JOINT HEARING TO RECEIVE LEGISLATIVE PRESENTATION OF VETERANS SERVICE ORGANIZATIONS

JOINT HEARING

OF THE

COMMITTEE ON VETERANS' AFFAIRS

BEFORE THE

U.S. HOUSE OF REPRESENTATIVES

AND THE

U.S. SENATE

ONE HUNDRED TWELFTH CONGRESS

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Thursday, March 22, 2012

U.S. HOUSE OF REPRESENTATIVES,
AND U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

The Committee met, pursuant to notice, at 10:01 a.m., in Room 345, Cannon House Office Building, Hon. Jeff Miller, [Chairman of the House Committee on Veterans' Affairs] presiding.

Present: Representatives Miller, Bilirakis, Johnson, Runyan, Huelskamp, Turner, McNerney, Donnelly, Walz, and Barrow.

Senators Murray, Burr, and Boozman.

OPENING STATEMENT OF CHAIRMAN JEFF MILLER

The CHAIRMAN. Thank you for being with us today. In the interest of time and after hearing from Chairman Murray, Ranking Member Filner and Ranking Member Burr upon their arrival, they will make opening statements. I'd ask all the other Members that will be here and arriving, if they would waive their opening statement. We will have them entered into the record in the appropriate place.

I see no objections. So ordered. And it is indeed my honor to welcome all of you here today. I'm looking forward to the testimony from some friends and new friends that I have made who are sitting at the witness table this morning. We look forward to hearing all of your testimony and, of course, working with each and every one of you in the coming year on your legislative issues, as well as those from the House and the Senate.

I also want to say welcome to all of the guests present today who comprise the national auxiliaries of the various organizations represented today. We know how important your commitment is to our veteran community, and to the different groups that you serve as well.

I'd also like to take a moment to recognize those who are visiting from the Sunshine State of Florida. If you're able, if you would, please stand or wave a hand. It's great to see you.

And it's always a pleasure to join with my colleagues from across the aisle and across the capital complex. Yesterday we were over on Senator Murray's side of the capital hearing testimony over in the Senate. And we appreciate the bipartisan cooperation that we have received from the Senate. It seems like the Veterans' Affairs Committees are about the only ones right now that are able to get together, work, and have things passed.

Before we begin today's hearing, I'd like for everybody to turn their attention to the chair that's in the very center of the room. Some of you in the very back won't be able to see it, but you will certainly understand in a moment what we're doing.

As part of a long standing military tradition, and as long as I am Chairman of the House Committee on Veterans' Affairs, we will display an empty chair, draped with the POW–MIA flag at every one of our hearings. This chair is to be a daily reminder of the more than 83,000 servicemembers who have yet to return and represents our hope that they will come home to us one day.

With that, everybody who is able, would you please stand and direct your attention to the empty chair before me. Today, as a patriotic American, each of us are grateful to those who have sacrificed and continue to sacrifice. This Committee pauses to recognize the plight and the circumstance of a unique group of Americans. They are our prisoners of war and missing in action.

From this day forward, the House Committee on Veterans' Affairs will remember this through the placement of a POW–MIA empty chair at all of our official meetings. This chair will serve as a physical symbol of the thousands of American POW–MIA's still unaccounted for from all wars and conflicts involving the United States of America.

This is a reminder for all of us to spare no effort to secure the release of any American prisoners from captivity. The repatriation of the remains of those who died bravely in defense of liberty and have a full accounting of all of those missing.

I now call on Vice-Commander Charles Susino of the American Ex-Prisoners of War to lead us in the Pledge of Allegiance.

Mr. SUSINO. Ladies, guests, gentlemen, would you please follow me and recite the Pledge of Allegiance to our honored flag. Attention, one, I pledge allegiance to the flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all. Thank you.

The CHAIRMAN. You may be seated. The House Committee on Veterans' Affairs has been working on several fronts to address the many needs of our Nation's veterans, and there are three specific areas that I quickly want to discuss with you this morning. First of all is the critical need to increase veterans employment in this country. Second, is overseeing substantive change to the VA benefit process with an end goal that you all share, and that is ending the backlog of disability claims. And third, the most recent issue is ensuring your medical care and benefits are protected from the reach of sequestration cuts in our Federal budget over the coming months.

And I am proud to report that substantial progress is being made on all three fronts. This morning, we have votes that are going to be called in the House in about an hour. I have a full written statement that I'm going to ask to be entered into the record.

Seeing no objections, so ordered. And instead of me saying my piece, I think it's important that we hear from the witnesses who have come from a great distance today to testify before this Committee. So I would like to yield at this time to the Chairman of the Senate VA Committee, Senator Patty Murray.

[THE PREPARED STATEMENT OF CHAIRMAN MILLER APPEARS IN THE APPENDIX]

OPENING STATEMENT OF HON. PATTY MURRAY

Senator MURRAY. Thank you very much, Chairman Miller. I echo your statements, and I specifically highlight the moving dedication ceremony. The empty chair is obviously a very solemn reminder of our obligation to those servicemembers who have not returned from action abroad.

I will submit my statement for the record per your request. We too have votes in the Senate today. But I did quickly want to acknowledge some veterans from my home state of Washington, not the Sunshine State, but we have a beautiful state despite that.

With us from the Paralyzed Veterans of America are Ernie Butler, Dave Zurfluh, and Tom Bungert, and from the Air Force Sergeants Association, Bryan Winston. Welcome to all of you, and thank you for traveling here.

I look forward to the testimony of all of our witnesses, and thank you all for your tremendous dedication to our service men and women. Thank you.

The CHAIRMAN. Thank you very much. We don't have either of the Ranking Members with us at this point. We'd ask that their statements be entered into the record in the appropriate place. So at this time, I would like to go ahead and introduce today's witnesses. I will introduce the entire table, and then we'll begin with Mr. Susino.

But first, and you've already heard from him once, is Senior Vice President Commander, Charles Susino of the American Ex-Prisoners of War. Then we will hear from Mr. John Davis, the Director of Legislative Programs for the Fleet Reserve Association.

Next, Colonel Bob Norton, the Deputy Director of Government Relations for the Military Officer Association of America. Next, Ms. Jamie Tomek, Chair of the Government Relations Committee for Gold Star Wives. Next is the Commander of the Jewish War Veterans, Allen Falk.

Then we will hear from Mr. Bill Lawson, the National President of Paralyzed Veterans of America. Next, Mr. Sam Huhn, National President of Blinded Veterans Association. Next is Chief Master Sergeant John McCauslin, the CEO of the Air Force Sergeants Association.

Next, Major General Gus Hargett, President of the National Guard Association of the United States. And finally, we will hear from Commander Gary Fry of AMVETS.

I want to thank you again, each of you for coming here to testify before this Joint Committee. Vice Commander Susino, you are now recognized for your opening statement, sir.

STATEMENT OF CHARLES SUSINO, SENIOR VICE COMMANDER, AMERICAN EX–PRISONERS OF WAR; JOHN R. DAVIS, DIRECTOR OF LEGISLATIVE PROGRAMS, FLEET RESERVE ASSOCIATION; COLONEL BOB NORTON, DEPUTY DIRECTOR OF GOVERNMENT RELATIONS, MILITARY OFFICERS ASSOCIATION OF AMERICA; JAMIE H. TOMEK, CHAIR, GOVERNMENT RELATIONS COMMITTEE, GOLD STAR WIVES; ALLEN E. FALK, NATIONAL COMMANDER, JEWISH WAR VETERANS; BILL LAWSON, NATIONAL PRESIDENT, PARALYZED VETERANS OF AMERICA; SAM HUHN, NATIONAL PRESIDENT, BLINDED VETERANS ASSOCIATED; JOHN R. "DOC" MCCAUSLIN, CHIEF EXECUTIVE OFFICER, AIR FORCE SERGEANTS ASSOCIATION; MAJOR GENERAL GUS HARGETT, PRESIDENT, NATIONAL GUARD ASSOCIATION OF THE UNITED STATES; AND GARY L. FRY, NATIONAL COMMANDER, AMVETS.

STATEMENT OF CHARLES SUSINO

Mr. SUSINO. Thank you, Mr. Chairman. Messrs. Chairmen and Members of the Veterans' Affairs Committee, my name is Charles Susino, Senior Vice Commander of the American Ex-Prisoners of War. I am honored to testify before you again today on behalf of our National Commander Carroll Bogard. You all have our prepared testimony in front of you.

Now I'd like to speak from my heart in more depth of this testimony. Senator Murray, Senator Burr, Representative Miller, Representative Filner and Committee Members, this year marks the 70th birthday of the American Ex-Prisoners of War.

On April 14, 1942, two mothers whose sons were captured on Bataan, formed the Bataan Relief Organization. In 1945, the prisoner of war returning from home became the Bataan Veterans Organization. And in 1949, expanding our membership to encompass all members of all wars, we became the American Ex-Prisoners of War.

Since our beginning, we have closely aligned with our slogan, we exist to help those who cannot help themselves. It is our mission statement, not mere words, but a way of life for the American Ex-Prisoners of War. We consider it an honor and duty to reach out to all these veterans who have been unaware of the assistance and benefits they are entitled to.

Nearly 21 million Americans proudly served this country during World War II, the Korean War, the Vietnam War. Less than 3 million survive today. And of all ages, many of them in poor health and need care. As a national service officer with the Ex-Prisoners of War, I see firsthand veterans from all conflicts. Only a few are former prisoners of war. And an average of 892 for World War II veterans, 85 for Korean War veterans, and 65 for Vietnam veterans, those with us live longer than expected.

