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RELATIONS, AIR FORCE SERGEANTS ASSOCIATION

STATEMENT

BY

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AIR FORCE SERGEANTS ASSOCIATION

FOR THE JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES
ON VETERANS' AFFAIRS

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** A participating organization in The Military Coalition **

CURRICULUM VITAE

Senior Master Sergeant (Ret.) Robert H. Price is the Director of Military and Government Relations for the Air Force Sergeants Association, a 125,000 member, not-for-profit 501 (c) (19) veterans organization that lobbies for improved quality-of-life benefits for the Total Air Force enlisted personnel and their families. The Air Force Sergeants Association (AFSA) represents Air Force Active Duty, Air National Guard, Air Force Reserve Command, including active, retired, and veteran enlisted Airmen and their families

SMSGt Price served nearly 25 years in the United States Air Force at eight stateside and overseas locations as a Security Forces member and as a First Sergeant. His final duty assignment was as the First Sergeant for the Defense Finance and Accounting Service, Limestone, Maine. He was responsible for the general supervision of over 235 military and civilian personnel. He was responsible for the morale, welfare, and overall quality-of-life issues that faced Airmen during their assignment in northern Maine. He has served on the AFSA executive council as Division 1 President; he has held various other leadership positions with multiple AFSA chapters and as a division trustee. He joined the Air Force Sergeants Association staff in October 2007.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Air Force Sergeants Association (AFSA) does not currently receive, nor has the association ever received, any federal money for grants or contracts. All of the association's activities and services are accomplished completely free of any federal funding.

Mr. Chairmen and distinguished committee members, on behalf of the 125,000 members of the Air Force Sergeants Association, thank you for this opportunity to offer the views of our members on the FY 2010 priorities of the Department of Veterans' Affairs. This hearing will address issues critical to those serving and who have served our nation. AFSA represents active duty, Guard, Reserve, retired, and veteran enlisted Air Force members and their families. Your

continuing efforts toward improving the quality of their lives has made a real difference, and our members are grateful. In this statement, I will list several specific goals that we hope this committee will pursue for FY 2010 on behalf of current and past enlisted members and their families. The content of this statement reflects the views of our members as they have communicated them to us. As always, we are prepared to present more details and to discuss these issues with your staffs.

How a nation fulfills its obligations to those who serve reflects its greatness. How we treat them also influences our ability to recruit future service members, since a significant percentage of those wearing the uniform today were once members of military families. They watched to see how their moms and dads were treated as they put their lives on the line for America. In addition, that trend continues. People observe how the service member is taken care of during service and after they have served. Simply speaking, if we want to keep good people in the military, it is important that our country live up to the commitments made to our veterans--the role models for today's force--and tomorrow's.

The unsatisfactory conditions that existed at Walter Reed Army Medical Center here in Washington D.C., and at other military facilities underscores the fact that we as a nation are not doing all that we could do, or should do to take care of those who have shouldered the burden of protecting American interests here and abroad. This failure to appropriately provide for these wounded warriors and their families is terrible and must be addressed at once.

Therefore, it is important that this committee view America's veterans as a vital national resource rather than as a financial burden. As you deliberate on the needs of America's veterans, this association is gratified to play a role in the process and will work to support your decisions as they best serve this nation's veterans. We believe this nation's response for service should be based on certain principles. We urge this committee to consider the following principles as an underlying foundation for making decisions affecting this nation's veterans.

