



**Statement of the
Fleet Reserve Association
on its
2016 Legislative Goals
Presented to the
U.S. House of Representatives and
United States Senate
Veterans' Affairs Committees**

By

**National President
Fleet Reserve Association
Virgil Courneya**

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The FRA

The Fleet Reserve Association (FRA) is the oldest and largest organization serving enlisted men and women in the active, Reserve, and retired communities plus veterans of the Navy, Marine Corps, and Coast Guard. The Association is Congressionally Chartered, recognized by the Department of Veterans Affairs (VA) and entrusted to serve all veterans who seek its help.

FRA was started in 1924 and its name is derived from the Navy's program for personnel transferring to the Fleet Reserve or Fleet Marine Corps Reserve after 20 or more years of active duty, but less than 30 years for retirement purposes. During the required period of service in the Fleet Reserve, assigned personnel earn retainer pay and are subject to recall by the Secretary of the Navy.

The Association testifies regularly before the House and Senate Veterans' Affairs Committees, and the Association is actively involved in the Veterans Affairs Voluntary Services (VAVS) program. A member of the national headquarters' staff serves as FRA's National Veterans Service Officer (NVSO) and as a representative on the VAVS National Advisory Committee (NAC). FRA's NVSO also oversees the Association's Veterans Service Officer Program and represents veterans throughout the claims process and before the Board of Veteran's Appeals.

FRA became a member of the Veterans Day National Committee in August 2007, joining 24 other nationally recognized Veterans Service Organizations (VSO) on this important committee that coordinates National Veterans' Day ceremonies at Arlington National Cemetery. The Association is a leading organization in The Military Coalition (TMC), a group of 33 nationally recognized military and veteran's organizations collectively representing the concerns of over five million members. FRA senior staff members also serve in a number of TMC leadership positions.

The Association's motto is "Loyalty, Protection, and Service."

Certification of Non-Receipt Of Federal Funds

Pursuant to the requirements of House Rule XI, the Fleet Reserve Association has not received any federal grant or contract during the current fiscal year or either of the two previous fiscal years.

Introduction

Distinguished Chairmen, Ranking Members and other members of the Committees, thank you for the opportunity to present the FRA's 2016 legislative goals to the Committees. FRA wants to note that veteran's benefits are earned through service and sacrifice in the defense of this great Nation and are not "entitlements" or "social welfare" programs. FRA will oppose any across-the-board budget driven cuts that lumps veteran's programs with unrelated civilian programs and completely rejects any efforts that would ask veterans to do their "fair share" in deficit reduction.

January 28, 2016, marks the 8th anniversary of the signing of the Wounded Warrior Provisions contained in the National Defense Authorization Act (NDAA) of FY 2008. In February 2007, a series of Washington Post articles about conditions at Walter Reed Army Medical Center highlighted the challenges our veterans face, and this law was designed to address and fix these issues. Specifically, the provisions in the 2008 NDAA expanded concurrent receipt for Combat-Related Special Compensation (CRSC) for Chapter 61 retirees and expanding concurrent receipt of military retired pay and disability compensation for Individual Unemployable (IU) rated less than 100 percent retroactively to 1 Jan. 2005. Other major provisions improved diagnosis and treatment of traumatic brain injury (TBI) and Post Traumatic Stress Injuries (PTSD), and created a joint Department of Defense (DoD)/Department of Veterans Affairs (VA) to work on creating a seamless transition. In retrospect the "Wounded Warrior" provisions made major improvements but many provisions still remain a "work-in-progress."

FY 2017 VA Budget

FRA supports the Independent Budget (IB) framework for veteran's health care reform which was released on January 6, 2016 and co-authored by Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA) and the Veterans of Foreign Wars (VFW). The IB has served as a guide for funding the VA for 29 years and this framework will help to meet the challenges of serving America's veterans. FRA notes that the FY 2017 VA budget request is almost identical to the IB recommendations except for construction.

The 2017 federal budget requests \$182.3 billion for the Department of Veterans Affairs (VA) - \$78.7 billion in discretionary funding and \$103.6 billion in mandatory funding for veterans benefit programs. The discretionary request is a 4.9 percent increase over the 2016 budget and the overall budget increase is almost nine percent.

