This measure would allow a veteran who has a claim for clear and unmistakable error in a prior, final decision of the Board of Veterans' Appeals to reopen that appeal and have it decided by the Board on the merits of whether undebatable error exists. This legislation would ensure that any veteran who had a claim for benefits wrongfully denied has an opportunity to have the illegal action corrected. Presently, the Senate is less than enthusiastic in its support for this important legislation.

Can veterans count on your Administration's support for this necessary and long overdue legislation?

10/12/95 - VA opposed
- redundant + would increase backlog

DAV

5535 HEMPSTEAD WAY
SPRINGFIELD, VA 22151-4096
(703) 750-1342
Fax (703) 354-4380
"The Servicemember's Voice in Government"
Established 1968

SOCIETY OF MILITARY WIDOWS
(Affiliated 1984)

I am Jim Pennington. President of the National Association for Uniformed Services.

We have an ongoing campaign asking you and the Congress to Reaffirm America's Contract with military retirees and veterans. Keeping the promises are absolutely essential if we are to maintain the All Volunteer Force which is the key element in an adequate national defense. A key part of this promise is military health care. While the VA is moving toward a Medicare reimbursement (subvention) demonstration project the Departments of Defense and Health and Human Services have failed to even get a test off the ground.

Further, as hospitals close and hundreds of thousands of military retirees are left with little or no adequate health care, I urge you to support allowing them to participate in the Federal Employees Health Benefits Program as an option.

You need to intervene Mr. President if these proposals are ever going to be adopted. Will you do so?

BACK UP QUESTION

This administration continues to eliminate funding for the Uniformed Services University of the Health Sciences in Bethesda. This is the military's West Point for doctors which provides unique training in military medicine. There is virtually no difference in cost between training them and Health Profession Scholarship doctors.

I urge you to take this fine institute off your hit list. Will you do so?

Bob
Re our telecon
Bill

Will there be any effort by the Administration to allow military retirees to retain their DoD health care sponsorship beyond age 65 similar to federal employees who have the option of keeping their Federal Employee Health Care Plan after age 65?

White House Media Round Table, June 3, 1996
Fleet Reserve Association
Proposed Issues For Discussion

1. Due to base closures and defense budget cuts, medical care in military treatment facilities has been greatly reduced for military retirees. To help fill this gap, the Fleet Reserve Association supports four Medicare Subvention bills under consideration in Congress that would test the financial viability of providing Medicare reimbursements to DoD for medical services provided to Medicare-eligible military retirees. We have also urged Congress to authorize medicare reimbursements to VA. Will the Administration support Medicare Subvention legislation in light of the fact that your your FY-97 budget includes a $900 million cut to DoD Health programs?

2. Why does the Administration continue to insist on a reduction in Cost-of-Living Adjustments (COLAs) for military retirees and veterans? Also, do you feel that any one group of COLA recipients should have priority over another?

Toni

3. The Fleet Reserve Association has urged Congress to adopt legislation expanding VA eligibility to non-disabled military retired veterans who are denied care in military treatment facilities -- with an added provision giving them priority behind service-connected veterans. No one should forget that military retirees are veterans too. Do you support expanding and funding VA eligibility for these military retirees?

(Toni) VA

1.3M non-disabled retirees who would benefit

no → should not commit to expand
→ we do have sharing agts where DoD can use VA facilities

4. Since 1989 military personnel strengths have been reduced 28% while operational tempos increased 143% and continue to be sustained at this high level. DoD is looking at further reductions, but the services barely have sufficient numbers to sustain the levels of deployments, training exercises and other operational commitments. How does the Administration propose to balance readiness needs with operational commitments?

?

5. Why does the Administration continue to recommend less and less money to support the impact of the increased enrollments of military children in public schools?

6. There is talk of expanding the Montgomery G.I. Bill to include a one-year option for initial enrollment, to allow all service members to enroll or to raise the monthly cash benefit from 36 to 48 months. Would you support one or all of these intiatives?

We're working this one

NCOA
Non Commissioned Officers Association of the United States of America
225 N. Washington Street · Alexandria, Virginia 22314 · Telephone (703) 549-0311

MEMORANDUM

TO: Robert L. Jones
Special Assistant to the Secretary

FROM: Charles R. Jackson CRJ
President/CEO

SUBJ: Proposed questions for President Clinton

DATE: May 31, 1996

1. The following questions for the Presidential Media Round Table scheduled for Monday, June 3 at 5:00 p.m. are submitted in accordance with your request.

Veterans Education

The value of the GI Bill has been allowed to decline tremendously since WW II and many competing grant programs have further diminished its status as the Nation's premier education program.