GUIDING PRINCIPLES

1. Veterans Have Earned a Solid Transition From Their Military Service Back Into Society. This country owes its veterans dignified, transitional, and recovery assistance. This help should be provided simply because they faithfully served in the most lethal of professions.
2. Most Veterans Are Lower-paid Enlisted Members. Enlisted veterans served with lower pay, generally re-entered the civilian populace with non-transferable military skills, probably had relatively little civilian education other than high school, and most likely served in skills that are less marketable. We should factor in the unique circumstances of enlisted veterans, especially in the area of transitional education; i.e., the timely implementation of the Post 9-11 G.I. Bill.
3. Decisions on Veterans' Funding Primarily Should be Based on Merit. Funding for military veterans must, of course, be based on fiscal reality and prudence. However, Congress and, in turn, the VA must never make determinations simply because "the money is just not there" or because there are now "too many" veterans. Funding for veterans' programs should be viewed as a national obligation-a "must pay" situation.
4. Remember that Reservists are Full-fledged Veterans. In Iraq, Afghanistan, and around the world, reserve component members are valiantly serving their nation, ready to sacrifice their lives if necessary. Since September 11, 2001, record numbers have been called up and continue to support operations. Since spring of last year, nearly half of U.S. forces serving in Iraq are guardsmen and reservists. Without question, enlisted guard and reserve members are full-time players as part of the "Total Force." Differences between reserve component members and the

full-time force, in terms of VA programs or availability of services, need to be critically examined.

5. The VA Must Openly Assume the Responsibility for Treatment of the Maladies of War. We are grateful for VA decisions in recent years that show a greater willingness to judge in favor of the service member. The VA focus on health care conditions caused by battle should be on presumption and correction, not on initial refutation, delay, and denial. It is important that the decision to send troops into harm's way also involves an absolute commitment to care for any healthcare condition that may have resulted from that service. Many veterans call and write to this association about our government's denial, waffling, then reluctant recognition of illnesses caused by conditions during past conflicts. We applaud past decisions of these committees toward reinforcing a commitment to unconditional care after service, and encourage the committee to do the same in the future. Additionally, we as a country must not start billing third-party insurers for service-connected injuries and illnesses that the service-member had inflicted on them while serving our country.

EDUCATION PROGRAMS

There's no escaping the fact that college costs are rising. As the gap between the cost of an education and value of the MGIB widens, the significance of the benefit becomes less apparent. For that reason, the Post 9-11 GI Bill was a giant step forward. However, we must make sure that the new post 9-11 stays current at all times, so that this benefit will not lose its effectiveness when it comes to recruiting this nation's finest young men and women into service. As a member of The Military Coalition and the Partnership for Veterans' Education, we strongly recommend you make the technical corrections to the Post 9-11 Veterans GI Bill that need to be done prior to its implementation this August 1st.

When young enlisted men and women opt for military service, they should know that this "country" will provide them with a no-cost, complete education, as do numerous companies in the private industry. We, as a government, give them a one-time chance to enroll in the MGIB during basic training. The Department of Defense charges them \$1,200 to enroll at a time when they can least afford it. Service-members are even offered an opportunity to increase their education benefit by paying an additional \$600.00. Now that the new Post 9-11 GI bill is coming on board for free, those who already paid for but who have not utilized the Montgomery GI Bill, will now have to wait until their chapter 33 entitlements are exhausted before they will be allowed to receive a refund on their Montgomery GI bill contributions. Under current law, those who have contributed the additional \$600, will not have that money returned to them at all. This is unacceptable. In good faith and trusting their government-funded education will be provided in their best interest, such service-members now find that now that we have a new program that does not require investing in to their education, the government now will withhold the service-member's Montgomery GI Bill investment. Our recommendation is that the service-members who chose to enroll in the chapter 33 benefit, receive an immediate refund of any unused portions of their Montgomery GI bill entitlement. Those who bought the additional benefit by paying the additional \$600.00, should be given their investment back within 90 days of the implementation of the Post 9-11 GI bill.

VA MEDICAL CARE

As you know, the Administration has not presented its fiscal year 2010 budget submission to Congress; it is expected to be released April 6, 2009. Whereas the Administration's FY 2009 budget submission comes close to providing adequate funding for veterans' programs, it still falls far short of the recommendations of The Independent Budget-a document that AFSA supports. Nor does the 2009 budget include a guarantee that VA will receive those much-needed funds by the beginning of the new fiscal year on October 1. Advanced funding is an initiative that needs to be strongly looked at and implemented, so that the VA does not have to operate on a continuing resolution as it has for decades with previous congresses. We applaud the commitment of VA Secretary Shinseki, this Congress, and the Administration toward advance funding for the needs of our veterans.