Some World War II and Korean veterans have far exceeded their average life's expectancy tablets. For Vietnam veterans, the life expectancy pegged at 64 or 65, ten years less than the average male of non-veteran population. These figures are the compliments of the Blue Water Navy Vietnam Veterans' Association.

Unfortunately, all of them are not entitled to use the Veterans Administration facility. After putting their lives on the line for

their country, many fall through the cracks, and the care and ruling enacted decades ago for the fighting possibility of many millions applications to the Veterans Administration.

Most of these war veterans are in VA category 8 or lower. Which means, they're not entitled to VA care at all. These veterans designated as category 8 with their income exceeding a pre-set threshold classifying them as affluent.

They are mostly not affluent in that category, yet some earn as little as $28,430 a year. Hardly affluent. A significant change was made in health care eligibility in 1986. Congress mandated health care for veterans, with service-connected disabilities, as well as special groups of veterans, such as the prisoners of war and veterans exposed to herbicides and ionizing radiation and World War I veterans. The average age of a World War veteran was 88 in 1986, younger today than World War II veterans; which is virtually the same age as the veterans in the Cold—Korean War.

Today, we request of you, the 112th Congress, please update the law to add World War II, Korean, and Vietnam veterans to this special group of veterans to make them available for health care. Please consider to include the Gulf War veterans in this special group of veterans. It is overdue for Congress to update this action in 1986.

From a health benefits standpoint, they put these war-time veterans on a par with World War I veterans, the special groups, and the current warriors who are fighting in the Middle East, all of which we strongly support. Please let them not be forgotten. It is the right thing to do. Please do not continue to allow these war time veterans to be excluded from depriving them of health care.

We are willing and able to work with you and your staff on drafting this amendment. Messrs. Chairman, Committeemen, this completes my testimony. Thank you for allowing me the opportunity to appear before you on behalf of the American Ex-Prisoners of War to share this goal for the 112th Congress. Thank you also, all of you, your Committee have done for all of us, and the Nation's veterans, and the families in the future.

If you have any questions for our organization, I will attempt to answer them. If I do not have the answers, I will make sure I get them for you. God Bless America, and thank you very much.

[THE PREPARED STATEMENT OF CHARLES SUSINO APPEARS IN THE APPENDIX]

The CHAIRMAN. Mr. Davis.

STATEMENT OF JOHN R. DAVIS

Mr. DAVIS. I thank you for allowing me the opportunity to come share FRA's views on veterans' issues with you today. FRA joins with the other associates to state that the VA should be exempted from sequestration and the Association appreciates Chairman Miller's introduction of the Protect the VA Healthcare Act that excludes the VA health care programs from automatic sequestration cuts next year.

FRA strongly believes that the cost of war should include treating the Nation's wounded wars, and is deeply concerned about the backlog of claims at the VA. Currently there are more than 900,000

veterans awaiting decisions and 66 percent are pending for more than 125 days. That's an increase of more 100 percent over the last three years.

Despite thousands of additional adjusters, the backlog of disability claims continues to increase. Put simply, veterans injured in the service of their country deserve accurate, consistent, and timely disability determinations. There is strong bipartisan support to eliminate bureaucratic delays and ensure more uniformity between the branches of the military and the VA on how they rate disabilities.

But the VA can promptly deliver benefits to veterans only if it has modern technology to do so. The Joint Virtual Lifetime Electronic Record shows great promise, as does the Benefits, which is an electronic portal for veterans who will eventually get timely updated on the status of their disability claims.

FRA's National Veterans Service Officer, Chris Slawinski tells that he continues to receive phone calls from association members and their surviving spouses to express concerns about having been denied benefits by the VA based on inaccurate, incomplete, and missing information or evidence. These errors by the VA contribute to the growing number of appeals and further strains on the claim adjudication backlog.

The goal of truly seamless transition for wounded warriors transitioning from DoD to VA still remains an elusive goal. Community Chairwoman Senator Murray and Ranking Member Senator Richard Burr in hearings have both acknowledged improvements, but also have expressed frustration with bureaucratic infighting and the pace of reform almost five years after the 2007 media firestorm over conditions for wounded warriors at Walter Reed Army Medical Center.

A top priority of the association is to ensure adequate funding for DoD and VA health care resource sharing in delivering seamless cost-effective quality services to wounded or injured personnel. Clearly, additional oversight hearings are required to ensure that the Department's respective bureaucracies are held accountable for future progress.

FRA appreciates the VA's effort to expand presumption to ships exposed to Agent Orange during the Vietnam era. In January 2012, the Department added 47 ships to the list of Navy and Coast Guard vessels that have been exposed to Agent Orange herbicide. The list is expanded as VA staff determine that a ship was anchored, operated close to the shore, or traveled on the inland waterways, and was exposed to the toxic herbicide.

While the expanded VA policy to include veterans on inland, waterways, and ships is appreciated, FRA believes it does not—go far enough. FRA receives hundreds of calls from blue water sailors and their surviving spouses, stating that due to service on their ships in Vietnam waters, they too suffer and have died from illnesses associated with the exposure to the herbicides.

The association strongly supports the Blue Water Navy Veterans Act, sponsored by Representative Christopher Gibson in the House and Senator Kirsten Gilldebrand in the Senate, and the Agent Orange Equity Act sponsored by Ranking Member Bob Filner. These proposals clarify that veterans who served off the coast of Vietnam

may presume exposure, and should be compensated for their service-connected disabilities.

As more and more ships are determined to have anchored in Vietnam coastal waters, the cost of the Blue Water legislation goes down. The association urges both these Committees to schedule hearings on this important legislation, to determine how this can be corrected.

We also want to thank Chairman Miller for his hearings last year in February 2011, regarding the abuses of servicemembers with their Service Member Civil Relief Act rights. That hearing originally exposed just one financial institution making errors against servicemembers.

Also, we want to thank the President's blueprint for an American Built to Last, which includes provisions intended to assist veterans and active duty servicemembers with their housing that is being coordinated by the Department of Justice, Civil Rights Division. I'd be glad to answer any questions you might have.

[THE PREPARED STATEMENT OF JOHN R. DAVIS APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, sir. Colonel Norton.

STATEMENT OF COLONEL BOB NORTON

Colonel NORTON. Thank you, Madame Chair, Chairman Miller, Members of the Committees. It's been an honor for the past 15 years to have testified before the Committees. Over that span, the leadership of the Committees and the support of the entire Congress for our Nation's veterans has been most gratifying, and we are deeply grateful for all of the work and all of the support from the Committees. It's a long list that includes full funding for VA health care, advance appropriations, the Caregiver's Act, the VOW to Hire Heroes Act, the Post 911 GI Bill, and the list goes on. We are very grateful.

On behalf of our 377,000 members, I would like to highlight the following issues from my prepared statement. First is the coordination of caregiver support between the Defense Department and the VA for our most severely wounded warriors. Thanks to your efforts and the Armed Services Committees, caregiver programs have been upgraded to help the spouses, parents, and others who have taken on the enormous responsibilities of providing full-time care for our most severely disabled veterans.

But more needs to be done to streamline the hand-off and coordination of the VA and DoD care coordination programs. There are still too many gaps between the two that cause confusion, anger, and helplessness among some caregivers of our most severely disabled warriors. We need to do more so that those families who have given so much are not left to their own devices to navigate between the two bureaucracies.

MOAA urges the creation of a joint VA/DoD oversight office that would better coordinate the Federal recovery coordination program, basically run by the VA, and the Defense Department's program. In this era of diminishing resources, we need a more efficient, effective coordination of these efforts for the people who are delivering care to our most severely wounded warriors.

In a similar vein, MOAA recommends the Committees continue to provide vigorous oversight of VA programs that address the needs of today's veterans suffering from post-traumatic stress, traumatic brain injury, or who have been victims of sexual assault in military service.

This week's Army Times, for example, highlights an informal survey performed by the Service Times media that indicates a rising number of women warriors are reporting for post-traumatic stress. And the Army has increased the number of cases it has taken to courts martial for sexual assaults, and the number of convictions is on the rise.

But more needs to be done when these American heroes come over to the VA system to meet their unique needs. This is the fastest growing group of veterans needing health care and benefits from the VA.

We are very grateful for the bipartisan support for the "VOW to Hire Heroes Act" (Title II, P.L. 112–56), which is now being implemented. In that regard, we recommend the following among the actions that are listed in my statement.

One, extend the timeline for veterans who enroll in the special training provision under the Montgomery GI Bill. We are concerned that many will not gain the employment credentials or licenses they need in the compressed-timeframe authorized. We believe that once in the program, these older veterans should be grandfathered so that they can complete all of their training needed for meaningful employment.

We also recommend that the Committees working with the Armed Services Committees to make sure that the reforms sought for the military Transition Assistance Program, or 'TAP,' actually work for today's veterans. Veteran unemployment starts on active duty. Meaningful TAP reform is urgently needed to ensure that our service men and women have the tools they need to make a successful readjustment in this very difficult jobs market. And, we appreciate your ongoing efforts concerning veteran employment.

The Defense Department is doing more on civilian credentialing and licensing, but even more needs to be done in that arena to take advantage of the tremendous training and experience of our serving men and women.

Finally, MOAA recommends the Committees take strong action to protect the GI Bill from certain unscrupulous for profit—schools, not all, just a few, and provide the tools that will enable our student veterans to take full advantage of the greatest GI Bill since the great World War II GI Bill.

Among the recommendations in our statement, MOAA believes veterans need more support on campus. We suggest, for example, that the campus-based "VetSuccess" Program be expanded above the 80 campus level recommended in the administration's budget request for next year.

