



STATEMENT OF CARL BLAKE
NATIONAL LEGISLATIVE DIRECTOR
PARALYZED VETERANS OF AMERICA
BEFORE THE
NATIONAL COMMISSION ON FISCAL RESPONSIBILITY
AND REFORM
CONCERNING
THE DEPARTMENT OF VETERANS AFFAIRS

JUNE 30, 2010

Chairman Simpson, Chairman Bowles, members of the Commission, on behalf of Paralyzed Veterans of America (PVA), I would like to thank you for the opportunity today to provide comments on the Department of Veterans Affairs (VA) and the programs that it administers. The gravity of the task that you as members of the National Commission on Fiscal Responsibility and Reform (Commission) have is certainly unenviable. And yet, your role in setting the fiscal course for this country is incredibly important.

It is no secret that this country faces a very harsh reality when it comes to our fiscal future. Rapid growth in federal spending, coupled with an economic downturn that has secondarily impacted federal revenues, has set us on a course that appears unsustainable.

And yet, PVA is here today to emphasize why continued growth in spending for the programs managed by the VA is imperative. While such a position seems to fly in the face of deficit hawks who want to slash all federal spending, VA is unlike most programs being considered. Additionally, VA manages both a large discretionary budget as well as an equally large mandatory budget.

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Ultimately, the most important point to make is that both the discretionary accounts (including medical care, veterans' benefits, construction and other operations) within VA and the mandatory accounts (including compensation, pension, education, and other benefits) support programs that are an earned benefit provided by the VA to veterans. These programs were not paid into like many social welfare programs and they are not managed as annuitized benefits like many of those same programs. The price for veterans' health care and benefits was paid by the service and sacrifice of the men and women who have served this nation in uniform.

Too often veterans' disability compensation is compared to worker's compensation and the Social Security Disability Insurance program. However, veterans' disability compensation is not the same as, nor substantially similar to these two civilian programs. Worker's compensation and benefits paid under the Social Security Disability Insurance program were created to offset the economic loss an individual incurs when he or she becomes injured or disabled. As you well know, the purpose of a compensation payment to a disabled veteran is for much more than to simply deal with the economic loss associated with the disability. There can be no question but that VA compensation includes a real and significant component that is provided as an attempted response to the impact of a disability on the disabled veteran's quality of life. VA disability compensation also takes into consideration the impact of a lifetime of living with a disability and the everyday challenges associated with that disability.

To recommend that in the interest of fiscal responsibility that veterans' benefits should be reduced serves only to degrade the value of the service provided by a veteran. Moreover, it suggests that this country is not wholly obligated to provide health care and benefits to the men and women who have served and who continue to serve.

We also remain concerned that cuts in any of the programs administered by the VA will have a direct and immediate impact on veterans and their families. To recommend that discretionary funding for VA health care programs be reduced would mean that without question the VA would have to cut the number of veterans it will serve or reduce the services it provides, despite the fact that these men and women have earned that health care.

In recent years, the Administration has recommended generally good budgets for the VA health care system and the Congress has provided sufficient funding to operate that system, albeit often after the start of the new fiscal year. And yet, each year we continue to hear that VA medical centers are running out of money before the fiscal year is even over. While such an occurrence can be interpreted many ways, we generally consider this to reflect the fact that demand for services continues to outpace the amount of funding being provided. Freezing, or even cutting, this critically important health care funding now will obviously have a devastating impact on the VA's ability to provide health care services and ultimately have serious consequences for veterans who have come to rely on the VA health care system.

Additionally, any recommendation to reduce compensation payments paid to veterans simply makes the statement that while we (the United States) have some obligation to compensate a veteran for his or her sacrifice in uniform, we will have to reduce that obligation. Such a consideration is simply unconscionable. We offer without equivocation that no one in this country would support such a notion.

We also realize that the VA faces the real possibility that some of the support programs that it administers could be cut. The fact is, construction, information technology, research, and other operations accounts, directly impact the provision of health care and benefits to veterans and their families. To reduce spending in any of those accounts would automatically have a negative impact on the health care and benefits delivery systems.

PVA also believes that a viable VA health care system provides relief to an overloaded private health care system and actually saves this country money on health care spending. The Veterans Health Administration is the largest direct provider of health care services in the nation. In fact, in the current fiscal year alone, the VA is expected to have more than 8 million veterans enrolled and provide direct service to nearly 6 million veterans. And yet, it is widely regarded as the most cost-effective and cost-efficient health care system in the nation. It sets the standards for quality and efficiency, and it does so at or below Medicare rates, while serving a population of veterans that is older, sicker, and has a higher prevalence of mental health and related problems. Were funding for this myriad of programs to be reduced, this patient population would simply track into the higher cost private health care world at a much greater expense to federal programs that also provide for their needs.

Mr. Chairmen, once again, we sincerely appreciate the opportunity to advocate for the protection of the Department of Veterans Affairs in the efforts to reset the fiscal course of this country. The VA supports a veterans' population which has already carried a heavy burden for this country. These men and women certainly cannot be expected to further add to that burden.

For further discussion on the importance of the VA and its programs, I would ask you to review *The Independent Budget*, a comprehensive budget and policy guide co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars. It can be found at www.independentbudget.org.

I thank you again for the opportunity to submit our statement. We would be happy to provide any additional information that you request.

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Carl Blake is the National Legislative Director for Paralyzed Veterans of America (PVA) at PVA's National Office in Washington, D.C. He is responsible for the planning, coordination, and implementation of PVA's relations with the United States Congress and federal departments and agencies. He develops and executes PVA's Washington agenda in areas of budget, appropriations, health care, and veterans' benefits issues. He also represents PVA to federal agencies including the Department of Defense, Department of Labor, Small Business Administration, and the Office of Personnel Management.

Carl was raised in Woodford, Virginia. He attended the United States Military Academy at West Point, New York. He received a Bachelor of Science Degree from the Military Academy in May 1998.

Upon graduation from the Military Academy, he was commissioned as a Second Lieutenant in the Infantry in the United States Army. He was assigned to the 504th Parachute Infantry Regiment (1st Brigade) of the 82nd Airborne Division at Fort Bragg, North Carolina. He graduated from Infantry Officer Basic Course, U.S. Army Ranger School, U.S. Army Airborne School, and Air Assault School. His awards include the Army Commendation Medal, Expert Infantryman's Badge, and German Parachutist Badge. Carl retired from the military in October 2000 due to injuries suffered during a parachute operation.

Carl is a member of the Virginia-Mid-Atlantic chapter of the Paralyzed Veterans of America.

Carl lives in Fredericksburg, Virginia with his wife Venus, son Jonathan and daughter Brooke.