It is significant that \$2.5 billion of the \$43 billion the Administration's budget proposes for VA health care programs comes from collections. The previous Administration planned to increase prescription co-payments from \$8 to \$15 and impose a three-tiered annual enrollment fee of \$250, \$500, or \$750 for some veterans, depending on family income. But instead of going directly to the VA, those fees would be paid into the U.S. Treasury, where they conceivably could be siphoned off for other purposes. AFSA feels these proposals are unacceptable and urges Congress to reject them in similar fashion to last year's proposed \$250 "enrollment fee." Simply put, at a minimum, the FY 2010 VA Budget should be sufficient to provide full health care and program needs for those who are currently defined as eligible for care. Funding should not be based on additional redefinitions of who is eligible and on a proposed institution of additional co-payments and enrollment usage fees.

I wish to briefly touch on some issues that have been reflected in the many letters and phone calls that AFSA has received from the field. As a general rule, we tend to hear most loudly (and frequently) from those who are not happy with the adjudication of their claims or the treatment they have received. I am not going to go into isolated problems, because anecdotal information is just that. Rather, I want to briefly touch on some specific health-related situations/conditions that we feel need to be addressed.

Work Toward A Consistent Funding formula and Program Permanence. This association believes that the parameters of who will be served, what care will be provided, the facilities needed, and the full funding to accomplish those missions should be stabilized as mandatory obligations. If that were so, and Congress did not have to go through redefinition drills as economic philosophies change, the strength of the economy fluctuates, and the numbers of veterans increases or decreases-these committees and this nation would not have to re-debate obligations and funding each year. We believe that these important programs should be beyond debate and should fall under mandatory rather than discretionary spending.

Policy Consistency Needed. Thank you for working to reduce the pervading feeling among veterans that our government's approach to providing adequate service to an ever-growing number of veterans is to shrink the number of patients by excluding increasing classes of veterans. Thank you again for allowing Priority 8 enrollment to commence this summer for those veterans who deserve to have the VA available to them--even though they are not inflicted with service connected disabilities.

Seek Proactive Cost-saving Approaches. Past legislation allowed the VA to pay for emergency room care at non-VA facilities. This proactive approach prevents delays in treating life-threatening conditions, thereby saving the lives of veterans who do not reside in close proximity

to a VA medical facility. Also, periodically, the VA has agreed to a change in policy and filled prescriptions written by non-VA providers under very specific circumstances. These are excellent examples of how the VA can enhance the care provided to veterans at a modest cost through using new, common-sense approaches!

Support VA Subvention. With more than 40 percent of veterans eligible for Medicare, VA-Medicare subvention is a very promising venture, and AFSA offers support for this effort. Under this plan, Medicare would reimburse the VA for care the VA provides to non-disabled Medicare-eligible veterans at VA medical facilities. This funding method would, no doubt, enhance some older veterans' access to VA health care. The VA has an infra-structural network to handle this, and we anticipate the effort would be successful. This is an opportunity to ensure that those who served are not lumped in with all those who have not, and would, no doubt, save taxpayer dollars by potentially reducing an overlap in spending by Medicare and the VA for the same services. While we recognize the current Administration's intent to open the VA health care system to hundreds of thousands of additional veterans, we suggest that VA subvention can be used as a methodology that will economically promote this effort.

Support Judicious VA-DoD Sharing Arrangements. We believe the enlisted force would be pleased with judicious use of VA-DoD sharing arrangements involving network inclusion in the DoD health care program, especially when it includes consolidating physical examinations at the time of separation. This decision alone represents a good, common-sense approach that should eliminate problems of inconsistency, save time, and take care of veterans in a timelier manner. In that sense, such initiatives will actually save funding dollars. AFSA supports testing such program but recommends that the committee closely monitor the collaboration process to ensure these sharing projects actually improve access and quality of care for eligible beneficiaries. DoD beneficiary participation in VA facilities must never endanger the scope or availability of care for traditional VA patients, nor should any VA-DoD sharing arrangement jeopardize access and/or treatment of DoD health services beneficiaries. One area where a joint venture would benefit all involved is in the Colorado Springs, Colorado, area which is undergoing a large growth of beneficiaries due to the BRAC process. Another contributing factor in this growth is the desire of veterans who want to remain in the area after completion of their military service. The VA and DoD each have a lengthy and comprehensive history of agreeing to work on such projects, but have yet to follow-through on most of them. "We urge these committees to encourage joint VA-DoD efforts, but ask you to exercise close oversight to ensure such arrangements are handled properly."

