Benefit Programs

Support Effective VBA Reform Initiatives

Recommendation:

The Veterans Benefits Administration and Congress must carefully monitor both workload and productivity in the VBA Compensation Service so that resource levels can be adjusted annually to reflect changes affecting benefit and appellate processing. This data-driven model is essential to determining current and future claim and appellate demands that will be placed upon VA.

Background and Justification:

In recent years the Veterans Benefits Administration has seen a significant staffing increase because Congress recognized that rising workload, particularly claims for disability compensation, could not be addressed without additional personnel, and therefore Congress provided additional resources to do so. More than 5,000 full-time employee equivalents (FTEEs) were added to the VBA ranks between 2008 and 2012 with most of the newly hired personnel being allocated to the Compensation Service.

Various initiatives provided the VBA with an added benefit. One such initiative was the "stimulus" legislation, where the VBA hired several thousand employees for a temporary two-year term, and at the end of those two years, many of those hired on a temporary basis transitioned into permanent positions. The VBA received an additional gain in claims-processing power by having a generous pool of fully trained, qualified candidates to choose from as replacements for full-time VBA employees who will be lost by attrition over the next few years. This gain in personnel would help mitigate any slowdown in claims processing as a new fully trained group hired under the stimulus legislation would be available to immediately replace tenured employees who might leave.

The VBA is still in a major state of flux with the recent implementation of the new organizational model and the Veterans Benefits Management System, (VBMS), which the VBA hopes will address many of its current processing deficiencies, *The Independent Budget* veterans service organizations (IBVSOs) believe the VBA and Congress should consider a multifaceted approach toward achieving sustainable and meaningful progress relative to claims processing that includes a mix of technology and personnel. A one-or-the-other approach would inhibit true claims-processing reform.

The VBA is currently undergoing major transformation in order to migrate to a paperless processing system. While this transformation is taking place, the VBA and Congress must continue to closely monitor the Compensation Service's actual and projected workload and the measurable and documented increases in productivity resulting from the new organizational model and the VBMS.

The VBA and Congress must also regularly track personnel changes, such as attrition, in order to ensure that staffing is sufficient. Furthermore, the VBA must develop a better, more consistent, and data-driven method of determining future staffing requirements to more accurately predict not only current, but future demands of veterans seeking benefits from VA.

Expedite Administration of the Specially Adapted Housing Grant for Eligible Terminally Ill Veterans

Recommendations:

Congress should pass appropriate legislation to provide VA with the authority to implement emergency procedures to bypass existing regulations when life-threatening situations are involved.

VA should be required to expedite the approval of the Specially Adapted Housing process and be authorized to exercise judgment at the local level in cases where the failure to act would pose a significant risk to the life or health of a veteran.

Background and Justification:

Veterans who suffer from amyotrophic lateral sclerosis (ALS) often do not survive to benefit from the improvements that a specially adapted housing (SAH) grant could have furnished for them. It is not uncommon for unneeded adaptations to be forced on veterans as a condition of project approval, only to be removed by them after the work is completed. These extra adaptations are a needless waste of time and money. The root of this problem is the myriad and complex network of regulatory requirements that guide the SAH program. While the required renovations must be as compliant as possible, there must be a balanced focus on the immediate needs of the veteran. Safety issues must be weighed and balanced to ensure that concerns, such as potential evacuation in case of fire, do not prevent immediate modifications that would be critical in preventing more imminent dangers such as falling. The Department of Veterans Affairs must encourage employees at the local level to request waivers when appropriate and to streamline the overall waiver process.

Veterans with ALS and other terminal illnesses who satisfy eligibility requirements dealing with medical feasibility, property suitability, and financial feasibility can be granted conditional approval that would authorize them to incur certain preconstruction costs for home adaptation. While there is a procedural framework in place for this to happen, there are risks involved for the clients that opt for these provisions.