VA is working

Will you now pledge your support for efforts to restore the value of the GI Bill by opening enrollment to all members of the armed forces, by eliminating or opposing growth in enrollment fees, and by increasing the benefits to a level which restores the program as the most valuable public education program in the nation?

Unemployment Compensation

Each year for the past several years, your administration and some members of Congress have proposed the elimination of unemployment benefits for service members who are eligible but decline to reenlist in the armed forces. Will you abandon this "savings" proposal and instruct the Labor and Defense Secretaries to oppose Congressional efforts to limit unemployment compensation for ex-servicemembers?

Medical Care Subvention Funding

Under current law Medicare is not allowed to reimburse Federal medical care providers for treatment given to Medicare eligible individuals. As a result, both veterans and military hospitals frequently decline to treat Medicare eligible patients forcing those patients to receive their care in more expensive civilian facilities. Will you endorse and advocate legislation to provide Medicare subvention funding?

Military Retiree Health Care

DOD has made several rather feeble attempts to overhaul its health care delivery and each time the cost to individual DOD beneficiaries has increased. DOD has never honored nor does it have plans to honor the promise of lifetime, cost free health care to military retirees and their beneficiaries. Even today, military retirees, the ultimate veterans, are charged co-payments and fees in the Veterans Administration system while some veterans who have as little as 180 days of military service are provided complete health care without cost. Will you pledge to support legislation and the necessary funding to fulfill the explicit promise made to military retirees and their beneficiaries?

2. Thank you for including NCOA in this event.

Mr. President:

The latest demographic polls show that among registered voters, 80% of Democrats, 87% of Republicans and 76% of Independents -- both men and women; conservatives, moderates and liberals; veterans and non-veterans; high school graduates to college graduates; young and old alike; polled from all regions of this country -- indicate they are in favor of the flag protection amendment.

With that type of overwhelming mandate from the people you were elected to represent, how can you, in all sincerity, fail to lend your support and your consoience to this constitutional amendment??

AMERICAN GI FORUM OF THE UNITED STATES
NATIONAL HEADQUARTERS
A NATIONAL VETERANS FAMILY ORGANIZATION SINCE 1948
2711 West Anderson Lane, Suite 205 • Austin, Texas 78757-1121 • (512) 302-3025 • FAX (512) 302-3591
Antonio G. Morales
National Executive Director
Dr. Hector P. Garcia
Founder

May 31, 1996

Mr. Bob Jones
White House Interagency Council
Department of Veterans Affairs

Dear Bob:

Thank you for inviting the American GI Forum (AGIF) to participate in the Presidential Media Roundtable discussion to be held at the White House on Monday June 3, 1996.

National Commander Jake Alarid, AGIF Executive Director Tony Morales and I recently met with Assistant Secretary for Policy and Planning, Dennis Duffy and Center for Minority Veterans Director, Willie Hensley to review several issues of concern to the AGIF. The discussions were helpful and promising in preparing responses to our concerns. The following are questions we would like to raise for discussion:

1. AGIF testimony in response to the GAO report regarding barriers for Hispanic veterans in obtaining Department of Veterans Affairs assistance.

2. The continuing Hispanic under-representation in the federal government.

3. The impact of downsizing on an already low level of Hispanic representation in federal employment.

4. How is veterans preference being applied in the reductions in force (RIF) across the federal government? Should it not have a priority use in rating how the RIF is implemented?

5. The economic impact of reductions in force on Hispanic families and how it relates to the education of our children.

6. What is being done to ensure that Hispanics are not adversely affected by closing down of military installations in predominantly Hispanic communities? For example Kelly Air Force Base in San Antonio, Texas?

Bob Jones
Presidential Media Roundtable Discussion
May 31, 1996
Page 2 of 2

7. The Department of Defense (DOD) report on illnesses reported by Gulf War veterans is a copy of Vietnam veterans and agent orange. AGIF would like to see more timely and sensitive handling of these issues.

   In addition, who was involved in the DOD study? What percentage of those serving in the Gulf War are Hispanics? What percentage have reported illnesses? How was registry requirement information disseminated to the community?

8. We congratulate and thank the President for his prompt decisions regarding the latest Academy of Science Report on Vietnam veterans' exposed to agent orange and their children born with spina bifida.