In addition, all schools should be made to comply with Department of Education accreditation and other requirements that apply now only to Title IV participating schools. And we recommend that the Committees direct the VA to work with the Department of Education to develop an online dashboard, if you will, similar to the new 'College Navigator,' so that student veterans can compare

schools, costs, accreditation, graduation, drop-out rates, and other facts.

In other words, it would be something like an online shopping tool like Amazon, but for veterans who are doing their research into the kinds of opportunities they have for college.

Mr. Chairman, we deeply appreciate your recognizing our POWs. For our surviving spouses of those who have given their all in the recent conflicts in Iraq and Afghanistan, MOAA continues to strongly recommend the Committee's endorse legislation to authorize that they have the same educational benefits as their children do under the Fry Scholarship Program. They won't be able to raise their children without having a strong GI Bill program including a housing allowance and a book allowance, if they are left to the DEA, the legacy educational program for surviving spouses.

I thank you again for this opportunity to present our views to the Committees, and I look forward to your questions.

[THE PREPARED STATEMENT OF COLONEL BOB NORTON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Colonel. Ms. Tomek.

STATEMENT OF JAMIE H. TOMEK

Ms. TOMEK. This is new to me, so I'm going to have to try it out a little bit. Thank you for inviting Gold Star Wives to be here to testify at this table. I am pleased to be here on behalf of them. Gold Star wives are Abraham Lincoln's widows and orphans, because we work with those children that are left. In our case now, we call ourselves surviving spouses, because there some men among us, but for the most part we are women and widows.

The survivor populations served by VA is a separate category of beneficiaries that should be equally recognized by government officials, and sometimes we're not. We do not qualify as family members once our spouse has been killed or dies of a service-connected disability. And often people forget to remember survivors.

We have several issues to talk with you about today. First is the Office of Survivor Assistance with VA, it has not yet been fully staffed. There is still two program analysts positions open. They have once hiring action going on, but we would like to see that office fully staffed to provide adequate advice to the Secretary of Veterans Affairs.

The staff who answer the 1–800–VA phone number often don't provide adequate, consistent, or accurate information on behalf of survivors. We ask that specific survivor training be provided to those employees, so that they can understand that survivor benefits are different than veteran's benefits. And we often have to go to the Veteran's Benefits Administration and we can do that, but we'd like to have that initial information provided accurately.

The dependency and indemnity compensation is currently paid to surviving spouses at 41 percent of the 100 percent disabled compensation. Other Federal survivors receive a 55 percent benefit of retirement pay from their employees. We only get 41 percent.

We are going to be asking people in Congress to help us raise that benefit. We have women—44 percent of the DIC widows live on $20,000 or less, because maybe they took care of the children,

or maybe they took care of a spouse who was wounded, died of a service-connected cause. $20,000 in today's economy is not really sufficient to live on, and we have 44 percent of surviving spouses living on that.

The dependents and education assistance which Colonel Norton mentioned, the monthly payment for that for a surviving spouse currently is $957. The GI—post GI Bill beneficiaries receive more in housing allowance than our widows receive in tuition assistance.

Eighteen months have passed since you all past a Champ VA Dental Insurance bill, and nothing has happened. Nothing has been posted on policy, no pilot has been implemented, we'd like to ask you to check into that.

We ask you to eliminate the SBPDIC offset by passing S–260 and 178. The Veterans Disability Benefits Act of 2003 eliminated the SBPDIC offset for surviving spouses who remarried after the age of 57. But we don't understand the logic of Congress to abandon those of us who have chosen not to remarry.

And finally, TRICARE proposed benefit health care plan has—we as surviving spouses have no retired pay, and so we can't figure out how we're going to pay for the premiums. It exempts post 9/11 surviving spouses and children from pre-PBMs, but those of us who had husbands die prior to 9/11 or whose husband died of service-connected disability have no retirement pay, and we are not exempt under that proposal.

We hope you take a look at that as it comes through the Congress. Thank you all for letting me testify. We look to you as our protectors, and we work—we hope to change some of these inequities. We can't accomplish it without your help, and I believe that you are—feel similarly and you'll help us—let us move into action and I thank you for being here today.

[THE PREPARED STATEMENT OF JAMIE H. TOMEK APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much. Mr. Falk, you're recognized.

STATEMENT OF ALLEN E. FALK

Mr. FALK. Okay. Thank you. Chairman Miller, Chairwoman Murray and Members of the Committees, my name is Allen Falk, and I am the National Commander of the Jewish War Veterans of the United States of America.

The CHAIRMAN. Try to pull the mic a little bit closer to you.

Mr. FALK. I'm sorry. I'm the National Commander of the Jewish War Veterans of the United States of America.

This is my first time testifying before the Committee, as you can see, I can't find the button. However, I have the honor of representing the oldest veterans organization in our country. This is our 116th year, and we have a long history of dealing with veterans' programs and working with the Congress.

At our annual convention, our last annual convention in Jacksonville, we prepared the detailed priority papers on all our positions, it has been submitted, in the limited time we have to make a verbal presentation, I'm going to cut right to the priorities that were determined by the convention this year. Which is the welfare

of the service men and women in Afghanistan and Iraq and the—especially the returning veterans and the problems that they are facing now, both in-country and as a transit—and make a transition back home.

There are severe problems. You've heard some of them generally referred to here. The issue of TBI, Traumatic Brain Injuries caused by the high exposure to IEDs, we know it's a problem, but we don't know—in effect what we don't know. We know there are great questions about the severity, of the duration, and the effect of these conditions, and there's even great issues and disputes within the medical community as to the ratings, what constitutes a mild, a moderate, or a severe TBI.

Even without the traumatic effects of TBI, we know we have enormous problems with PTSD, and there are a number of reasons why that's occurring, which are basically unique to the stresses our service people are suffering in Afghanistan and Iraq. A number of those considerations we have faced for the first time.

You have to go back to World War II, when you had really a clarity of purpose within the Armed Services as people went off to fight. In the beginning early years of World War II, the physical sacrifice and danger that all our personnel were reporting was enormous, but the one thing they had was clarity of purpose. They knew what they were doing, what they had to do. They either headed west towards Berlin or east—or rather east to Berlin or west to Tokyo. And when they got there, their task was done, and they knew it was well worth doing.

In Vietnam, we had the same problem that we have now. We're in a situation we don't really understand what our tasks are in the military. We even discuss now whether there's still counter insurgency or counter terrorism. There's no victory in sight, there's no easy way of defining a victory. We don't hear the phrase we lived with in Vietnam, "there's no end at the light of the tunnel," but physically it may not be so effective, but it effects morale, and morale effects depression. There's still a lot of work that has to be done on that.

The conditions in Afghanistan now, place additional stress on combat personnel, because in effect, everyday they're constantly a target, and yet many personnel will come back through a whole tour, or wounded seriously, and never even had a chance to take a shot at the enemy. That puts an enormous amount of stress on personnel.

There's—of course, the problems with the repeat and even extended tours. That is something completely new, and we wonder how this was all put together, to where we have to rely on extending tours and repeating tours, even involuntarily, and the psychological effect that has.

We Vietnam veterans had one advantage. When we got there, on the first day, you put a calendar on the wall, they start putting crossed-out marks on each day. You knew what the end was, you knew when you got short, you were going to be even protected because everybody wanted to go to the end and get out, have their job done. That's not what they face today, and I don't think we have any idea really about the psychological stress and damage that places on personnel that don't know if they're going to be

called back in, both career personnel and especially in Reserve and National Guard personnel.

There's a new type of stress that's placed on personnel that I've never seen discussed anywhere, and it's actually looked on as a benefit, but I think it creates new stress. And that is the instant communication that the combat personnel have through Internet and Skype. Even as late as Vietnam, you sent home letters and photos and packages, that was the only contact we really had. We had what was called "Mars calls" where you could actually go up on a hill top and make a phone call through all the ham operators around the world. If you were lucky, you'd have that twice.

Now, we have, in effect, virtual war, and combat personnel that are practically commuting back and forth to battle. They come back to their little shack or wherever they happen to be, and they're able to turn on their computer, and turn on the Skype and talk to the kids, and try and pretend nothing happened, and listen to all the problems that are going back at home. It can be—it's a double-edged sword. It's a great way of maintaining contact with the family, but it puts all the problems of the family right back in the lap of the combat soldiers.

That's while they're there. There's a whole new area of problems on return when they do get back to the country. The problems with employment, the re-employment issues, the employment training, college, attempting to get better education, the bad economy, it's a tough time trying to pick up the American dream. There's a disconnect with almost 99 percent of the population.

As was indicated earlier, there's three million veterans now, in World War II alone, we had 16 million out of 140 million. There is a disconnect from American society and returning combat veterans. There, of course, are the issues that have been raised about the problems that women veterans encounter. All of this leads to problems that transition from constant adrenalin alerts to the boring routines of getting back at home and trying to earn a living and support your family. All this leads to suicide rates which are very high, and we still believe to be under-reported.

As far as solutions, I can't give you, and JWV can't give you, answers, immediate answers to these problems. But we know what we have to do. We have to have more effective independent autonomist and trusted studies. Studies so far have been by DoD or other military agencies, and they have even been conflicting. The Armed Forces Health Center study apparently found that repeated deployments did not prove to be harmful to vets, and actually they were healthier because the vets with problem dropped out. That was different than the Army Surgeon General's report that clearly found additional combat exposure created more PTSD and correlated.

We need these studies. These studies should be free of conflicts, real or apparent, sufficient for peer review, and publication by respected scientific journals. The situation is unique, as I indicated, but it's analogous to the Agent Orange issue, which has been raised here.