Also, in some cases, VA can provide direct reimbursement for work that has been completed, but nuances in the law can too easily thwart these options. Every veteran and every situation is unique, and these variances require legislation to be crafted in such a way as to facilitate favorable outcomes for the most severely disabled veterans who may face life-threatening emergencies in the absence of prompt modifications to their living environment.

Numerous administrative hurdles must be overcome in the application of the SAH decision process. The minimum property requirements (MPR) focus on safety and sanitation. Some MPR's address how these two items can best be achieved. More progress, however, is needed when dealing with unique situations, such as veterans with terminal illness.

Reduce Premiums for Service-Disabled Veterans Insurance

Recommendation:

Congress should enact legislation that authorizes the Department of Veterans Affairs to revise its premium schedule for Service-Disabled Veterans Insurance based on current mortality tables.

Background and Justification:

Improved life expectancy and new mortality tables should be used to reduce premiums for Service-Disabled Veterans Insurance. Congress created the Service-Disabled Veterans Insurance (SDVI) program for veterans who faced difficulty obtaining commercial life insurance due to their service-connected disabilities. At the program's onset in 1951, its rates were based on contemporaneous mortality tables and remained competitive with commercial insurance.

Since that time, reductions in commercial mortality rates reflected improved life expectancy as illustrated by updated mortality tables. The Department of Veterans Affairs, however, remains bound to outdated mortality tables. The use of outdated tables results in rates and premiums that are no longer competitive with commercial insurance offerings. This is a deviation from the intended benefit of providing SDVI to veterans with service-incurred disabilities who cannot obtain commercial life insurance due to their disability.

This inequity is compounded by the fact that eligible veterans must pay for supplemental coverage and may not have premiums waived for any reason. Even though *The Independent Budget* veterans service organizations recognize the efforts of Congress authorizing an increase from $20,000 to $30,000 in the supplemental amount available with the passage of P.L. 111-275, the "Veterans Benefits Act of 2010," we believe Congressional intent will not be met under the current rate schedule because many service-disabled veterans cannot afford VA premiums.

Provide a Supplement for Auto Grants to Eligible Veterans

Recommendation:

VA should provide supplementary automobile grants to eligible veterans in amounts equaling the difference between the amount previously spent and the current grant maximum in effect at the time of vehicle replacement.

Background and Justification:

The cost of replacing modified vehicles purchased through the VA automobile grant presents a financial hardship for veterans who must bear the full replacement cost once the adapted vehicle has exceeded its useful life. The Department of Veterans Affairs provides a one-time financial assistance grant of $20,144 to eligible veterans toward the purchase of a new or used automobile to accommodate a veteran or service member with certain disabilities that resulted from a condition incurred or aggravated during active military service. Unfortunately, veterans who have exhausted the grant are left to replace modified vehicles that have surpassed their useful life at their own expense, often at a higher cost than the first adapted vehicle.

VA has previously acknowledged the impact that higher cost-of-living had on the intrinsic value of another critical, one-time VA benefit. P.L. 109-233 authorized up to three usages of the Specially Adapted Housing (SAH) grant. P.L. 110-289 provided for annual increases in the maximum grant amount to keep pace with the residential cost-of-construction index. When the maximum grant amounts are increased, veterans or service members who have not used the assistance available to them up to the allowable three times may be entitled to a grant equal to the increase in the grant maximum amount at that time. This increase also means a veteran who previously used the grant is entitled to additional SAH benefits—the current rate of maximum entitlement minus what was previously used. The intent of this one-time grant, which allows for prorated supplementary funding as it increases, was to provide veterans with a means to overcome service-incurred disabilities in the home. The same calculus should be applied to the automobile grant.

The Department of Transportation reports the average useful life of a vehicle is 12 years, or about 128,500 miles. On average, the cost to replace modified vehicles ranges from $40,000 to $65,000 when the vehicle is new and $21,000 to $35,000 when the vehicle is used. These substantial costs, compounded by inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its expected useful life.

Provide Supplemental Grant for Adaptation of a New Home

Recommendation:

Congress should establish a supplementary housing grant that covers the cost of new home adaptations for eligible veterans who have already used their initial grants.