The current disability appeals process is complicated and ineffectual, resulting in veterans waiting, on average, almost 5 years for a final decision on an appeal that reaches the Board of Veterans Appeals. The budget provides funding for creating a more streamlined appeals process. The budget request provides 12.2 billion for community care, as compared to \$10.5 billion in FY

2016. Over the past decade, the VA has seen a significant increase in veteran claims. The VA has taken numerous steps to manage the increase in claims, improve quality of care, and to streamline the delivery of that care. However, there have been scandals, budget shortfalls, disciplinary issues and a lingering backlog. The budget request also includes 70 billion in advance funding for FY 2018.

The Association shares the concerns of HVAC Chairman Jeff Miller about the VA budget: “VA has repeatedly failed to keep its financial house in order. In Denver, a botched construction project is more than \$1 billion over budget. The department has routinely wasted millions on lavish art projects, exorbitant relocation benefits and bonuses for failing employees. And last July, VA threatened to shut down hospitals within weeks due to an unforeseen budget shortfall, forcing Congress to give the department access to an additional \$3 billion.” FRA appreciates the Congressional oversight on the VA budget that includes waste and mismanagement.

Agent Orange Reform

FRA is grateful to the 14 Senators who sent a letter to VA Secretary Bob McDonald requesting that the VA reconsider its ban on presumption for anyone who did not serve on the ground of the Republic of Vietnam because it is too restrictive. The Association totally agrees with this letter. The letter references the recent *Gray v McDonald* decision by the Court of Appeals for Veterans Claims that found that VA’s exclusion of Da Nang Harbor from the definition of “inland waterways” to be arbitrary and capricious.

FRA is disappointed, but not surprised, that the Department of Veterans Affairs (VA) has issued a “clarified” definition of inland waterways for purposes of determining presumption for coverage of ailments associated with the Agent Orange herbicide that still excludes the so-called “Blue Water” Vietnam veterans. A federal court had ordered the VA to reevaluate its policy of denying Agent Orange benefits to Navy sailors who served in the Vietnam War on the ships off the coast of Vietnam (*Gray v. McDonald* case - 04/23/15). The FRA National Executive Director (NED) Thomas Snee said “To state with such confidence that the toxin, Agent Orange, could not cross from inland water ways or harbors into open seas is a rejection of the laws of nature: As if some imaginary line drawn across the mouth of a river or bay had the ability to stop ocean currents from flowing.” The Association will continue to seek a legislative remedy to reverse current policy that discriminates against Blue Water veterans who have health problems commonly associated with herbicide exposure and make them eligible for service-related VA medical and disability benefits.

The Association wishes to thank Representative Chris Gibson (N.Y.) and Senator Kristin Gillibrand (N.Y.) for introducing the “Blue Water Navy Vietnam Veterans Act” (H.R. 969/ S. 681).

FRA continues to seek a legislative remedy so “Blue Water” Vietnam veterans who have health problems commonly associated with Agent Orange herbicide exposure will be eligible for service-related VA medical and disability benefits.

The Association supports the “Blue Water Navy Vietnam Veterans Act” (H.R. 969/S. 681), sponsored by Rep. Chris Gibson (NY) and Kirstin Gillibrand (NY) respectively. FRA appreciates the SVAC Chairman’s pledge to mark-up and have a committee vote on the Senate bill. The House bill now has over 300 co-sponsors. The bills would clarify that veterans who served off the coast of Vietnam have presumption related to exposure to herbicides. This change would allow “Blue Water” veterans who served off the coast of Vietnam to be compensated for service connected disabilities related to their exposure to Agent Orange herbicide. Studies demonstrate that the desalinization process used on Australian and U.S. Navy ships off the coast of Vietnam magnified the exposure of the Agent Orange in the water. Past VA policy (1991-2001) allowed service members to file claims if they received the Vietnam Service Medal or Vietnam Campaign Medal. Many of these veterans are now senior citizens and the time to help them is now!

FRA believes the 2011 IOM report entitled, “Blue Water Navy Vietnam Veterans and Agent Orange Exposure,” validated the 2002 Royal Australian Navy study that confirmed the desalinization process used on Australian and U.S. Navy ships actually magnified the dioxin exposure.

Many want to forget about the Vietnam War. But we should never forget those who served during the Vietnam War.