As Mr. Davis indicated, we're now talking about Blue Water and Navy ships and what constitutes exposure in Vietnam. We had a fight, one heck of a battle with the Federal government and the VA to even acknowledge that there were any affects from Agent Or-

ange exposure. I served as Chairman of the New Jersey State Commission on Agent Orange. We had an association of Agent Orange commissions, because it went back to the states when the states still had money, when the feds weren't really acknowledging the research that was out there.

It was only after scientific journals started publishing the results of correlating dioxin exposure to at least highly elevated levels of dioxin that Congress did act. I had additional comments, but I see I'm way over the time limit. I would just ask that staff note that we offer the services of Lieutenant Colonel Dr. Jacob Romo who recently retired from the VA, and had a 30-year Army career Vietnam veteran as an expert on the issue of veteran suicides, and helpful ways of preventing and lessening that.

Finally, my—I'm grateful personally for all the work that the Committees have done on the economic issues, but our policy board has directed that I state JWV points out that Congress and the administration, both present, and over the last decade, have not fully faced these issues I've indicated.

We've recently seen the results in the case of Sergeant—Staff Sergeant Bales, how serious the consequences of these failures can be. Thank you for your attention.

[THE PREPARED STATEMENT OF ALLEN E. FALK APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Falk. Mr. Lawson.

STATEMENT OF BILL LAWSON

Mr. LAWSON. Good morning, Chairman Murray, Chairman Miller and Members of the Veterans' Affairs Committees. I'm Bill Lawson, National President of Paralyzed Veterans of America.

On behalf of our members, officers, and staff of the paralyzed veterans, it is an honor and a privilege to present this testimony which highlights issues of critical importance to the well-being of veterans with spinal cord injury or dysfunction, and in fact, all veterans.

For 66 years, Paralyzed Veterans has represented the interest of veterans with catastrophic spinal cord injury and disease, working to ensure that their medical, economic, and social needs are met. I appear here today to continue that tradition.

The full range of our concerns is detailed in my written statement, and in this year's independent budget, of which we are a proud co-author. During the 1947 Paralyzed Veterans' Convention, then President Gill Moss stated, and I quote, "We are strongly opposed to the tenancy of cutting appropriations to the Veterans Administration as an economy move of government." Unfortunately, 65 years later, we're still addressing that same concern.

Discretionary spending in VA accounts for approximately $62 billion. Nearly 90 percent of that funding is directed toward VA medical care programs. The VA is the best health care program for veterans. Providing primary care and specialized health services is an integral component of the VA's core mission and responsibility to veterans.

Across the Nation, VA is a model health care provider that has led the way in various areas of medical research, specialized serv-

ices, and health care technology. However, Paralyzed Veterans is deeply concerned about steps VA has taken in recent years to generate resources to meet ever growing demand on the health care system.

In fact, the FY2012 and 2013 advanced appropriation budget proposal released by the administration last year included management improvements. This is nothing more than a gimmick used by previous administrations to generate savings and offset the growing cost to deliver care.

Additionally, the 2013 budget request and 2014 advanced appropriation recommendation includes many of the same gimmicks. Unfortunately these savings are never realized, leaving VA short of resources.

We believe that continued pressure to reduce Federal spending will only lead to greater reliance on gimmicks and false assumptions, which generate apparent but illusory funding. This is particularly true given the VA's claim that it was provided nearly $3 billion in excess resources in 2012. We question how the VA could make such a claim when there still remains fully seven months in this current fiscal year. This information deserves the highest level of scrutiny and oversight that your Committees can provide.

Finally in light of the administration's continued inability to determine its position with regards to sequestration, we have serious concerns about VA's claims to have nearly five percent in excess resources, when it faces the prospect of up to two percent reduction in funding under the rules of sequestration.

We cannot emphasize enough, the VA—the need for VA to state that without a doubt that its programs will not be cut through sequestration. Otherwise, it is imperative that the Senate and the House approve Senate 2128 and House 3895 respectfully to ensure that VA health care programs are protected from consideration for spending reductions.

Our concern for the adequacy of the VA funding possible gimmicks and statements asserting excess resources is more than just curiosity for budgetary gamesmanship. Most notably, they illustrate a real disconnect between the health care needs of our members, and available VA resources.

Paralyzed Veterans' professional medical staff compiles a monthly survey of available beds and health care personnel within the VA's spinal cord injury system of care. These staffing reports consistently reveal deficiencies in staffing, particularly in the field of nursing.

Our most recent bed staffing survey that was completed just last month indicates the actual number of nurses personnel providing care at the bedside was 161 below, and I emphasize below the minimum requirement. Similarly, this survey indicates a shortage of physicians, social workers, psychologists, and therapists throughout the system, resulting in a deficit of 120 acute care beds across the system.

My question is how can the VA boast about having a $3 billion excess, while at the same time, the VA is severely under-staffed, it just doesn't make sense, and I would ask if you agree.

In closing, I would like to say on behalf of all veterans, please understand, we volunteered, we served, we fought, and we sac-

rificed for the freedoms that all of us enjoy today. Do you think it's just reward that we return home only to find ourselves having to fight for what we were promised?

Again, on behalf of the Paralyzed Veterans of America, I thank the Committees for the opportunity to come before you with our concerns. We look forward to working with you in providing the services and benefits that America's veterans have earned.

[THE PREPARED STATEMENT OF BILL LAWSON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Lawson. Mr. Huhn, you're recognized.

STATEMENT OF SAM HUHN

Mr. HUHN. Good morning, Mr. Chairman, Chairman Murray, Members of the Veterans' Affairs Committee, the House and Senate. My names is Sam Huhn. I am the National President of the Blinded Veterans Association, and I have a couple of items that I would like to bring to your attention of bills that we'd like to get passed in this session.

Our first bill is the Special Adaptive Housing Bill, introduced before and passed through the Committee, passed the House, but didn't get anywhere in the Senate. Introduced again this year by Senator Sanders of Vermont. It's S–914.

What this bill does is, currently you can get the housing grant if you're blind in both eyes, and have a visual acuity of 5 over 200. We want to change that to 5—20 over 200 which is the legal blindness standard. The reason for that change is because some of these veterans with traumatic brain injury have what they call functional blindness where their eyes are healthy, but their brain and their optic nerve don't allow them to see. And therefore, they grant them the 20 over 200 rating.

The VA wants the bill, the Blinded Veterans wants the bill, and I hope it can get passed out this session. It is a good bill, it's clean, and it's the right thing to do.

The other bill that has been introduced is Beneficiary Travel Bill. Now what happens, according to Chapter 38 of the Veterans Benefits, their Section 322, paragraph 11.1 is where the VA allows the payment of transportation for veterans to go to the hospital for treatment.

Now, they only pay for the transportation for those who are 20 percent service-connected up to 100 percent service-connected. Now, we want the bill which has been introduced by Senator Tester and 1755 and supported by Senator Begich of Alaska, Senator Leahy and Senator Sanders have also backed this bill, introduced in the House by Congressman Michele and I believe some other Congressman have also signed up on the bill as of this morning.

And what this—what we want added to is the non-service-connected blinded veterans who have incomes less than $20,000 a year. These men and women come from places like America Samoa, the Hawaiian Islands, they have to go to Palo Alto, California for their blind rehabilitation. Those from Alaska, Montana and Idaho, they have to go to American Lake up in Washington State. Very expensive travel.

Those from the far northeast of the United States, up in Maine, New Hampshire, Vermont, they have to take long distance travel to go to the only blind center in the eastern part of the country is at West Haven, Connecticut. And the problem is, these guys need this blind rehabilitation. It gives them skills of orientation of mobility, how to use a cane to get around safely. It gives them psychological help for their loss of—coping with the loss of vision, independent living skills. Some of them lie to their wives about what they learn up there, because they teach them how to make their own beds, and clean their own clothes, and so they never tell their wives they learned that part of it when they go home.

And they learn these manual skills and all this stuff at the blind centers. And so it's a good bill. The VA likes it. We spoke to the VA benefits business people, and they can absorb the cost. It's clean. It's a clean bill, and it's good, and I think it's the right thing for you guys to pass out this year. I told—yeah, and the House version of the bill I believe is 3687, S or HR–3687.

The last thing I'd like to talk about and it's not the least on my agenda is the Defense Appropriations Bill of 2008. That bill gives me augina, and I'll tell you why. They appropriated this money and guess what, the only thing they did was they appointed a director and deputy director for the Vision Center of Excellence, Hearing Center of Excellence, and Len Restoration Center of Excellence. No money in '09, no money in '10, and in '11, three or four of us went to see the Secretary of Veterans Affairs and asked him to intercede for us with the Department of Defense, which he did, and miraculously now we have a facility over in Bethesda. We have personnel, 12 people, we have computers, and the whole point of the computers was to make this place a depository for the diagnosis and treatment of 58,000 brain damaged service people, that will all be in this database. And when they transfer seamlessly, hopefully, into the VA system, that information will go with them. So nothing contra-indicated to their condition of say medication or therapy that would hurt them, would be known. You know, like someone have an eye problem, and they treat them for a sinus infection, that's a no/no.

And so by having this information now, that's fine. And the other part of this appropriation was to do research on the—see how repair—we could do repairs to the optic nerve, and to that part of the brain that affects sight and hearing.

Now, it got $4 million in the budget. By the time the appropriators got done with it, they cut it by $800,000 down to 3.2. Now, you know what, a strange way that people on the hill think, especially these appropriators. They can sit here and appropriate hundreds of millions of dollars for a breast cancer cure, prostate cancer cures, you know, all these cancer cures, then—and then they go to the Department of Defense and they get hundreds of millions again appropriated through that for the same cures. Something wrong with this picture, when we've got 58,000 traumatically brain injured service people who are losing their hearing, losing their sight, possibly beyond the dole for the next 50, 60, 70 years when they—when there's research maybe stop the onslaught of their vision loss and their hearing loss, and they could become productive citizens and they don't have to be on the dole.