Background and Justification:

Grants should be established for special adaptation to homes that veterans purchase to replace initial specially adapted homes. Adapted housing grants for eligible service-connected disabled veterans literally open doors to independence. Prevailing societal and structural barriers to access outside the home become easier to confront once the limitations brought by a veteran's disability are mitigated by living circumstances that promote confidence and freedom of movement.

VA adapted-housing grants currently given to eligible veterans are provided on a one-time basis. Homeowners, however, sell their homes for any number of reasons both foreseeable and unforeseeable (e.g., change in the size of families, relocation for career or health reasons, etc.). Once the housing grant is used, veterans with service-incurred disabilities who own specially adapted homes must bear the full cost of continued accessible living should they move or modify a home.

Those same veterans should not be forced to choose between surrendering their independence by moving into an inaccessible home or staying in a home simply because they cannot afford the cost of modifying a new home that would both mitigate their service-incurred disability and better suit their life circumstances.

Exclude the Value of Life Insurance Policies as Countable Income

Recommendation:

Congress should enact legislation that exempts the cash value of VA life insurance policies and all directly resulting dividends and proceeds from consideration in determining a veteran's entitlement to health care under Medicaid.

Background and Justification:

Life insurance provides the surviving spouses and dependents of veterans with a means of maintaining financial stability after a sponsor's death. In some cases, however, veterans are forced to surrender their VA life insurance policies and apply the cash value of the surrendered policy toward the cost of nursing home care as a precondition of Medicaid coverage. When this occurs, these policies become nothing more than a funding vehicle for the veteran's care prior to death masquerading as a form of protection for survivors. As a result, the government is paying for a veteran's care in lieu of paying proceeds to survivors, instead of fulfilling both obligations.

Eliminate Rounding Down of Veterans' and Survivors' Benefit Payments

Recommendation:

Congress should not return to a policy of rounding down veterans' and survivors' benefits payments.

Background and Justification:

In 1990, Congress, in an omnibus reconciliation act, mandated veterans' and survivors' benefit payments be rounded down to the next lower whole dollar. While this policy was initially limited to a few years, Congress has continued to extend it every few years. Each year's cost-of-living adjustment (COLA) is calculated on the rounded-down amount of the previous year's payments. While not significant in the short run, the cumulative effect over time results in a significant loss to beneficiaries.

The effect of rounding down monthly COLA increases has eroded approximately $10 per month for every veteran or survivor. For example, a veteran totally disabled from service-connected disabilities would have received $1,823 per month in 1994 today will be paid at $2,848 per month. Had that veteran received the full COLA each year for the past two decades, he or she would receive about $120 extra this year, and Benefit Programs cumulatively over two decades would have received almost $2,000 more.

The cumulative effect of this provision of the law levies a tax on disabled veterans and their survivors, costing them money each year, and when multiplied by the number of disabled veterans and Dependency and Indemnity Compensation recipients, millions of dollars are siphoned from these deserving individuals annually.

The Independent Budget veterans service organizations note and greatly appreciate that the most recent COLAs were not rounded down and encourages Congress to make this change in policy permanent.

Relax Standards to Establish Service Connection Based on Military Sexual Trauma

Recommendation:

Revise Section 3.304(f)(3) to allow that a veterans lay testimony alone may establish military sexual trauma (the stressor) when a mental health professional confirms the claimed stressor is adequate to support a diagnosis of post-traumatic stress disorder related to that stressor.

Background and Justification:

Evidentiary standards for establishing a service connected disability resulting from military sexual trauma should be relaxed. One in five female veterans and one in 100 male veterans have reported to VA they experienced military sexual trauma (MST) while on active duty. A recent study examined MST in men and women deployed in the wars in Iraq and Afghanistan. Twelve and a half (12.5) percent of men and 42 percent of women reported experiencing MST.