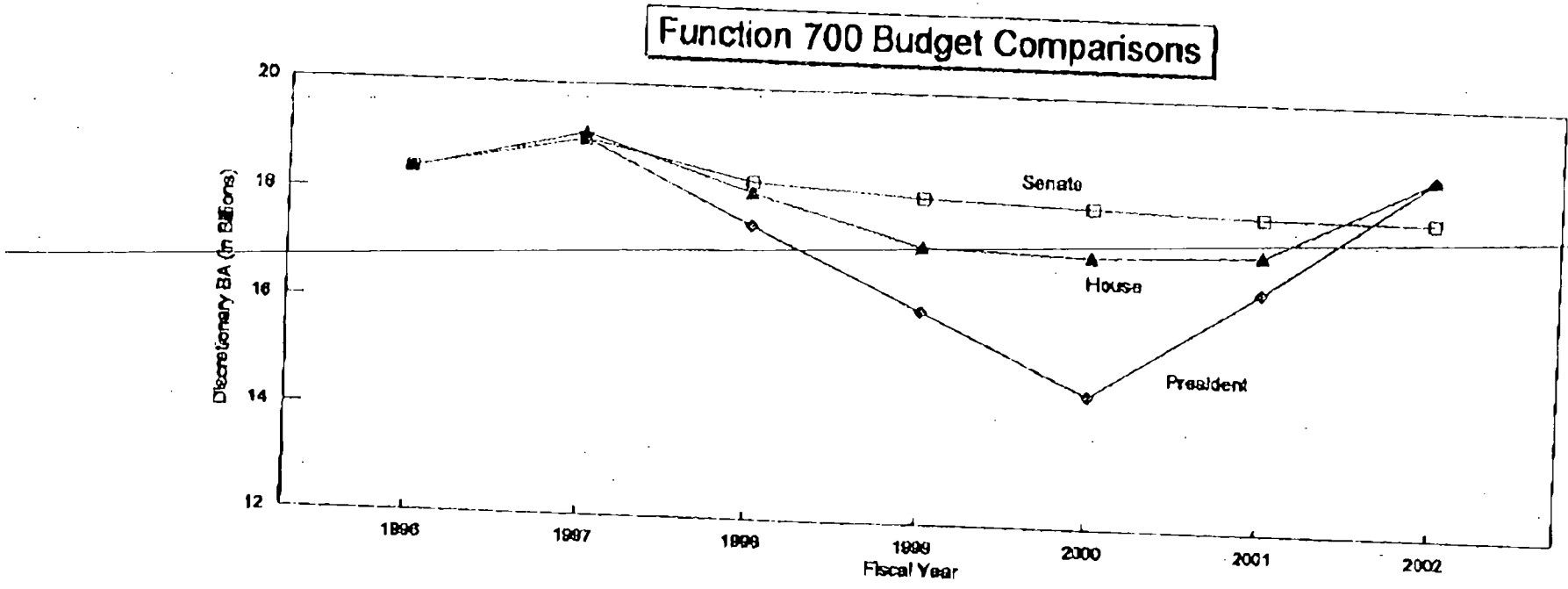
   The AGIF would like to be a part of development and support for legislation being proposed to help the children, especially since we have managed three program sites who worked with veterans exposed to agent orange, their families, and children born with disabilities.

If you have any questions, please contact me at 703.241.0835 or FAX to 703.532.4866. I look forward to seeing you on Monday.

Sincerely,

Alma Riojas Esparza

Alma Riojas Esparza
AGIF Washington D. C. Liaison



Function 700 (Veterans Benefits)
Discretionary B.A. in Billions

	1996	1997	1998	1999	2000	2001	2002	Cum 96-02
Presidents's FY97 Budget	18.4	19.0	17.5	16.0	14.6	16.5	18.7	120.6
HBC FY97 Budget Resolution-Chm's Mark	18.4	19.1	18.1	17.2	17.1	17.2	18.7	125.8
SBC FY97 Budget Resolution-Chm's Mark	18.4	19.0	18.3	18.1	18.0	17.9	17.9	127.6

G:\BUDGET97\RESOLU\COMPARE.WK4

05/16/96

FY 1997 Department of Veterans Affairs Appropriation
House VA-HUD Appropriations Subcommittee Action
May 30, 1996

Summary Table of VA Discretionary Program Funding Levels for 1997.

Program Area	FY96 Enacted w/ rescission	FY97 Presicent's Budget	FY97 Subcmte Initial mark	FY97 Subcmte w/ rescission	Change from Pres. Budget
Medical Care	$16,543	$17,008	$17,008	$16,784	- $225
Veterans Benefits Admin.	753	786	723	713	- 73
Major Construction	129	250	229	226	- 24
Minor Construction	190	189	160	158	- 31
Nat'l Cemetery System	73	77	73	72	- 5
Medical Research	257	257	257	254	- 3
Other Discretionary Programs	361	335	351	347	+ 12
TOTAL DISCRETIONARY	**$18,306**	**$18,902**	**$18,802**	**$18,553**	**- $349**

Office of Public Affairs
News Service

Washington, D.C. 20420
(202) 273-5700

Department of Veterans Affairs

News Release

FOR IMMEDIATE RELEASE

VA's 1997 BUDGET SUBMITTED TO CONGRESS

Washington, March 19 -- President Clinton's seven-year balanced budget plan includes $39.8 billion for the Department of Veterans Affairs (VA) in fiscal year 1997. The President's budget request includes an increase of approximately $1 billion above the level approved by Congress to date for 1996, of which almost $600 million is for medical care and other discretionary programs.