There's just something wrong with the priorities up here on the hill, that they would give all this money for these cancer cures and nothing wrong with that, I've had cancer myself. But the problem is, is that you know, our veterans, you know, you people calling it our treasure, these are 20-year-old men and women who we send off to war, and they're coming back damaged, and that's what we think about them, that we can cut four million—take our $800,000 out of that appropriation, so that they can use this—you know, it's just disgraceful.

Let me finish up by saying one other thing. I saw a line item 2 in appropriations that they were building a soccer field for these terrorists down in Gitmo, and that was 800,000. And so I think to myself, these guys down there, they'll be getting soccer shoes and shirts, and all this nice equipment down there, and our service people come back and they get the shaft. This shouldn't happen. This should not happen in this country.

I think my time is up. Thank you very much for inviting me. Thank you very much for listening, Mr. Chairman and Committee.

[THE PREPARED STATEMENT OF SAM HUHN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much, Mr. Huhn. We appreciate your comments, and I don't think there's a Member on this dais who believes that it was an appropriate expenditure of funds to build a soccer field at Gitmo for anybody.

Chief Master Sergeant McCauslin, you are recognized.

STATEMENT OF CHIEF MASTER SERGEANT JOHN R. "DOC" MCCAUSLIN

Sergeant MCCAUSLIN. Chairman Murray, Chairman Miller, and Members of these Committees, good morning. On behalf of our 110,000 members of the Air Force Sergeants Association, I thank each of you for this opportunity to offer our views of our members for your FY2013 funding priorities for the Department of Veterans' Affairs.

This annual hearing is always special to us because it clearly illustrates that our Nation is well served by your nonpartisan approach that characterizes these Committees. Historically, your Committees have simply done the right thing for those who serve this Nation, and AFSA is very proud to have the opportunity to work with you.

Joining us today are a considerable number of active and retired airmen and officers from the active duty force, Guard and Reserves behind me. They are spouses and DAF employees that are stationed at six military installations here in the national capital region. I'm told they represent 36 states and the District of Columbia. And I am pleased, as I'm sure you are, that they are able to be here today. Schedule permitting, I encourage each of you to take time at the end of this hearing to speak to them directly, and hear their firsthand concerns, and how about a group photo with these deserving folks.

I'll begin by telling you that AFSA is very concerned with the prospect of sequestration, and how it could undermine VA funding in the coming years. We thank Chairman Miller for his leadership

in introducing legislation that will provide clarity on this matter to our veterans. And we also ask that your Committees act promptly on his bill, HR–3895, the Protect VA Healthcare Act of 2012.

Regarding our women veterans, we applaud your Committees for championing women veterans' issues in recent years; however, the issue of unique health care of women veterans must be addressed with higher urgency. There are more than 214,000 women serving in our DoD today, many of whom have served in Iraq and Afghanistan. Nineteen percent of our Air Force are women, and they also suffer from the same effects of battle, as many of their male counterparts.

Something about our family caregivers. Family caregivers provide critical and crucial support in caring for our veterans, and AFSA greatly appreciates the work of your Committees in passing the Caregivers and Veterans Omnibus Health Services Act of 2010. This is a program that is indeed actively meeting the needs.

Related to taking care of these veterans, the VA backlog for compensation and pensions, education and appeals claims is a total disgrace. At the time of my written statement to you last Friday, VA Monday's morning workload report showed more than 1.4 million claims still pending. 600,000 or 66 percent of them for more than 125 days, and that's totally unacceptable.

Regarding the Transition Assistance Program, the VOW to Hire Heroes Act made the Transition Assistance Program an interagency workshop, coordinated by DoD, Labor, and Veterans' Affairs, and it's a mandatory program for servicemembers to help them to secure employment at the end of their service, and not further exasperate the employment situation.

AFSA verified that the content of TAP has changed very little in the last 25 years, and we're aware that a new program is in the works. Hopefully, it will provide veterans with current information and tools that they need to successfully transition into the civilian sector.

Let me briefly discuss modification of enhanced per diem for your State Veterans Homes. The State Veterans Homes program continues to provide over 50 percent of long-term care for veterans, providing over 30,000 beds in 140 State Veterans Homes in all 50 states. These homes are an excellent Federal investment, since the states provide funding for two-thirds of the total operating cost.

To correct the enhanced per diem problem, the House on October 11th last year, voted unanimously on HR–2074 to approve language authored by Representative Mike Michaud and Chairman Miller which would modify the program by allowing VA to enter into contracts or agreements with each of these homes. Identical language was included in S–914, authored by Senator Mark Begich, and approved unanimously by the Senate Veterans' Affairs Committee back on June 29 last year. Unfortunately, the Senate has not moved on either bill since last year.

Next, homeless veterans. Ending veterans homelessness is a top priority for VA and this Association. Thanks to your efforts, sir, VA now has the resources to attack the program head on. The news of a 12 percent decrease this last year is indeed encouraging, but there are still 67,500 homeless veterans. A particular concern among our homeless veterans, male and female, that have young

children, because we understand those numbers are increasing. No one, repeat no one who has served this Nation in uniform should ever have to be living on the streets.

How about concurrent receipt. AFSA continues its advocacy for its legislation that provides concurrent receipt for our military pay and veteran's disability compensation for all disabled retirees without offset. Support of our survivors with current military deployments and increasing casualties, it's imperative that we plan to properly take care of those who may be left behind when a military member makes that ultimate sacrifice.

AFSA strongly believes that surviving spouses with the SBP plan annuities should be able to receive their earned SBP benefits and the DIC payments related to their sponsor's service-connected death.

We want to thank Congressman Joe Miller for introducing HR–178, and Senator Bill Nelson for introducing S–260, which would repeal the SBP DIC offset. We also thank the 177 and 49 co-sponsors respectively who support this important legislation.

Defining veterans status for certain reserve component members, AFSA supports full veterans status for reserve component members with 20 years or more of service, who do not otherwise quality for veteran status under current law.

The House on October the 21st last year, passed 1025, which was introduced by Congressman Tim Walz. Thank you, sir. We now urge the Senator Veterans' Affairs Committee to move forward on Senator Mark Pryor's bill, S–491 that would grant the status to these deserving individuals that are veterans in every sense of the word.

I want to speak just briefly about cemeteries, specifically the Clark Veterans Cemetery. The United States Air Force left Clark Air Base in the Philippines in the 1991, following destruction of the base by Mount Pinatubo volcanic eruption and the collapse of base agreement negotiations. No provisions were made for the perpetual care of its military post cemetery, known as the Clark Veterans Cemetery. Known by many as the cemetery America forgot, the cemetery is the final resting place for 8,600 U.S. military veterans.

Recently Frank Guinta introduced HR–4168, which addresses the neglected condition of that cemetery. ABMC says the decision rests with you, the Members of Congress, to act favorably on HR–4168, which by the way is cost neutral. Repeat cost neutral, and it would certainly ensure veterans interred at Clark where they're properly honored for generations to come.

Moving on to the Post 911 GI Bill, arguably the very best legislation ever passed by Congress, and thanks to many of you, it's providing unprecedented educational opportunities for the thousands of men and women who served in uniform since 9/11.

AFSA is concerned with the statistics that show the cost of sending a veteran to a not-for-profit school is more than double the cost of a public university, and that eight out of ten educational institutions collecting the most VA benefits are for profit schools. By no means are we suggesting impropriety with these or other educational facilities that are receiving Federal money. Many institutions are indeed offering high quality degrees that servicemembers

can use in conjunction with their military career or aid them in employment once they separate.

AFSA strongly endorses S–2179, the Military and Veterans Educational Reform Act of 2012, which was recently introduced by Senator Jim Webb to make critical reforms to protect the integrity of that post 9/11 GI Bill, and the military's Tuition Assistance Program.

Our retirees our truly national treasures. At its surface is the last issue I'd like to comment, which might not appear under purview of your Committee, but I feel it's ancillary.

The Administration's proposed 2013 budget cuts for higher TRICARE fees, the establishment of new ones and the creation of a BRAC-like panel that would review current military compensation and recommend changes, probably reductions, for Congress to consider. The President and many senior civilian leaders have repeatedly said they will not balance the budget on the backs of our veterans. We took them at their word, but now this is in fact, exactly what they are proposing to do.

Apparently they've lost sight of the fact that military retirees are veterans, and now they've created an air of mistrust among those who have served and are now serving. Senior civilian and military leaders openly speak of the importance of "keeping the faith" with our military members, particularly where earned benefits are concerned. Benefits like the VA offers, retired pay and health care.

Right now, Airmen seated behind me are asking "where is the faith" and they're looking to you, the Members of Congress, to provide that answer. Passing the buck to servicemembers instead fulfilling promised benefits, only serves to undermine long-term retention and readiness.

In conclusion, sir, I'd like to thank you again for the opportunity to express the views of our members on these important issues. We understand tough decisions are ahead, but AFSA contends that it's of paramount importance for our Nation to provide quality health care and top notch benefits, in exchange for the devotion, sacrifice and service of our military members. So too must those making the decisions take into consideration the decisions of the past, the trust of those impacted, and the negative consequences of those who based their trust in our government. Thank you again, sir.

[THE PREPARED STATEMENT OF JOHN R. "DOC" MCCAUSLIN APPEARS IN THE APPENDIX]

The CHAIRMAN. Major General Hargett.

STATEMENT OF MAJOR GENERAL GUS HARGETT

General HARGETT. Mr. Chairman, thank you for the opportunity to testify here today on behalf of the 470,000 Guard men and women and our veterans across the Nation.