According to the Department of Defense Sexual Assault Prevention and Response Office, 86.5 percent of sexual assaults go unreported, meaning that official documentation of most assaults may not exist. Sexual assault is one of the most devastating crimes against a person. Long after physical injuries heal, psychological wounds can persist.

For decades VA treated claims for service connection for mental health problems resulting from MST in the same way it treated all claimed conditions—the burden was on the claimant to prove the condition was related to service. Without validation from medical or police records, claims were routinely denied. More than a decade ago VA relaxed its policy of requiring medical or police reports to show that MST occurred.

Nevertheless, thousands of claims for service connection for post-traumatic stress disorder (PTSD) resulting from MST have been denied since 2002 because claimants were unable to produce evidence that assaults occurred. From 2008 to 2012 grant rates for PTSD resulting from MST were 17 to 30 points behind grant rates for PTSD resulting from other causes. Unfortunately victims of MST often do not report such trauma to medical or police authorities, which results in a disproportionate burden placed on veterans to produce evidence of MST. Full disclosure of incidents occurring during service tend to be reported years after the event(s), making it exceedingly difficult to obtain service connection for PTSD and other mental health challenges.

The Independent Budget veterans service organizations conclude that current VA regulations and policies with regard to MST lead to a high level of denials of claims for PTSD. Given the high incidence of veterans experiencing sexual trauma while on active duty, the IBVSOs believe it reasonable for VA to grant veterans the same reduced evidentiary burden as provided title 38, United States Code, § 3.304(f)(3).

Establish More Equitable Rules for Service Connection of Hearing Loss and Tinnitus

Recommendation:

Congress should enact a presumption of service-connected disability for combat veterans and veterans whose military duties exposed them to high levels of noise and who subsequently suffer from tinnitus or hearing loss.

Background and Justification:

Many veterans exposed to acoustic trauma and increased noise exposure during service are now suffering from hearing loss or tinnitus and are unable to prove service-connection because of inadequate in-service testing procedures, lax examination practices, or poor record-keeping. The presumption requested herein would resolve this long-standing injustice. The Institute of Medicine issued a report in September 2005 titled Noise and Military Service: Implications for Hearing Loss and Tinnitus, where it found that patterns of hearing loss consistent with noise exposure can be seen in cross-sectional studies of military personnel and are common among combat, combat arms, combat support, and combat service support veterans.

These veterans are typically exposed to prolonged, frequent, and exceptionally loud noises from such sources as gunfire, tanks, artillery, explosive devices, aircraft, and other equipment used in the performance of their military occupations. Exposure to acoustic trauma is a well-known cause of hearing loss and tinnitus. Yet many combat veterans are not able to document their in-service acoustic trauma nor can they prove their hearing loss or tinnitus is because of military service.

World War II veterans are particularly at a disadvantage because hearing testing by spoken voice and whispered voice was universally insufficient to detect all but the most severe hearing loss. Audiometric testing in service was insufficient, and testing records are lacking for a variety of reasons. Additionally, the hearing-test baseline of today's active duty service-members is "re-normed." This skews the test making the results appear better than they actually are.

Congress has made special provisions for other deserving groups of veterans whose claims are unusually difficult to establish because of circumstances beyond their control. Congress should do the same for veterans exposed to acoustic trauma and routine noise exposure, including combat veterans, and by instructing VA to develop a list of military occupations that are known to expose service members to noise.

VA should be required to presume noise exposure for anyone who worked in military occupations and grant service connection for those who now experience documented hearing loss or tinnitus after separation from service. Furthermore, this presumption should be expanded to anyone who is shown to have been in combat.

Establish More Equitable Rules for Hearing Aid Compensation

Recommendation:

VA should amend its Schedule for Rating Disabilities to provide a minimum 10 percent disability rating for any hearing loss medically requiring a hearing aid.

Background and Justification:

Currently, the VA Schedule for Rating Disabilities (VASRD) does not provide a compensable rating for hearing loss at the established levels severe enough to require hearing aids. A disability severe enough to require use of a prosthetic device should be compensable.