Veterans Health Care Access and Reform

The VA recently confirmed that it failed to contact tens of thousands of the more than 800,000 veterans who have applications for health care pending, nearly 300,000 of whom died before getting a resolution. VA is required by law to notify veterans of incomplete applications but could not verify that this had been done in the cases of 545,000 living veterans and 288,000 deceased veterans with pending claims. It was unclear whether the veterans and their families will qualify for compensation. The findings are from the VA report that concurs with an Office of Inspector General (OIG) report that was released more than six months ago.

Scott Davis, a VA program manager and the whistleblower who first reported the problem of pending applications, said most of them were erroneously marked as incomplete because they called for an income test or were missing a military service record called DD214, which the VA specifically told applicants not to include. “When we’ve done reviews before we have found that a high (number) of these veterans were because of mistakes by the VA, not the veteran,” said Davis, who was assigned to the enrollment office with an inside view of the process.

Davis urged the VA to enroll veterans on the pending list who qualify and said the department is delaying because it could be forced to pay hundreds of millions of dollars in compensation to veterans who were wrongly deprived care. “It’s not because it can’t work, it’s because they don’t want it to because it’s going to cost a lot of money,”¹ Davis said.

The VA claims it will contact living veterans on the pending list to explain what is missing from their applications and determine whether they are still interested in enrolling in VA health care. Veterans will have one year after being contacted to complete their applications, though they can reapply at any time. This is just one of numerous VA scandals that have eroded confidence in the Agency.

FRA supports the Independent Budget (IB) and also supports the IB Framework for Veterans Health Care Reform. FRA believes that the “Choice” program has merit, but will require significant oversight by these committees to ensure it is effective. VA must ensure that Non-VA Care Coordination teams are adequately staffed and funded to be capable of handling the workload. FRA sees this program as a permanent part of VA, and that much more needs to be done. Outsourced care has been available for many years but has not been well-planned or coordinated with VA care. The Veterans Access, Choice and Accountability Act (VACAA) established a process to improve long range planning at VA. First it created a Commission on Care to examine the access of veterans to VA health care and strategically review the most efficient way to organize VHA, locate health care resources, and deliver care to veterans for the next 20-years.

FRA supports the Veterans Access, Choice and Accountability Act (VACAA) that became law in 2014. This Act provides a \$10 billion fund to pay for non-VA care for veterans who live 40 or more miles from a VA facility or have been experiencing wait times for care of more than 30 days. VA mailed “Choice Cards” to veterans who were enrolled in VA health care as of August 1, 2014, and to recently discharged combat veterans who enroll within the five-year window of eligibility. As this legislation moved into conference committee the Association signed a letter with 19 other VSOs that urged that Congress agree with three principles:

- The first priority must be to ensure that all veterans currently waiting for treatment are provided timely access;
- VA must be involved in coordination of and fully responsible for prompt payment for all non-VA care; and
- New legislation must protect, preserve, and strengthen the VA health care system so that it remains capable of providing a full continuum of high quality, timely care to all enrolled veterans.

¹ *Stars and Stripes*; VA failed to contact tens of thousands of veterans with pending health care applications; Heath Druzin, March 7, 2016

The legislation was passed in the wake of a nationwide audit of the VA that indicates that 57,000 veterans have waited more than 90 days for an appointment at VA medical facilities and 64,000 requested medical care, but did not even get onto a waiting list. The audit also found that 13 percent of schedulers were told to falsify appointment requests to make the wait time appear to be smaller than they actually were. An Associate Press report indicates that soon to be released Inspector General reports will claim that wait-time manipulation for disability claims is widespread in the VA. The story claims that intentional misconduct was substantiated in 51 of 77 completed investigations by the IG. (Feb. 29, 2016-*VA watchdog releases reports on wait-time manipulations*, by Matthew Daly)

FRA is thankful that VA has excluded net worth as an eligibility factor. The VA has stopped combining the sum of a veteran's income with his or her assets to determine eligibility for medical care and co-payment requirement. Unfortunately the VA will still consider a veteran's gross household income and deductible expenses from the previous year. The VA estimates that over 5 years 190,000 veterans will be eligible for reduced costs and 135,000 veterans who were previously ineligible would be able to enroll in VA's health care system because of the change.

In 2009 there was a partial lifting of the "temporary" 2003 ban on enrolling Priority Group 8 veterans. VA opened enrollment for some (10 percent) of these beneficiaries and the intent was to gradually add 10 percent more enrollments each successive year, however the lifting of the ban stopped after the first year significantly limiting access to care. More than 260,000 veterans have been impacted by the policy. Our Nation made commitments to all veterans in return for their service and limiting enrollment conveys the wrong message to those currently serving and those who have served in the past.