As you know, the Guard is a unique organization, that we train for both the state and Federal mission. In fact, more than 700 Guard men and women were recently called up as tornados ravaged several communities in the south and Missouri.

Whenever called, I remind everyone, that our National Guardsmen uproots from his family and civilian community, and he

doesn't go back until the mission is complete. They return to a non-supported community.

Since 9/11, more than 460,000 National Guard members have deployed in contingency operation. These Guardsmen compose of substantial amount of our post 9/11 veteran population. When Guard members return from deployment, they do not live within the 24/7 supported structure of an active duty military installation. A key issue for the National Guard community is HR–1025, as you've heard described, which would provide recognition as veterans to members of National Guard and Reserve who have served 20 years and earned military retired pay.

HR–1025 unanimously passed the House last year, but has not been taken up in the Senate. The bill would authorize veteran status under Title 38 of the USC for National Guard and Reserve members of the Armed Services specifically members who draw a non-traditional retirement.

HR 1025 is cost neutral, because it would provide no benefits other than the honor of being a veteran who has served 20 years honorably for our service. Many serving and retired National Guard Reserve members may not even know that they do not qualify as a veteran.

Some National Guard members who have been protecting the homeland on aerospace controlled mission, formerly known as Operational Noble Eagle, the southwest border on Title 32 orders, may one day retire from the Guard, and not have the privilege of calling themself a veteran.

I could offer several illustrations of people who have served as much as 30 years, and who now draw their military retirement, have deployed but in a training status overseas, but are unable to claim veteran status. This is simply not right and needs to be adjusted.

As you may recall, a predecessor bill HR 1025 passed the House unanimously in 2010, thanks to Congressman Walz. HR 1025 is now back before the Committee where it warrants the proper consideration. Critics of the legislation have charged that it would allow the camel's nose under the tent, that is simply not true. If signed into law, 1025 would help tear down the remnants of a wall of prejudice that still exists in some quarters against National Guard and Reservists, a force that's always ready and always there, as a cost neutral stand alone bill, HR 1025 provides an excellent opportunity for Congress to come together and honor the National Guard and Reserve members.

NGAUS respectfully requests that Members of the Senate Committee on Veterans' Affairs please join our colleagues in the House and move this bill forward. Our career National Guard and Reserve members deserve nothing less. We have offered written testimony in support of several other bills, and stand prepared to answer questions on those bills.

Mr. Chairman, thank you for the opportunity to testify here today and thank you for what you do for our veterans.

[THE PREPARED STATEMENT OF MAJOR GENERAL GUS HARGETT APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, General. Mr. Fry.

STATEMENT OF GARY L. FRY

Mr. FRY. Chairman Miller, distinguished Committee Members, as the National Commander of AMVETS, I am honored to share our concerns and comments on the issues under the purview of your Committees.

Today, with a decade of war behind us and horrific budget cuts staring us in the face, our men and women in uniform remain steadfast in their mission to defend this great Nation. This dedication and sacrifice must never be forgotten.

President Obama once said that the national budget would not be balanced on the backs of veterans, and AMVETS adamantly supports this concept of preserving all earned veterans' benefits. Our servicemembers and veterans do not deserve to be asked to continue making sacrifices. They don't deserve excuses or broken promises. They deserve nothing less than this Nation's full support. They've done the hard work on behalf of Americans, now it's time for all Americans to relieve them of their heavy burdens.

Today's military and veterans community is faced with many challenges and AMVETS is dedicated to aggressively tackling these issues on behalf of American Veterans everywhere including topics such as veterans unemployment, VA and DoD health care, veterans' benefits, womens veterans, National Guard and Reserve servicemembers, homeless and rural veterans, POW and MIA recovery and identification and mortuary affairs.

The problem of veterans unemployment should be seen as a national disgrace while everyone appears to be talking about the problem, few real solutions have been offered. In recognition of those who honorably fought to maintain the freedoms of those who stayed behind, we as a Nation, cannot do enough to ensure that the American veteran gets the proper skills, certifications and education necessary to be successful in life.

AMVETS is promoting the idea of making veterans a protected class under the current Affirmative Action law. This would only require a change in a few words. Veterans are among the smallest minority groups in this country, with fewer than seven percent of Americans ever having served in the Armed Forces and less than one percent wearing the uniform today.

One of the chief responsibilities of VA is providing primary and specialty, physical and mental health care to American veterans. AMVETS has serious concerns that any reduction in spending on a VA health care program will lead to catastrophic reduction in these critical services.

AMVETS calls on Congress and the Administration to ensure that VA health care programs are fully funded in a timely manner. AMVETS believes promises made to our military members and veterans when they agreed to leave their homes and families, in our stead, it's critical that veterans' benefits become a national priority because of sacrifices performed by these men and women.

Among the most critical issues facing women veterans today are homelessness, military sexual trauma, and a lack of gender specified health care. These three issues are a trifecta of humiliation and deprivation for women veterans. How can we as a Nation allow some of our most vulnerable veterans, many of whom also have children, to be living on the streets of our cities? Is it right that

a woman should have to fear for her personal safety, not only from foreign enemies, but from her comrades-in-arms simply because she made a conscious decision to serve in the military?

We certainly concur with the General here on the National Guard bills. AMVETS fully supports 1025, and I'd like to emphasize this cost neutral bill would not bestow any new or unearned benefits, would simply provide career reserve component members, the honor of being recognized as veterans.

AMVETS urges the House and Senate Veterans' Affairs Committee to consider the importance of supportive housing facilities for homeless veterans, many of which are situated on VA property and/or owned by the VA. Consistent with Secretary Shinseki's goal of eliminating homelessness among veterans by the year 2015, these facilities are vital to the approximately 68,000 homeless veterans that rely upon them for shelter, health care and other services.

We at AMVETS are deeply disturbed by the on-going reports of mishandling of the remains of our fallen heroes. There is no more sacred responsibility than the dignified and respectful recovery, return and burial of those killed in action. While AMVETS acknowledges that there's been a great deal of positive improvements, more needs to be done to ensure that these don't ever happen in the future. We recommend continued and increased oversight on all mortuary operations facilities.

Mr. Chairman and the Committee, it's my privilege to have been here, and I think I speak for everybody else at the table, we appreciate what the Committee has done. You have a very good reputation, and we're sure that that will continue in the future. Thank you.

[THE PREPARED STATEMENT OF GARY L. FRY APPEARS IN THE APPENDIX]

The CHAIRMAN. I thank you very much, Mr. Fry. Thank you everybody for your testimony today, we appreciate it. In case some of you have looked up here at the clock on the wall, you see there's two lights and a red light, that means that the House has been called into——

Mr. WALZ. That's what that means?

The CHAIRMAN. Yes, that's what that means. It means the House has been called in to vote. Some of the House Members will have questions that we'll submit to you for the record. I would also now like to call on my good friend and former Member of the House, now a Member of the United States Senate from Arkansas, John Boozman to take the chair.

Senator BOOZMAN.[Presiding] Thank you, Mr. Chairman. And I know that our House guys have to leave, so I think we'd like to go right to Mr. Wallis.

STATEMENT OF HON. TIMOTHY J. WALZ

Mr. WALZ. Well, thank you, Senator. Always a true gentleman and a real asset to this Committee. We're glad to have you on that side. Chairman Miller, thank you, just a quick moment if that's okay, and I want to thank you for putting our focus on our POW–MIA issue. That's an issue of moral consciousness that permeates

all the other things we do here, and so I think that's absolutely appropriate. And thank you to all of you, and all of you sitting there. They know they come with millions behind them, and many places you could be today, you could take your time and resources and be elsewhere, but you don't for one simple reason, you love this country, and you know it's important that you're here to make this right.

I too share, and I have to tell you, I am right with the Chairman on this. Sequestration is not only wrong-headed, it's dangerous. It's—I have to tell you, I don't see anywhere in here, and I have to very clear, anywhere in the Constitution be very clear, we failed at our job, we absolutely capitulated our responsibilities over political issues, and now we're stuck in a situation where we're not willing to make the hard choices and prioritize this Nation's concerns.

There's no doubt that we have financial issues to deal with. We can do that. But to come into this room and ask us to start that conversation here, when there's other places we can start it, when there's other things we can do, because we didn't have the courage, and I would argue the moral courage to make the hard choices and tell the population, and tell our neighbors, it's going to cost some money to care for our veterans. We should do that as efficiently and effectively as possible, but don't tell them you get something for nothing, and don't tell them that these wounded warriors, and don't come, as we heard Ms. Tomek say, I have to tell you, if we're telling our widows that we simply can't fix the DIC, because you won't find anyone who will tell you this makes any moral sense whatsoever. It's simply wrong.

But the argument always is, we don't have the resources to fix it because we're broke. Well, I have to tell you, a Nation that cannot care for those and the widows who sacrificed so much is just not financially broke, they are morally broke. We are neither. We are neither.

So it's such a pleasure to be here. And I have to tell you I believe if this Committee were running the Congress, things would be different because the bipartisan nature of this, the folks that testify here are here for the conscious of this country, not for short-term personal gain. And it's always gratifying for me to see you here, to see the effort that it took to get here, to testify with these things, and watch democracy work. So on behalf of my constituents in southern Minnesota, thank you for having faith in the system, thank you for advocating for the right things, and thank you for helping us together write legislation that makes a difference.

So I yield back and thank you for the time, Senator.