Secretary of Veterans Affairs Jesse Brown said: "This budget represents the nation's commitment to providing quality medical care and services to veterans while recognizing the country's current fiscal situation. The challenge for VA continues to be meeting the needs of veterans through the most cost-effective, efficient means possible. We have already implemented the most significant management restructuring of our medical system since its inception with the creation of integrated service networks, assuring that scarce resources will be focused on patient care. We also are consolidating duplicative medical and administrative services to improve efficiency and are promoting innovations in health-care delivery. Restructuring will enable us to provide better services with fewer staff to as many veterans as before. Health care becomes primary care-focused, and benefits processing continues its improvement in timeliness.

"I am pleased that this budget also includes a significant legislative proposal called gainsharing. Through it, VA medical facilities will be allowed to retain a portion of the money VA collects from third parties -- insurance carriers, copayments and other receipts -- to further expand and improve the quality of health care we deliver to the nation's veterans," Brown added.

Also in the request are funds for long-planned hospitals at Travis Air Force Base in California and in Brevard County, Fla.

"The Travis hospital would replace VA's hospital in Martinez, which was closed for safety reasons following the 1991 earthquake," said Brown.

-more-

"In Florida, this budget will add approximately 500 hospital beds to meet the demand," added Brown. "We know that a significant number of veterans in that state currently have no reasonable access to VA health care."

Brown said that, although these projects were removed by Congress, "the President knows that veterans need a full-service medical facility, rather than clinics, at both locations. I hope the President gets the support needed to help us get these hospitals funded and underway."

The budget proposal also includes the piloting of VA's Franchise Fund, which is expected to lower costs for VA by expanding its customer base. Under the Fund, VA will market services to other federal agencies, allowing resources to be applied to patient care and directly benefiting veterans.

The VA 1997 budget contains these additional highlights:

Medical Programs

¶ A total of $17 billion -- $448 million above the congressionally proposed level for fiscal year 1996 -- is requested to provide medical care to 2.9 million unique patients -- the same number of patients VA expects to care for in 1996.

¶ VA will provide treatment in 947,000 inpatient episodes, and 29.8 million outpatient visits and 2.9 million community-based clinic visits -- a combined increase of more than 1.6 million visits.

¶ Fund $257 million for 1,600 high priority research projects and continue the operation of research centers focusing on AIDS, schizophrenia, alcoholism, Persian Gulf illnesses and women's health issues, and rehabilitation centers.

¶ A fiscal year 1996 add-on is contained in the President's budget request to provide essential medical equipment and other medical care supplies and services.

Benefits Programs

¶ $18.5 billion is requested to provide compensation and pension benefits to veterans and their survivors. More than 2.2 million veterans and 303,000 survivors will receive compensation benefits in 1997. Pensions will be provided to nearly 404,000 veterans and 322,000 survivors.

¶ The budget provides a 2.8 percent cost-of-living allowance for compensation beneficiaries, based on the anticipated change in the Consumer Price Index.

¶ More than $1.2 billion is included for the Readjustment Benefits program to provide education opportunities to veterans and eligible dependents, as well as other special assistance programs for disabled veterans.

-more-

National Cemetery System

The Administration proposes $77 million and 1,335 personnel for the National Cemetery System -- an increase of $4.3 million and 14 positions over the level approved by Congress for 1996. The increase will fund the activation of the new Tahoma National Cemetery in the Seattle area.

Interments in VA national cemeteries are expected to rise by 2.4 percent in fiscal year 1997; the number of graves maintained, by 2.6 percent; and the acres of grounds to be maintained, by 3.2 percent. The increase also will address these increasing workloads in existing cemeteries and allow for inflation.

Construction Programs

A total of $250 million is included for the major construction program to improve access to VA's health-care system for thousands of veterans and expand VA's National Cemetery System.

¶ The 1997 request includes funding for a new hospital and nursing home in Brevard County, Fla., and a replacement hospital at Travis Air Force Base in California, which is a joint VA-Defense Department project.