Support State Veterans Homes. One hundred and forty state-run veterans' homes, serve about 32,000 former service-members. These homes are a good federal investment since the states provide funding for two-thirds of total operating costs. We urge these committees to take a close look at the required level of support to protect these important national assets and further, as opportunities to provide high quality care for our nation's veterans while simultaneously minimizing the cost of providing that care. With current military activities, our nation will bear the burden of a generation of service-members who have been inflicted with severe disabilities who will need a healthcare environment in which to live. In recognizing this, we must be prepared to fund, build, and maintain significantly more facilities than we have today. Unfortunately, many families will have to make the difficult decision to place their loved one in a

veterans' home. It is absolutely necessary that our nation's leaders ensure there is room for them and quality care available. We must plan now--not later. We must determine funding now, start building now, and become proactive in our approach to provide long-term care for the next 50 to 75 years for this generation of service-members. In order to completely satisfy the state veterans home need--as it exists today--an additional \$1 billion would be needed immediately. For that reason, although it will come up short, we concur with the independent budget request that \$250 million in grants be provided to states in FY2010. That would be a good step forward. Additionally, we hope that when the final figures are released for the Administration's stimulus package, the state veterans homes are the recipients of a generous contribution from our government.

Care for Women Veterans. We applaud the actions of these committees along with legislators like Representative Stephanie Herseth-Sandlin for championing women veteran's health care issues in recent years. The unique health challenges faced by women veterans must be met with sense of higher urgency from Congress. By next year, the VA estimates that women veterans will comprise well over 10 percent of the veteran population. Currently, women make up more than 15 percent of the active duty force and approximately 25 percent of the reserve force. Tens of thousands of female troops have been serving, or have already returned from service in Iraq and Afghanistan. As the number of women veterans increases, the VA must be funded to increasingly provide the resources and legal authority to care for female-specific healthcare needs.

GENERAL ISSUES

Speedier Claims Processing and Improved Accuracy. For many veterans, association with the VA begins with the claims process. Three years ago, the Veterans Benefit Administration announced they had reached a steady state of 250,000 claims in progress, but recent numbers reflect a number three times that. Proposed increases in funding and manpower mentioned in the Administration's budget plan are admirable. However, we urge these committees to ensure good, sound use of the funding to address the claims backlog that currently exceeds more than 820,000 cases. The key to sustained improvements in claims processing rests primarily on adequate funding to attract and retain a high-quality workforce of claims workers, in sufficient numbers, who are supported by full investment in information management and technology. This agency is facing a mass exodus of experience once the baby-boomer generation retires from federal service over the next five years. Keep in mind it takes two years for a claims adjudicator to reach his/her full potential. It is becoming more and more apparent that this particular section of the agency needs additional, consistent funding consideration to overcome this growing backlog. Additionally, proper training impacts the quality and consistency of claims decisions. An infusion of funding specifically for this purpose could save the agency millions--if not more--as errors in processing claims and the subsequent appeals they generate are reduced. Much of the past success of this agency can be directly attributed to the funding and support of this committee. The time to take a closer look has been long overdue, and we applaud you for your diligence.