Beyond the functional impairment and the disadvantages of artificial hearing restoration, hearing aids negatively affect the wearer's physical appearance, similar to scars or deformities that result in cosmetic defects. Also, it is a general principle of VA disability compensation that ratings are not offset by the function artificially restored by a prosthetic device.

For example, a veteran receives full compensation for amputation of a lower extremity although he or she may be able to ambulate with a prosthetic limb. Additionally, a review of 38, C.F.R, § 1(4), the VASRD, shows that all disabilities, whose treatment warrants an appliance, device, implant, or prosthetic, receives a compensable rating with the exception of a hearing loss with hearing aids.

Assigning a compensable rating for medically directed hearing aids would be consistent with minimum ratings otherwise provided throughout the rating schedule. Such a change would be equitable and fair.

Protect Standards for Service Connection

Recommendation:

Congress should reject proposals from any source that would change the definition of service connection for veterans' disabilities and death. Standards for determining service connection should remain grounded in the existing law, which recognizes the 24-hour nature of military service.

Background and Justification:

Disability compensation is paid to a veteran who is disabled as the result of an injury or disease (including aggravation of a condition existing prior to service) while in active service if the injury or the disease was incurred or aggravated in line of duty. Compensation may also be paid to National Guard and reserve service members who suffer disabilities resulting from injuries while undergoing training.

Periodically a committee, commission, government agency, or member of Congress proposes that military service should be treated as if it were a day job: if a service member happens to get sick or injured while working

a shift, he or she may be eligible, after discharge, for medical treatment and, perhaps, compensation from the Department of Veterans Affairs. Conversely, if a service member is injured before or after "work," or becomes ill from a disease that isn't obviously related to military service, he or she would not be eligible for service connection. Furthermore, medical care after service would be the responsibility of the veteran alone.

The military does not distinguish between "on duty" and "off duty." A service member on active duty is always at the disposal of military authority and is essentially on call 24 hours a day, 365 days a year. A soldier on leave can be ordered back to base to be deployed that same day. A ship returning from a 6-month tour in the Persian Gulf can be turned around in mid-ocean to undertake a new mission that will keep its crew away from home for additional weeks or months. The ground crews that prepared planes in support of missions in Iraq, Afghanistan, and Libya worked anytime they were needed, day or night. Service members are there when needed, every day, and more often put at risk of injury, disease, or death in defense of all Americans.

Congress created the Veterans' Disability Benefits Commission (VDBC) to carry out a study of "the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service…." After more than 30 months of hearings, study, analysis, and debate, the VDBC unanimously endorsed the current standard for determining service connection. Current law requires only that an injury or disease be incurred coincident with active military service. This law has no requirement that a veteran prove a causal connection between military service and a disability for which service connection is sought.

Compensation for Quality of Life and Non-Economic Loss

Recommendations:

Congress should amend title 38, United States Code, to clarify that disability compensation, in addition to providing compensation to service-connected disabled veterans for their average loss of earnings capacity, must also include compensation for non-economic loss and diminished quality of life.

Congress and VA should determine the most practical and equitable manner in which to provide compensation for non-economic loss and loss of quality of life and move expeditiously to implement this updated disability compensation element.

Background and Justification:

Under the current VA disability compensation system, the purpose of the compensation is to make up for "average impairments of earning capacity," whereas the operational basis of the compensation is usually based on medical impairment. Neither of these models generally incorporates non-economic loss or diminished quality of life into final disability ratings, although special monthly compensation does address these needs in some limited cases.

In 2007 the Institute of Medicine (IOM) published a report, *A 21st Century System for Evaluating Veterans for Disability Benefits*, recommending that the current VA disability compensation system be expanded to include compensation for non-work disability (also referred to as "non-economic loss") and loss of quality of life.

The IOM report stated, "In practice, Congress and VA have implicitly recognized consequences in addition to work disability of impairments suffered by veterans in the Rating Schedule and other ways. Modern concepts of disability include work disability, non-work disability, and quality of life…[and that] [t]his is an unduly restrictive rationale for the program and is inconsistent with current models of disability."