[THE PREPARED STATEMENT OF HON. TIMOTHY J. WALZ APPEARS IN THE APPENDIX]

Senator BOOZMAN. Thank you, Mr. Wallis. Mr. Wallis, you know, being a retired sergeant major truly does understand. My dad was a retired master sergeant. When I'm around him, I feel like I'm—you know, I need to be doing something.

Let's go down to Mr. Johnson. These guys have to go. If he would speak for a couple of minutes, and then we'll go down to Mr. McNerney real quick so they can get their vote.

OPENING STATEMENT OF HON. BILL JOHNSON

Mr. JOHNSON. And, Senator, I'd like to tell you, you both have got me out-ranked, because I started out as a staff sergeant, before I retired as a lieutenant colonel in 1999. So I get to follow all of you. So thank you very much. And thank you—I want to thank the Chairman for having this hearing today.

I'd first like to thank all the veterans and the members of the service organizations who've come to Washington today, especially from my home state of Ohio, I appreciate so very much your efforts to advocate on behalf of our Nation's heroes. And as many of you are veterans yourselves, I'd also like to thank you for your service to our country.

Would everyone from Ohio please raise your hand or stand to be recognized? They're kind of scattered throughout the audience. All right. Thank you very much.

Each organization plays an important role in improving the lives of our Nation's veterans, their families and survivors, and also connecting them with the assistance, the benefits, and the services that they are entitled to. And I'm truly grateful for your service to our veterans' community, especially in Ohio.

Be assured that I share your dedication to those who have sacrificed so much for our great Nation. I look forward to working with you and my colleagues here on the Committee to ensure that our veterans are receiving the care and benefits that they have earned with their selfless sacrifice for our country. And with that, I'll yield back.

Senator BOOZMAN. Let's go to Mr. McNerney, another former House colleague that I very much enjoyed working with while I was here.

[THE PREPARED STATEMENT OF HON. BILL JOHNSON APPEARS IN THE APPENDIX]

OPENING STATEMENT OF HON. JERRY MCNERNEY

Mr. MCNERNEY. Thank you, Mr. Chairman. I too miss your service on the House Committee, but I'm glad you're on the Senate Committee. You've been of real service to our veterans.

What I want to say is that I really do appreciate the testimony that was given this morning. I missed the first few, but we have the hard written testimony, I'll read that on the airplane this afternoon.

Every veteran out there, man or woman, has his or her own story. I've been listening to these stories for the last five or six years, many of them are very touching stories, they've served hard, and now they have earned rights and benefits in this country, and it's our duty as Members of this Committee to make sure that those benefits and services are there when they're needed. And there's still holes in the system, we've seen improvements, but we hear testimony about the grave markers that were misplaced, about the travesties that took place at Arlington National Cemetery, about our National Guards not being recognized as veterans, and so on.

There's so much more that needs to be done. And I'm really proud to work here on this bipartisan Committee of men and

women, Democrats and Republicans that want to do what our Nation needs to do to serve the people, the men and women who have put on the uniform in this country and served in good times and bad, and made this country the great country that it is. So I'm proud to be a Member of the Committee, and I'm proud that you all are here to give us your testimony. Thank you.

[THE PREPARED STATEMENT OF HON. JERRY MCNERNEY APPEARS IN THE APPENDIX]

Senator BOOZMAN. Thank you very much and again we appreciate your service now on the Committee for many, many years.

Let me just apologize for being late. The—right now, there's just lots going on, and you just feel like you need to be in two or three places. But again it's so important. You know, I did away with a couple of other places because I understand how important it is to be here. And it's important that you're here.

You know as we look out, I know myself and the staff that's here, and the rest of the people on the Committee so much appreciate you all. I mean, we're here as a Committee, you know, trying to fight the battle with your help, but I can't tell you how important it is for you to be here, talking to your representatives, talking to their staff, talking to the senators, and telling them how important these issues are.

The other thing is, I really want to thank the Auxiliaries. I've got a wife and three daughters, I understand who does the work, and we really do appreciate all of your efforts and, you know, what you do for these organizations, and how blessed we are to have you all.

Let me just ask two or three questions real quickly and—I know, Mr. McCauslin, our Chairwoman in the Senate, you know, she mentioned in her opening statement that she was planning on introducing a bill in the coming days that will provide veterans with information that will help them make informed educational choices.

Her bill would also require DoD and VA to work together to develop a policy on misleading marketing and aggressive recruitment of servicemembers and veterans. I guess the question is, as the Committee looks at the issue in the coming weeks and months, what are some of the key points that we should keep in mind?

Sergeant MCCAUSLIN. Yes, sir. All right. Thank you, sir, for your question. I think some of the key points are these so-called scam schools that are producing diplomas that, you know, have no real value on the outside. They're not jobs. They're basket weaving, tennis or something else that doesn't produce employment for our folks.

And just this morning at a reception, I was talking with a congressman from Pennsylvania, and he gave me some ideas, and I'm going to go up there and meet with him on their—I think it's called PIE, Partners in Education Program, where the schools are hooked up with local industries to teach what are the job needs in that respective area. That needs to be pursued and we plan on meeting and talking about that and try to get the VA to take that on.

Senator BOOZMAN. Very good. Colonel Norton, in—and you know, just in visiting with veterans in the state and really just, you know, throughout the capacity, in my capacity, I know the Committee's capacities, you know, we've got a situation now where you almost

have veterans as they're applying for jobs that are not volunteering the fact that they are veterans, because of some of the stigmas that are being, you know, put on them, and you know, the many deployments, you know, all of those kinds of things. And, you know, we have a lot of veterans coming back with wounds that aren't visible, and yet are certainly as important as the visible wounds that others have suffered in the war.

There's a lot of work to do to kind of address, you know, the misinformation, you know, about veterans that are having those difficulties. I guess what I'd like to know from you is perhaps what are the—some of the strategies that you found, you know, to be most helpful, most effective perhaps in fighting against this type of misinformation, and to make the case, the so important case for employers to hire veterans. And I can tell you, you know, that's the right thing to do, but as a Committee Member, you know, and as a person that's trying to make the system work, and as somebody that was the Ranking Member and the Chairman at one time on the Committee in the House, you know, that had to do with veterans employment, you know, the better job that we do that, if you get people, you know, where they can earn a living, a wage, support their families, that takes care a lot of the problems, you know, with future abuse down the line.

So, you know, it's so important for so many reasons. And as you know better than anybody, the—our unemployment numbers, and I think increasing discrimination are a real problem. Yes, sir.

Colonel NORTON. Thank you, Mr. Chairman. Let me just say first that we really appreciate all your work over the years here in the House, and now on the Senate Veterans' Affairs Committee. I had the honor of testifying before you in your district in Rogers, Arkansas about five years ago on the GI Bill——

Senator BOOZMAN. Right.

Colonel NORTON. —and during that period, that work led to the post 9/11 GI Bill. We greatly appreciate your leadership.

I think the issue of misinformation as relates to veteran employment, can be tackled primarily at the local level. For example, we're involved now in three pilot projects that we call the Community Blueprint. One of them is Valdosta, Georgia, and we're bringing together community partners, local officials, the VA, and at present, what we're doing is, we are recruiting 200 young men and women veterans to enter into a construction employment training program. They will be using GI Bill benefits for that certification and training, and the local employers are guaranteeing them employment positions at the end of their training.

So I think the idea of overcoming misinformation starts with bringing together the resources and the assets at the community level. So you have the mental health resources, you have the social support services. You have the military and veterans groups. There is an active collaboration called the Community Blueprint that is bringing people together, recruiting veterans, and then helping them get into formal training programs. And at the end of that process, they get jobs.

We're hoping that that can be expanded. We think a lot of this misinformation has to do with making sure that local community partners understand not only the opportunities that veterans can

bring to employment, but also the challenges and work together. That can overcome the misinformation that's out there.

Senator BOOZMAN. Very good, thank you. Ms. Tomek, we appreciate you and all that you represent, and your organizations hard work. I noted in your testimony that the Gold Star Wives are often contacted by surviving spouses, who have called the VA Hotline and got wrong or misleading information or inaccurate information.

Again, you know, we've heard similar concerns about the education call centers. Can you tell us the ramifications, what it means, you know, as you talk to these people, your members when VA gives them bad information?

Ms. TOMEK. I can tell you a story or two. Yesterday I walked around the Longworth Building with my friend, Mary Morgan. Mary is one of those ladies who reaches out often to other people. She talks at community centers about widows and what it is to be a Gold Star wife.

She talked about visiting with a lady in Kansas City, Missouri who she knew was eligible for DIC. Mary finally got the woman to agree. Her husband had served for 27 years to go to the VA to ask for DIC. Mary says that it took three or four people within the VA, and Mary was very persistent in getting and insisting that this woman was eligible for DIC, because she knows her benefit book.

And finally after she handed them a Gold Star Wives' brochure, that they looked at and took back to copy, they began to admit that maybe they needed to look at the dates of service, and where the servicemember had served his 27 years with service-connected cause, to give that lady her DIC.

But we often find those kinds of things. If you're not persistent and maybe aggressive, depending on what you consider that attitude, you miss those VAs, and those ladies don't—and men don't get the VA benefits that their husbands earned.

Senator BOOZMAN. Uh-huh. Well, we appreciate your efforts in that regard, and certainly your story I think, you know, really does put the salt. In here, we look at facts and figures, and you know, that really brings to light how it does affect individuals and how not doing as good a job as we should be doing really does impact lives. So thank you very much.

Let me just ask a couple of more things. When it comes to claims processing, a number of performance metrics have been heading in the wrong direction, including quality, timeliness and the size of the backlog. You know, VA has a number of initiatives working hard trying to fix these issues, but it appears that literally it could take years before veterans see major improvements as results of the measures if they work.

