



Congressman CIRO D. RODRIGUEZ



Proudly Serving Veterans in the 28th Congressional District of Texas

Dear Veteran:

I am pleased to provide you an update on issues that will greatly impact veterans in South Texas. The events of September 11th have reminded us that our quality of life must be defended at a high price. The men and women who fight the war against terrorism today are tomorrow's veterans. They will be looking to their country to keep its promises to them when they return.

With each new session, Congress is charged with providing adequate resources for veterans. As a member of the House Veterans Affairs Committee, I realize the need to honor our commitments and allocate reasonable funding for the Department of Veterans' Affairs (VA) to guarantee that veterans receive the benefits they have earned by their service. During the upcoming budget debate, I will work to secure funding to provide quality health care and needed benefits.

I hope you find the information in this newsletter helpful. In order to better serve you, please do not hesitate to contact me on veterans issues or other matters before Congress.

Sincerely,

Ciro D. Rodriguez
Member of Congress

ALS and Gulf War Veterans

Washington, DC --The Department of Veterans Affairs (VA) and the Department of Defense (DOD) recently released the findings of a joint study which found that Persian Gulf War Veterans are twice as likely to develop Lou Gehrig's disease, or Amyotrophic Lateral Sclerosis (ALS), than their non-deployed counterparts. In response to the findings, VA Secretary Anthony Principi promised that additional research would be conducted.

I will continue to press the VA and DOD to pursue ALS research. If it is determined that an association exists between exposure to certain biological or chemical agents and ALS, the VA should extend presumption for service connection to these veterans who suffer. I am currently a co-sponsor of HR 3461 which would add ALS to the diseases presumed to be service connected when incurred by veterans of the Persian Gulf War. Many veterans do not have the time to wait.

Additionally, appropriate attention needs to be paid to the health of service members and DOD civilian workers at military installations in the U.S. or at U.S. bases overseas. At the former Kelly AFB, 128 military personnel and their civilian counterparts who worked at the base have been identified as having Lou Gehrig's disease. That is an unusual amount of ALS cases from one workplace, and the Air Force has agreed with my request to study the issue as well as conduct a separate mortality study of all personnel and workers that worked at Kelly AFB from 1982 to the present. The DOD and the VA need to be more active in researching environmental hazards to prevent future illnesses.

Congressman Rodriguez listens to testimony given before the House Veterans Affairs Committee regarding the health status of Persian Gulf War Veterans.





Veteran Affairs Legislative Update

Congressman Rodriguez meets with veterans to discuss legislation before the House Veterans' Affairs Committee.

As a member of the House Veterans' Affairs Committee (HVAC), I am pleased with the legislation that was advanced by the HVAC and ultimately enacted into law. Below are highlights of this legislation.

HR 801

the *Veterans' Survivor Benefits Improvements Act* enhances various outreach programs for departing service members, veterans, and dependents. (Public Law 107-14)

HR 3447

the *Health Care Programs Enhancement Act* further enables the Secretary of the VA to recruit and retain qualified nurses for the Veterans Health Administration to address the severe nursing shortage. (Public Law 107-135)

HR 1291

the *Veterans' Benefits Improvement Act* increases the amount of educational benefits under the Montgomery GI Bill (MGIB) and implements improvements to the benefits rating system. For an approved full-time education program for an obligated period of active duty of three or more years, HR 1291 increases the current monthly rate from \$672 to \$800 effective January 1, 2002; \$900 effective October 1, 2002; and \$985 effective October 1, 2003. For an approved full-time education program for an obligated period of active duty of two years, HR 1291 increases the current monthly rate from \$546 to \$650 effective January 1, 2002; \$732 effective October 1, 2002; and \$800 effective October 1, 2003.

HR 1291 also streamlines the ratings system. Vietnam veterans exposed to herbicides like Agent Orange who are diagnosed with diabetes will automatically be eligible for service connected disability benefits. Likewise, Persian Gulf veterans suffering from ill-defined illnesses which modern medical technology cannot readily diagnose will also benefit from a presumption of service-connection and be eligible for certain disability benefits. (Public Law 107-103)

HR 2716

the *Homeless Veterans Comprehensive Assistance Act* encourages coordination of existing programs that target chronic homelessness among veterans. A VA report issued in 2000 on homeless veterans found that during 1999 there were an estimated 350,000 homeless veterans, an increase of 34 percent above the 1998 estimate. (Public Law 107-95)

HR 2540

the *Veterans Compensation Rate Amendments of 2001* provides a cost of living adjustment of 2.6 percent to the rates of disability compensation for veterans with service-connected disabilities and to the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans. The increase went into effect on December 1, 2001. (Public Law 107-94)

Congressman Rodriguez fighting for Veterans in the 28th Congressional District of Texas

Congressman Rodriguez meets with veteran leaders to keep them apprized of issues before Congress.