The Congressionally mandated Veterans' Disability Benefits Commission (VDBC) spent more than two years examining how the Rating Schedule might be modernized and updated, and reflecting the recommendations of the IOM, the VDBC in its final report issued in 2007 recommended:

"The veterans disability compensation program should compensate for three consequences of service-connected injuries and diseases: work disability, loss of ability to engage in usual life activities other than work, and loss of quality of life."

The IOM report, the VDBC, and the Dole-Shalala Commission (President's Commission on Care for America's Returning Wounded Warriors) all agreed that the current benefits system should be reformed to include non-economic loss and diminished quality of life as factors in compensation.

Support Survivor Benefits Reform

Recommendations:

Congress should authorize Dependency and Indemnity Compensation (DIC) eligibility increases for all survivors, equal to that of other federal programs. The amount of increase should be 55 percent of VA disability compensation for a 100 percent disabled veteran.

Congress should repeal the inequitable offset between DIC and Survivor Benefit Plan because no duplication occurs between these two separate and distinct benefits.

Congress should enact legislation to enable survivors to retain DIC upon remarriage at age 55 for all eligible surviving spouses.

Background and Justification:

Increase DIC rates

The current rate of compensation paid to the survivors of deceased members is inadequate and inequitable when measured against other federal programs. Under current law, DIC is paid to an eligible surviving spouse if the military service member died while on active duty or the veteran's death resulted from a service-related injury or disease.

DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability after the loss of their loved ones. All surviving spouses who rely solely on DIC, regardless of the status of their sponsors at the time of death, face the same financial hardships. Therefore, The Independent Budget veterans service organizations (IBVSOs) believe that the rate of DIC should be increased from 43 percent to 55 percent of a 100 percent disabled veteran's compensation for all eligible surviving spouses.

Eliminate DIC and SBP Offsets

The current requirement that amounts of an annuity under the DOD SBP be reduced on account of and by an amount equal to DIC is inequitable. This offset is inequitable because no duplication of benefits is involved. A veteran disabled in military service is compensated for the effects of service-connected disability. When a veteran dies of service-connected causes or following a substantial period of total disability from service-connected causes, eligible survivors or dependents receive DIC from the Department of Veterans Affairs.

Career members of the armed forces earn entitlement to retired pay after 20 or more years of service. Survivors of military retirees have no entitlement to any portion of the veteran's military retirement pay after his or her death, unlike many retirement plans in the private sector. Under the SBP, deductions are made from military pay to purchase a survivor's annuity. This benefit is not gratuitous but is purchased by a retiree.

Upon a retiree's death, the SBP annuity is paid monthly to eligible beneficiaries. If the veteran died from other than service-connected causes or was not totally disabled by service-connected disability for the required time preceding death, beneficiaries receive full SBP payments. However, if the veteran's death was a result of military service or after the requisite period of total service-connected disability, the SBP annuity is reduced by an amount equal to the DIC payment. When the monthly DIC rate is equal to or greater than the monthly SBP annuity, beneficiaries lose the SBP annuity in its entirety.

Remarriage

No eligible survivors should be penalized for remarriage. Equity with beneficiaries of other federal programs should govern Congressional action for this deserving group; therefore Congress should lower the age required for remarriage for survivors of veterans who have died on active duty or from service-connected disabilities. Current law allows retention of DIC upon remarriage at age 57 or older for eligible survivors of veterans who die on active duty or of a service-connected injury or illness.

Although *The Independent Budget* veterans service organizations appreciate the action Congress took to allow restoration of this rightful benefit, the current age threshold of 57 years remains arbitrary. Remarried survivors of retirees of the Civil Service Retirement System, for example, obtain a similar benefit at age 55. This change in eligibility would also bring DIC in line with Survivor Benefit Plan rules that allow retention with remarriage at the age of 55.