¶ Funding is requested for construction of an outpatient clinic and renovation of support space at the Tripler Army Medical Center in Honolulu, Hawaii.

¶ Outpatient improvements will be funded at the VA medical center in Wilkes-Barre, Pa., as will patient environment projects at VA medical centers in Marion, Ind.; Salisbury, N.C.; and Pittsburgh (University Drive division).

¶ Funds are included for two new cemeteries in Chicago and Dallas/Ft. Worth.

¶ A total of $189 million is requested for the minor construction program to make improvements to ambulatory care settings, patient environment and VA's infrastructure. Funds also are requested for nursing home care, clinical improvements and correction of code deficiencies in existing facilities.

¶ Funds are included to support Veterans Benefits Administration (VBA) construction requirements and gravesite development and improvements to existing national cemetery service roads and buildings.

¶ A fiscal year 1996 add-on of $62 million is included in the request to provide for the first phases of medical centers in Brevard County, Fla., and at Travis Air Force Base in California.

-more-

B + ↓ time for claim to be processed

<u>Benefits Delivery</u>

¶ VBA continues to make progress in processing compensation and pension claims in a more timely manner. In fiscal year 1997, VBA will process original compensation claims 33 days faster than in fiscal year 1996. In addition, the pending caseload will be reduced from about 378,600 at the end of fiscal year 1995 to 277,000 cases at the end of fiscal year 1997 -- a reduction of 27 percent.

¶ Funds are requested to continue development of VBA's VETSNET initiative, which will replace computers and software currently used to process veterans compensation and pension checks. The project, expected to be completed by fiscal year 1998, will ensure veterans will continue to be paid in a timely fashion using enhanced technology.

¶ The budget request reflects the first phases of a VBA restructuring plan that will improve service to veterans and reduce overall future costs of operation. The 1997 phase includes ten initiatives that will save more than $60 million by 2002.

¶ Funding for 50 positions for the Board of Veterans' Appeals is included in the request to address timeliness issues in processing veterans' appeals of denied claims.

<u>Legislative Proposals</u>

The Administration's budget request proposes to make permanent several 1993 Omnibus Budget Reconciliation Act provisions, most of which would expire in 1998. Other cost-saving legislative items proposed in this budget would:

¶ Overturn the U.S. Supreme Court decision in *Gardner v. Brown* by limiting compensation benefits for additional disability or death sustained in receiving VA medical care to two situations: where VA was at fault in furnishing the care or where a not reasonably foreseeable event occurred.

made permanent a temporary pro.

¶ Overturn the Court of Veterans Appeals decision in *Davenport v. Brown* by requiring that a veteran have a service-connected disability that materially contributes to an employment handicap in order to be eligible for vocational rehabilitation benefits.

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

May 21, 1996 (SENT)
(House)

STATEMENT OF ADMINISTRATION POLICY

(THIS STATEMENT HAS BEEN COORDINATED BY OMB WITH THE CONCERNED AGENCIES.)

H.R. 1483 - Revision of Decisions Based on Clear and Unmistakable Error
(Evans (D), IL and 22 cosponsors)

The Administration opposes H.R. 1483, which would subject decisions by the Board of Veterans' Appeals (BVA) to revision based on new avenues for appeal, thereby potentially reopening cases dating back to 1933. H.R. 1483 would increase the BVA's significant backlog of cases and the costs associated with adjudicating benefit claims, while not offering claimants any greater opportunity for remedy than currently available.

Nearly all BVA decisions entered today may be appealed to the Court of Veterans Appeals for correction of alleged errors. Moreover, current law affords unsuccessful claimants the right to petition the BVA's Chairman at any time for reconsideration of adverse decisions made even decades ago. Although denials of these petitions are not themselves judicially reviewable, there is no indication that BVA has failed to correct errors of the "clear and unmistakable" sort that are the subject of this legislation.

Scoring for Purposes of Pay-As-You-Go

H.R. 1483 would affect direct spending; therefore, it is subject to the pay-as-you-go requirement of the Omnibus Budget and Reconciliation Act of 1990. OMB's preliminary scoring estimate is that the bill would increase direct spending by an insignificant amount.

* * * * * * *

BVA would have to reopen all requests w/

- I'm concerned that will add to Backlog + there are bth ways to

- VA testified

Jack Thompson
273-6315

- Add'l remedy for claimants who appeal denie

1988 - Congress provide for created judic review of Bd's dec's - since then, vet can appea to Ct of veterans appe

VSOs want Bd to look @ look @ old decs, + if cont to deny → also can appeal any new dec denied

VA: Adequat remedies

- VSOs can apply for motion for reconsi (Bd has liberal