Disability Claims Backlog

The Department of Veterans Affairs (VA) effort to eliminate its backlog of disability compensation claims has relied on the implementation of the Veterans Benefits Management System (VBMS), a digital claims processing system for claims adjudication. Total costs for the new "paperless" system used to process veterans' disability claims are nearly double the initial estimates. The VA, which has continued to make improvements to the system's software, still doesn't know how much the system will end up costing. VA has spent more than \$1 billion developing and maintaining VBMS since 2009. The agency has requested an additional \$290 million this year for continued changes to the system, which was initially projected to cost \$579 million.

According to the Office of Inspector General (OIG) other factors besides VBMS contributed to reducing the disability claims backlog that include:

- Using over \$130 million in mandatory overtime;
- Reallocating staff to process claims that affect the backlog while sacrificing other types of claims such as those on appeal; and
- Implementing the Fully Developed Claim (FDC) program.

For years, VA leaders promised to end the department's disability benefits compensation backlog of claims pending more than 125 days. They quietly announced late last year, however, that the 125 day goal will never be achieved. The VA now argues that some claims are so complex that they will never be adjudicated in 125 days. Further, the VA has changed the definition of a backlogged claim to exclude a claim that is being appealed.

If true, the Association welcomes the reduction in the disability claims backlog, but we remain skeptical about the accuracy of VA data. "Workers at the Colorado Springs Department of Veterans Affairs clinic gave delayed care to hundreds of veterans and in some cases falsified records to make the situation appear better than it was... In more than 10 percent of the cases surveyed, investigators found, workers ...made false entries into an appointment database to make it seem like patients were getting timely care."²

The longstanding backlog of disability claims at the agency is down from a high of 600,000 in 2013 to about 80,000 currently, the lowest in VA's history. However a huge backlog has been created at the appeals level. With over 400,000 appeals clogged up in a growing backlog, it is imperative that Congress pass legislation to stop this growing backlog on the appeals level and reverse it. Many disabled veterans who got a claim adjudicated and feel the VA has made a mistake should not be penalized by having to wait two or more years for an appeal ruling. In addition VBA managers are evaluated on the volume of claims being adjudicated, rather than adjudicating the claim correctly the first time.

FRA is supporting legislation introduced by Senator Dan Sullivan (R-AK), the "Express Appeals Act" (S. 2473) that establishes a new, voluntary five-year pilot program to help reduce the large backlog of disability claims appeals before the Veterans Benefits Administration (VBA). The bill will create a pilot program to provide timely and accurate decisions on veteran's appeals before the VBA.

The Express Appeals Act would establish a new channel whereby veterans, upon receiving a decision on an original claim by the VA, would have the option to file an express appeal with the Board of Veterans Appeals (BVA), in lieu of the traditional appeals process. The appeals pilot program would omit the remand process, in which the BVA sends a veteran's appeal back to the VBA for additional evidence development, saving the veteran an average of 545 days. The veteran would submit a "Statement of Argument," detailing how the VBA decided their original claim incorrectly, in lieu of the VBA's own time-consuming development of a "Statement of Case," saving veterans an average of 408 days. Additionally, entrance into this program would

² Colorado Springs Gazette, Feb 5, 2016; [Lamborn: Colorado Springs clinic 'lied and heads need to roll'](#) Tom Roeder

be completely voluntary and a veteran would be able to exit the express appeals process at any time and re-enter the traditional pipeline at the end of the line with no adverse consequences.

FRA is grateful to Senators Sullivan for sponsoring and Senators Robert Casey (Penn.), Dean Heller (Nev.) and Jon Tester (Mont.) for co-sponsoring at introduction.

The Association also supports the “Quicker Veterans Benefits Delivery Act” (H.R. 1331/S. 666) introduced by Rep. Tim Walz (Minn.) and Senator Al Franken (Minn.) in the House and the Senate, respectively. The bill requires (current law allows) the Department of Veterans Affairs (VA) to accept, for purposes of establishing a claim for veterans disability benefits, a report of a medical examination administered by a private physician without requiring confirmation by a Veterans Health Administration (VHA) physician if the report is sufficiently complete. FRA strongly supports this common-sense legislation

FRA views the enormous backlog of disability claims as a threat to the Nation’s solemn commitment to properly care for disabled veterans.