"Seamless," Transferable Medical Records. The record numbers of veterans being generated by the wars in Afghanistan and Iraq underscore the importance of accelerating DoD and VA plans to seamlessly transfer medical information and records between the two federal departments. A

lifetime DoD-VA service medical record could help veterans obtain early, accurate, and fair VA disability ratings, save the Department of Veterans Affairs funding, and facilitate pre- and post-deployment research that could advance standards of care. Additional savings would be realized by preventing the "doubling" of diagnostic testing which currently occurs when VA runs similar testing (MRIs/X-rays, etc) to validate DoD findings. We were pleased when the two departments recently agreed to work together to resolve this issue, and the work of these committees on this matter have not gone unnoticed. The technology exists to accomplish the goal of a seamless record, and we urge these committees to assume an even greater, more aggressive oversight role and facilitate implementation of this important document as quickly as possible. Maybe it is time to include Health and Human Services Secretary in this process of making electronic records the standard for all US citizens and save the taxpayers money on one software for all Americans, not just our service-members and veterans.

Legitimate, Sincere Veterans' Preference. In recent years, Congress has taken great strides toward making "Veterans' Preference" a reality. We have seen commendable moves in recent Congresses involving the VA and the Department of Labor to enhance the job preferences available to veterans. We need to ensure that OPM guidelines that allow selective hiring practices within the federal government are removed. Some veteran applications are never even considered for employment in the federal government, due to allowed restrictive qualification wording and narrowed hiring practices. We continue to urge these committees to support any improvement that will put "teeth" into such programs so that those who have served have a "leg up" when transitioning back into the civilian workforce.

Support of Survivors. AFSA commends this committee for previous legislation, which allowed retention of Dependency and Indemnity Compensation, burial entitlements, and VA home loan eligibility for surviving spouses who remarry after age 57. However, we strongly recommend the age-57 DIC remarriage provision be reduced to age 55 to make it consistent with all other federal survivor benefit programs. H.R. 809, introduced by Rep. Gus Bilirakis, would make this important change in law. We also endorse the view that surviving spouses with military Survivor Benefit Plan (SBP) annuities should be able to concurrently receive earned SBP benefits and DIC payments related to their sponsor's service-connected death.

Protect VA Disability Compensation: Despite being clearly stated in law, veterans' disability compensation has become easy prey for former spouses and lawyers seeking money. This has been allowed to transpire despite the fact the law states that veterans' benefits "shall not be liable to attachment, levy, or seizure by or under any legal or equitable process, whatever, either before or after receipt by the beneficiary." Additional legislation is needed to enforce the probation against court-orders or state legislation that would award VA disability dollars to former spouses or third parties in divorce settlements.

Provide a Written Guarantee. Many veterans are frustrated and disappointed because existing programs they thought they could depend on have been altered or eliminated due to changing budget philosophies. That has created a perception among service-members and veterans that the covenant between the nation and the military member is one-sided--with the military

member/veteran always honoring his/her obligation, and hoping that the government does not change the law or the benefits upon which they depend. We urge these committees to support a guarantee in writing of benefits to which veterans are legally entitled by virtue of their service. This would demonstrate that the government is prepared to be honest and consistent with its obligation to its service members.

Mr. Chairmen, in conclusion, I want to thank you again for this opportunity to express the views of our members on these important issues as you consider the FY 2010 budget. We realize that those charged as caretakers of the taxpayers' money must budget wisely and make decisions based on many factors. As tax dollars dwindle, the degree of difficulty deciding what can be addressed, and what cannot, grows significantly. However, AFSA contends that it is of paramount importance for a nation to provide quality healthcare and top-notch benefits in exchange for the devotion, sacrifice, and service of military members, particularly while the nation remains at war. So too, must those making the decisions take into consideration the decisions of the past, the trust of those who are impacted, and the negative consequences upon those who have based their trust in our government. We sincerely believe that the work done by these committees is among the most important on the Hill. On behalf of all AFSA members, we appreciate your efforts and, as always, are ready to support you in matters of mutual concern. Lastly I would like to recognize those active duty United States Air Force enlisted members present here today for this very important joint hearing of which the outcome could affect their lives forever. It is an honor to have them here today. They have sworn an oath to defend this nation, and they have done one hell of a job!

The Airman's creed has three lines in it that explain it all, "they will never leave an Airmen behind, they will never falter, and they will not fail." AFSA will never fail them, falter, leave them behind. My desires and hopes are that our nation will not fail them and their fellow service men and women as they preserve our very valued and hard gained freedom for over 317 million Americans today.

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