Congressman Rodriguez Demands a Just Budget for Veterans

Before adjourning last year, Congress provided \$51.1 billion for programs administered by the VA for Fiscal Year 2002. The spending package includes a \$1.4 billion increase in discretionary spending over Fiscal Year 2001—\$400 million more than the President requested. Most of this funding will cover medical care costs which have increased by 24 percent over the past two years.

President Bush recently outlined his proposed VA budget for the upcoming fiscal year. Unfortunately, clever accounting gives the illusion that an additional \$3.1 billion has been dedicated to enhancing veterans services. However, of the \$3.1 billion the Administration claims is an increase in discretionary spending, \$1.8 billion is absorbed by personnel costs previously funded by another account or cuts that VA will need to implement to generate “savings.” Moreover, the budget only provides a \$1.28 billion real increase in total discretionary spending which will be used to offset unavoidable cost increases like higher pharmaceutical prices and inflation.

The Independent Budget, an annual publication put out by four prominent veteran service organizations (VSOs), provides

budget recommendations to the Administration regarding various VA services. In their latest publication, the authors of the Independent Budget recommended that an additional \$3.1 billion in total discretionary spending be provided over last year’s enacted amount.

In response to the testimony we received from numerous VSOs, the VA Committee, on a bi-partisan basis, adopted its own budget recommendations. In our committee’s views and estimates, we ask for an additional \$3.6 billion in discretionary spending in real dollars. As a committee, we also reject the Administration’s proposal to impose a \$1500 deductible on Priority 7 veterans.

Real increases in medical spending are necessary to combat the rising cost of health care and the dramatic decline in VA medical staff. Unfortunately, to meet veterans’ needs for health care, which is a national obligation, the Administration is requiring that much-needed funding be paid for by veterans themselves. This is unacceptable, and I will continue to advocate for funding levels that enable us to fulfill our promises to our nation’s veterans.

Congressman Rodriguez Fights to Enact Concurrent Receipt

On December 13, 2001, the House of Representatives passed the final version of the National Defense Authorization Act for Fiscal Year 2002. To address the ban on concurrent receipt, the newly passed Defense Authorization Act authorizes military retirees to receive VA disability compensation without a reduction in retirement pay, effective only after the President submits legislation in his annual budget request, and Congress enacts legislation to expressly offset the costs of this initiative. While the provision will not provide dual-compensation immediately, which I fully support, the action is a positive step toward retirees receiving their full compensation earned and awarded.

I signed a letter to President Bush as well as the Chairman and Ranking Member of the House Budget Committee requesting that money be set aside in the federal budget to implement full concurrent receipt. Nevertheless, the Administration did not include concurrent receipt in its budget which makes it more difficult for Congress to implement subsequent off-setting legislation. Nonetheless, I have continued my support and advocacy for bills which provide full concurrent receipt or concurrent receipt on a sliding scale depending on the veterans’ level of disability. Even as we meet today’s national security and economic challenges, we should not ignore our commitments to those brave men and women who sacrificed in years past for our freedom.



Congressman Rodriguez meets with Atascosa County veterans and provides an update on concurrent receipt.

Homeland Security- Emergency Preparedness Response Centers

I am original co-sponsor of HR 3253, the National Emergency Preparedness Act, which would authorize the VA to create at least four Emergency Medical Preparedness Centers at qualifying VA medical centers. These new centers would engage in research to develop methods of detection, inoculation, and treatment for chemical, biological, or radiological contingencies; coordinate ongoing and new research with universities and agencies including FEMA, the Office of Homeland Security, and the Department of Defense; and disseminate the latest information to healthcare workers at public and private hospitals.

The VA Secretary would select the National Emergency Preparedness Centers based on a number of criteria, including shared teaching and research arrangements with medical schools and the ability to attract high-level scientists in fields relevant to bio-chemical and radiological threats. The South Texas Veterans Health Care System (STVHCS) has relationships with the University of Texas Health Science Center in San Antonio, University Hospital, the University of Houston School of Public Health, Southwest Research Foundation, Southwest Foundation for Biomedical Research as well as military medical institutions. Given the STVHCS' access to these resources in the San Antonio area, I believe the Audie L. Murphy Division (ALMD) has the potential to become a key partner in assisting and educating medical authorities at the local, state, and federal level to better respond to national disasters.

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