Mental Health/Suicide

FRA believes post-traumatic stress should not be referred to as a “disorder,” but rather an “injury.” The disorder terminology adds to the stigma of this condition, and the Association believes it is critical that the military and VA work to reduce the stigma associated with PTSI and TBI. Access to quality mental health service is a vital priority, along with a better understanding of these conditions and improved care. “Roughly 20 percent of the 2.5 million men and women who served in Afghanistan and Iraq have PTSD or other mental illness. Of the 200,000 incarcerated veterans in the U.S., make up about 14 percent of the nation’s prisoners. Contrary to public perception, Afghanistan and Iraq vets are only half as likely to be incarcerated as those who fought in earlier wars, but... suffer from PTSD at three times the rate of older veterans.”³

It has often been said that on average 22 veterans a day commit suicide and, because of that fact, suicide prevention is a priority issue for FRA. The Association is concerned by a recent report from the Office of Inspector General (OIG) that more than 20 veterans, service members or family members who called the Veterans Crisis Line in FY 2014 were transferred to a voicemail system and their calls never returned. The Veterans Crisis Line was established in 2007 to address the growing problem of suicide among veterans and service members. “About 1 in 6 calls are redirected to backup centers when the crisis line is overloaded, the report said. Calls

³ Time Magazine, Feb. 10, 2014, “A Troubled Marine’s Final Fight” page38-39, Mark Thompson

went to voicemail at some backup centers, including at least one where staffers apparently were unaware there was a voicemail system.”⁴

The Veterans Crisis Line has fielded more than 2 million calls and is credited with saving more than 50,000 lives. FRA’s own 2014 testimony divulged a Facebook post from a veteran on January 14, 2014 that claimed that they had called the hotline been put on hold for four minutes and 15 seconds and then the call was dropped. FRA passed on this information to VA staff, but never heard back.

The Association supported the “Clay Hunt Suicide Prevention for American Veterans Act” (H.R. 203/S. 167) that was signed into law (P. L. 114-2) February 12, 2015. The measure was sponsored by Rep. Tim Walz (Minn.) and Sen. John McCain respectively and had bi-partisan support. It requires the VA and DoD, to at least annually allow for an independent third party evaluation of their mental health care and suicide prevention programs.

FRA is thankful that the Department of Defense (DoD) has been reviewing the bad-paper discharge of thousands of Vietnam era veterans who may have suffered from PTSI, but were kicked out of the military before this injury was diagnosable. The change in policy is a result of litigation originating from the Yale Law School Veterans’ Legal Service Clinic. The lawsuit estimates that of the 250,000 less than Honorable discharges during the Vietnam war; that as many as 80,000 may have been a result of PTSI.

Access to VA Care/Seamless Transition

The Association is grateful for the Committees continued oversight in trying to achieve seamless transition from the Department of Defense (DoD) to the VA. These efforts have made progress in helping wounded, ill, injured, and disabled populations. Yet more needs to be done.

FRA was delighted to see that the 2016 National Defense Authorization Act (NDAA) provided for an establishment of a joint formulary for pain and psychiatric drugs for transitioning new veterans. Oversight of the implementation by these Committees cannot be over stated.

The Military Compensation and Retirement Modernization Commission (MCRMC) final report (January 2015) emphasized the lack in coordination and recommended improved collaboration between VA and DoD. FRA strongly supports the Administration’s efforts to create an integrated Electronic Health Record (iEHR) for every service member which would be a major step towards the Association’s long-standing goal of a truly seamless transition from military to veteran status for all service members. This would permit DoD, the Department of Veterans Affairs (VA), and private health care providers immediate access to health data.

⁴ Foxnews.com, Feb 17, 2016; “Calls to VA suicide hotline went to voicemail, report says”

The importance of fully implemented interoperability of electronic medical records cannot be overstated. The Association was grateful that the FY 2014 National Defense Authorization Act (NDAA) has a provision that requires DoD and VA to implement a seamless electronic sharing of medical health care data by October 1, 2016. This provision was in response to the VA and DoD shelving plans to jointly develop an integrated Electronic Health Record (iHER) system due to cost and schedule challenges.