Establish More Equitable Rules for Veterans Exposed to Agent Orange on the Korean Demilitarized Zone

Recommendations:

Extend the presumptive service-connection end-date to May 7, 1975, for Korea veterans who served on the Demilitarized Zone (DMZ) to mirror the end date for Vietnam veterans. Currently, the Korean DMZ presumptive end date is August 1971.

The delineating dates for presumptive service connection because of exposure to herbicides (Agent Orange) in Korea should be established in the same manner as they are for Vietnam veterans—if a veteran served in Korea, north of the Imjim River at any time after Agent Orange was applied, then presumptive service-connection should be granted for the conditions identified in title 38, Code of Federal Regulations § 3.309(e).

Background and Justification:

For Vietnam veterans, the current law states that if service in Vietnam is verified as defined in 38 C.F.R. § **3.307(a)(6)**, service-connection for any of the presumptive conditions contained in 38 C.F.R. § 3.309(e) will be granted.

For Korean DMZ veterans, presumptive service-connection is granted if a veteran served on the Korean DMZ between April 1968 and August 1971. This is verified by assignment to one of the units that rotated to the Korean DMZ. Hostile fire-pay was granted for these period(s) of DMZ assignment.

Usage

- **Vietnam**, Agent Orange was used in Vietnam between January 1961 and October 1971.
- **Korean DMZ**, Agent Orange was used on the Korean DMZ from April 1968 through July 1969.

Presumptive periods

- Vietnam, January 9, 1962, and ending on May 7, 1975 – four years after last application.
- Korean DMZ, April 1968 and ends on August 31, 1971 – two years after last application.

Department of Defense records confirm that herbicides were used extensively in sections of the Korean DMZ. Research has shown that the dioxin in Agent Orange has a half life of one to three years in surface soil, and *up to 12 years* in interior soil. The toxicity of dioxin is such that it is capable of killing newborn mammals and fish at levels as small as 5 parts per trillion (or one 1 ounce in 6 million tons). Dioxin's toxic properties are enhanced by the fact that it can enter the body through the skin, the lungs, or through the mouth.

The dioxin on the Korean DMZ did not lose its efficacy on 31 August 1971. It continued to be absorbed into the bodies of the troops who were operating north of the Imjim River and affected the health of those veterans just as it did to Vietnam veterans.

Expand the Definition of Wartime Service for Nonservice-Connected Disability Pension

Recommendation:

Congress should change the law to authorize eligibility to nonservice-connected VA pension for veterans who have received hostile-fire pay; who served in combat environments, regardless of whether or not a period of war is defined by VA regulations; or were awarded the Armed Forces Expeditionary Medal, Purple Heart, Combat Infantry Badge, or similar decoration for participation in military operations that fall outside officially designated periods of war.

Background and Justification:

Pension is payable to a veteran who is 65 years of age or older or who is permanently and totally disabled as a result of nonservice-connected disabilities, who served at least one day of active duty during a period of war, and has a qualifying low income.

Although Congress has the sole authority to make declarations of war, the President, as Commander in Chief, may send U.S. forces into hostile situations at any time. While some of these incidents occur during defined periods of war (e.g., Somalia, 1992–95), many other military actions take place during periods of "peace" (e.g., Granada, 1983; Lebanon, 1982–87; Panama, 1989). Even the Mayaguez Incident, May 12-15, 1975, falls outside the official dates of the Vietnam War, which ended May 7, 1975.

The sole service criterion for eligibility to pension, at least one day of service during a period of war, too narrowly defines military activity in the last century. Expeditionary medals, combat badges, and the like can better serve the purpose of defining combat or warlike conditions when Congress fails to declare war and when the President neglects to proclaim a period of war for veterans benefits purposes.

Congress should amend the law so that the receipt of hostile-fire pay, award of an expeditionary medal, campaign medal, combat-action ribbon, or similar military decoration would qualify an individual for VA pension benefits. This action would ensure that veterans who were placed in hostile situations would become eligible for pension should they become totally disabled due to nonservice-connected disabilities.