In the wake of the VA scandal at the VA hospital in phoenix, Arizona pertaining to widespread falsification of records by VA employees and managers to cover up the delays, the VA last November announced it would restructure its information technology designed to make it easier for veterans to gain access to the sprawling department and its confusing websites. The reorganization, known as “MyVA,” is designed to provide veterans with “a seamless, integrated and responsive customer service experience” — whether they arrive at VA digitally, by phone or in person. Eventually all veterans will have one user name and password for all VA services. FRA is hopeful that “MyVA” will help veterans obtain easier access to their claim information and status.

Women Veterans

During the past 15 years military roles and responsibilities have been broadened and the number of women serving has significantly increased. “There are more than 1.8 million women veterans and they make up more than 15 percent of our active duty forces and 18 percent of the Reserve Component (RC). It has been noted in the past women veterans underutilized VA health care. Women veterans who use VA are younger than their male counter parts.”⁵ The average female veteran age is 48, and the male veteran average age is 61. According to IB the number of female veteran patients doubled from FY 2000-FY 2010 during which the population of female veteran’s patients went from 150,000 to 300,000. Looking back, in 1999 more than 44 percent of women veterans had enrolled in VA as compared to only 15 percent utilization by women vets from earlier eras.

Women veterans serving in the combat zone have a slightly higher rate of PTSI with 20 percent of women serving in Iraq and Afghanistan displaying symptoms of PTSI. A Rand Corp. study released in 2008 indicates that 14 percent of all combat veterans develop PTSI.

FRA supports the VA efforts to create a women veterans healthcare program. FRA believes that program should include mental health and provide child care services for women veterans who come to the VA for treatment of their wounds and injuries. Further, VA should enhance its

⁵ US General Accounting Office. VA Health Care for Women: [Progress Made in Providing Services to Women Veterans](#). 1999. GAO/HEHS-99-38.

sexual trauma and other gender specific programs and continue to improve services tailored to women veterans in all VA facilities.

Veterans Education, Training, and Employment

The VA should measure the success of its education, vocational training, and employment programs in terms of how much they contribute to the ability of veterans to obtain and sustain gainful employment.

FRA supports authorizing Post 9/11 GI Bill benefits to survivors of service members who died in the line of duty after September 11, 2001. The Association also supports authorizing transfer of Post 9/11 GI Bill benefits from catastrophically disabled veterans to their full-time care givers in cases where a transfer did not occur prior to the veterans discharge or retirement.

The Post 9/11 GI Bill is a tremendous benefit for service members who qualify for the program and has significantly improved the morale of those currently serving. The Association urges sustained oversight of the program to ensure that qualifying veterans and their families can make informed decisions about choosing the best educational program for their needs and that they receive benefits in a timely manner.

The Association is grateful that President Obama signed into law provisions from the “Hire More Heroes Act” (HR 22). On the first day of session for the new (114th) Congress, the House unanimously passed the bill, sponsored by Rep. Rodney Davis (Ill.). The Senate Finance Committee later approved the measure without amendment. The bill eventually became part of H.R. 3236, the Surface Transportation and Veterans Health Care Choice Improvement Act that was enacted into law. This provision incentivizes small businesses to hire veterans while at the same time providing them relief from the Affordable Care Act (ACA). The bill exempts employees with health coverage under TRICARE or the Department of Veterans Affairs from determining if the employer is regulated by the ACA (30 or more employees who work 30 or more hours a week).

The overall unemployment rate dropped to 5.3 percent in July 2015. The employment rate for Post-9/11/01 veterans, however, increased in July by more than one percent to seven percent. The overall unemployment rate for veterans remained at 4.3 percent.

The Association appreciates the re-enactment of employer tax incentives under the Vow to Hire Heroes Act. FRA believes that these tax changes provide additional enticements for employers to hire more veterans and are very timely since veterans unemployment increase by more than one-percent (from 3.6 percent to 4.8 percent) in December according to January 8, 2016 issue of Military Times.

Concurrent Receipt

FRA continues its advocacy for legislation authorizing the immediate payment of concurrent receipt of full military retired pay and veterans' disability compensation for all disabled retirees. The Association appreciates the progress that has been made on this issue that includes a recently enacted provision fixing the CRSC glitch that caused some beneficiaries to lose compensation when their disability rating was increased. Chapter 61 retirees receiving CRDP, and CRDP retirees with less than 50 percent disability rating should also receive full military retired pay and VA disability compensation without any offset.

The Association strongly supports legislation to provide additional improvements that include Senate Minority Leader Harry Reid's recently introduced legislation (S.271), Rep. Sanford Bishop's (N.Y.) "Disabled Veterans Tax Termination Act" (H.R. 333) and Rep. Gus Bilirakis' (Fla.) "Retired Pay Restoration Act" (H.R. 303).

SBP/DIC Offset Repeal

FRA supports elimination of the offset, also known as the "widow's tax," on approximately 60,000 widows and widowers of our Armed Forces.

Current DIC payments are \$1,215 and 2009 legislation partially addressed this inequity by authorizing an increase via the Special Survivor Indemnity Allowance (SSIA) of only \$50 per month for that year, with gradual increases to \$310 per month in 2017. The SSAI sunsets at the end of 2017 and FRA recommends an extension and annual increases until the offset is repealed.

SBP and DIC payments are paid for different reasons. SBP coverage is purchased by the retiree and intended to provide a portion of retired pay to the survivor upon his/her death, while DIC is indemnity compensation paid to survivors of service members who die of service connected causes. And it's important to note that surviving spouses of federal civilian retirees who are disabled veterans and die of service connected causes receive DIC without offset to their federal civilian SBP benefits.

Uniformed Services Former Spouses Protection Act (USFSPA)

FRA urges Congress to examine the Uniformed Services Former Spouses-Protection Act (USFSPA) and support amendments to the language therein to protect its service members against State courts that ignore provisions of the Act.

The USFSPA was enacted 31 years ago; the result of Congressional maneuvering that denied the opposition an opportunity to express its position in open public hearings. The last hearing, in

1999, was conducted by the House Veterans' Affairs Committee rather than the Armed Services Committee which has oversight authority for amending the USFSPA.

Few provisions of the USFSPA protect the rights of the service member, and none are enforceable by the Department of Justice or DoD. If a State court violates the right of the service member under the provisions of USFSPA, the Solicitor General will make no move to reverse the error. Why? Because the Act fails to have the enforceable language required for Justice or the Defense Department to react. The only recourse is for the service member to appeal to the court, which in many cases gives that court jurisdiction over the member. Another infraction is committed by some State courts awarding a percentage of veterans' compensation to ex-spouses, a clear violation of U. S. law; yet, the Federal government does nothing to stop this transgression.

There are other provisions that weigh heavily in favor of former spouses. For example, when a divorce is granted and the former spouse is awarded a percentage of the service member's retired pay, the amount should be based on the member's pay grade at the time of the divorce and not at a higher grade that may be held upon retirement. Additionally, Congress should review other provisions considered inequitable or inconsistent with former spouses' laws affecting other Federal employees with an eye toward amending the Act.

Conclusion

In closing, allow me again to express the sincere appreciation of the Association's membership for all that you and the members of both of the House and Senate Veterans' Affairs Committees and your outstanding staffs do for our Nation's veterans.

Our leadership and Legislative Team stand ready to work with the Committees and their staffs to improve benefits for all veterans who have served this great Nation.

FRA National President Virgil Courneya

Mr. Virgil Courneya, a resident of Carson City, NV, was elected National President (NP) of the Fleet Reserve Association (FRA) in October 2015. Mr. Courneya was previously elected National President in October 2013. FRA is a congressionally chartered military and veterans' service organization serving current and former enlisted members of the Navy, Marine Corps and Coast Guard. As National President he represents active duty, reserve, retired, and veteran Sea Service members. The Association's mission is to protect their pay and benefits on Capitol Hill. NP Courneya has been a member of the FRA since 1982 and is currently a member of FRA Branch 274 in Reno, Nev. He has held numerous leadership positions at the local, regional and national levels of the organization, including his service as the Association's West Coast Regional President (2004-2006), and National Vice President (2012-2013).

Courneya enlisted in the United States Marine Corps in 1972, and his military career included assignments in California, Nevada, North Carolina, Hawaii and Pennsylvania, overseas duty in Japan and Marine Security duty in Bolivia. He achieved the rank of Master Gunnery Sergeant before retiring from the Marine Corps in 1996. Courneya holds a bachelor's degree in Social and Criminal Justice. NP Courneya is retired from the U.S. Postal Service in 2013.