So I guess, you know, two or three of you that like to jump in, if you could give us some suggestions from your standpoint as to how the—you know, yourselves, VA, Congress, you know, all of us working together could perhaps improve that situation in the near term, rather than some of these things that it looks like it's going to take a long time.

Mr. Davis.

Mr. DAVIS. Yeah, I think that one of the things we need in that area, is to make sure that both DoD and VA work together to make sure that there's a seamless transition from DoD to VA. And I

know that brings about certain jurisdictional problems for this Committee and for the Armed Services Committee because there's sort of a gray area there where they overlap. But I think that's one of the critical things to look at, is to make sure that when this person goes through the transformation that it can be done seamlessly, and those veterans particularly for those that are injured, we think that, you know, we need to make sure that both bureaucracies at DoD and VA are working together to help the injured veteran.

And I think, you know, Committee oversight hearings in that regard, both the Veterans' Committees in both Houses and the Armed Services Committee in both Houses can play an invaluable role in making sure that these bureaucracies are responsive to the needs of the wounded warrior and the veteran.

Senator BOOZMAN. Yes, sir, Mr. Lawson.

Mr. LAWSON. Yes, sir. I'd add one thing too that I think is clogging up the system as well is decision errors. You have thousands of claims that go up, and a decision is made to deny it. It comes back down to the veteran, and then most of them using veteran service organizations then have to appeal that decision. So let's just say you had 500,000 claims that were denied, you're going to have 500,000 claims going back up again. So it's just a constant thing of claims going up and up.

In my personal experience, it took me 13 years before they were finally able to understand what was going on.

Senator BOOZMAN. Thank you. Yes, ma'am, Ms. Tomek.

Ms. TOMEK. I—in our testimony, we include a statement that perhaps in the Veterans Benefit Administration there should be some Committee—some advisors, some stakeholders who serve as advisors to the department. So that they understand some of this at the high levels, where the administration is taking place. We call those stakeholders, surviving stakeholders, and I think that could also be veteran stakeholders providing some advice and listening to what the kinds of experiences we've all had.

Senator BOOZMAN. Very good. Thank you. Yes, sir.

Mr. SUSINO. Dealing with Vietnam veterans and the checking out of a PTSD, there's cases of dog handlers, persons who have these dogs and go to the front lines, and they submit a claim for PTSD, and they are denied, and say they don't have PTSD. I don't understand that. And then there's a report that comes out that his dog has PTSD and he doesn't. So I don't understand why claims are not looked at more thoroughly, and not just thrown aside.

My problem is when I—in our regional office, they're training many people to do the job, and sometimes, and I think many times, they don't know what they're looking at, and they don't realize what veterans go through when they're in the front lines. He doesn't have a CIB, but yet again, he carries a rifle, and he does shoot at the enemy, he keeps the dog there, and turn him down, and we have to resubmit and ask for PTSD. Again, I think it's asinine that they do this. It's not one case.

So reappealing, it's taking time away from other cases, and why they are not trained better to look at it the way it should be looked at. Thank you.

Senator BOOZMAN. Good, thank you. I think you make a good point. Thank you very much.

Mr. Falk.

Mr. FALK. I recall Secretary Shinseki talking about the transition from the paper files, which we all were used to in the old days, your record followed you in the transition to electronics today, and I don't know if that has been completed or whether the VA has enough staff adequately to make the final transition. Because I believe that may be part of the delay problem is still there, are old records that have yet to be placed into computer files.

Senator BOOZMAN. Very good, thank you. Let me just ask one more thing and then we'll close. And I really do think it's important. You know I've been around here not a long, long time, but I've been around here for ten years. And I've really in noticing I think the VA is doing a much, much better job of, you know, handling the problems that we have with returning women veterans, just women veterans in general. And, you know, our VA's were not set up, you know, for the influx that we've had. And again I know we've worked hard, and you know, we've had progress in improving services, you know, more veteran program managers available, you know, changing the way some of the disability claims are handled.

I guess very quickly, and you might start with this, Mr. Norton, the—as we continue on this path, and like I said, I think we're working hard, the Committee is working hard, and really the most important thing as you solve problems is to realize you've got a problem. And, you know, I think we've realized that, and are working hard to solve it.

Do you have any suggestions where we can, you know, again improve the quality and the services that we're providing for women? As someone with a wife and three daughters.

Colonel NORTON. Just in general, Mr. Chairman, and we could submit more detail for the record, one I think obvious approach is to hire more medical specialists who focus on the unique health care needs of women veterans. That's everything from physical health care, mental health care, newborn care, et cetera. But over and above that, I think frankly that General Shinseki and the VA are working toward this, and making some progress. And that is a cultural change.

There needs to be a cultural change within the VA. As you well know, a lot of women veterans when they first encounter a VA facility, find that they feel unwelcome, they feel like outsiders, they don't feel like this is the place for them. Frankly, the reality is that there are still a lot of old guys like me who are going to VA facilities, and some of our younger women warrior veterans don't feel quite at home, and so that's a cultural challenge.

I think they're working on that, but I would urge the Committees to double down your efforts on that kind of thing, along with the increased capacity, increased resources, not necessarily additional money, but the hiring of specialists who can take care of our women veterans.

Senator BOOZMAN. Good, very good point. Does anybody else want to jump in?

Mr. FRY. Yeah, if I could give a less than 24-hour's old example of some of the slow downs. It was necessary for me to use the VA

health care system yesterday. I live in northwestern Pennsylvania and when I went over to the clinic in Greenbelt, they were very nice to me, very accommodating. But there's no common server. They had to start the process all over again, and I sat an hour with a lady in there getting all the information again.

And all that does is—that's some of the bottlenecks that me and my constituents are talking about. In this day and age, I can't believe that they can't access records from one common server.

You take my little situation across the country, and it would be a thousands and thousands of man hours saved, and more people could be taken care of at one time. I'm not complaining about the employees, because that lady, she was a real trooper. She knew what she was doing, and that's a fresh one. That's less than 24 hours old. And I've been in the VA health care system for a long, long time. Thank you.

Senator BOOZMAN. No, and I appreciate that. And I think that's an important distinction. You know, you've got good people that are working hard. Sometimes we put them in a position where they can't be very efficient, you know, trying to perform the function. Mr. Davis.

Mr. DAVIS. Before closing, I just wanted to say you had talked about the GI Bill earlier, and I know that there's been some problems regarding for profit schools and what not, but I just want to also reiterate that the GI Bill has been an enormous moral booster for our soldiers, sailors, Marines, and airmen that have been involved with the War on Terror. And we go out from time to time, and I'm sure a lot of these people do as well, and talk to people in uniform at meetings and what not. And when that bill was passed, and a year or two later after that, there were a lot of questions, and a lot of people that were using it, and they were very, very appreciative of that benefit change.

Senator BOOZMAN. No, I agree. It really is a tremendous benefit, and as you all know, you know, we had some problems in implementing it, because it was just such a significant improvement, such a rapid departure from what we were doing, but to their credit, VA worked really hard to overcome those problems. And for the most part, you know, we've got those solved, so I think that we can be very appreciate of their hard work.

Let's close with Mr. Lawson.

Mr. LAWSON. I just wanted to talk a little bit more about employment. You know, we always—we hear about the problem with veterans employment. One thing that we don't hear a lot about is the problems with unemployment for catastrophically disabled veterans.

It's nearly 85 percent unemployment rate for catastrophically disabled veterans. At Paralyzed Veterans for the last six years, we have launched our own voc rehab programs to put a lot of these people through, and we're being quite successful in getting these employed.

The VA's voc rehab program really needs to be modernized. There's a lot of red tape, a lot of things that a veteran has to go through in order to—and the hands are tied of those voc rehab representatives. And I think that's one of the reasons why we're so successful with ours, because we don't have to go through all that.

And—but I just think that there needs to be a little bit more conversation about those with catastrophic disabilities finding jobs.

Senator BOOZMAN. Good. Thank you very much.

Again, I agree, and you know, that's the importance of these kind of hearings, you know, these kind of soliciting information, you know, as everybody working together, you know, on both sides of the aisle. Again, you all with your different groups working together, this is a time for all of us, you know, to band together, and understand, help the public understand, help Congress understand, continue to understand, that the benefits that we're talking about are earned benefits. These are something that, you know, a great deal of sacrifice was expended, you know, to have these earned benefits, and we do want to protect them.

So thank you very much for being here. Again, I think the—you know, yawl had a tremendous job, it was very instructive. Before we finish, I have a couple of things. I ask unanimous consent that all Members have five legislative days in which to revise and extend their remarks, and include any extraneous material for today's joint hearing.

And hearing no objection, so ordered. And with that, the hearing is dismissed. Thank you.

[Whereupon, at 11:52 a.m. the Joint Committee was adjourned.]

A P P E N D I X

Prepared Statement of Chairman Jeff Miller

Good morning everyone. First, I want to thank all of you for coming here today.

In the interest of time, after hearing from Chairman Murray, Ranking Member Filner, and Ranking Member Burr, I would like to ask Committee Members to waive their opening statements. There will be an opportunity for remarks during the question and answer period following today's testimony.

Hearing no objections, so ordered.

It is my honor to be here this morning and a source of inspiration every time I look out into a crowd and see some of our Nation's most dedicated and honorable citizens serving here as a voice to veterans across this great land. It is my hope that we can use today as an opportunity to better support our Nation's veterans.

To all of you who have traveled here today, I thank you for making the trip to Washington to share your legislative agenda with our Committees and the Congress, and more importantly for your continued service and dedication to help better the lives of our veterans, their families, and survivors.

All have sacrificed on behalf of our Nation and each of you here today represents those we honor, including veterans who put this country first; those who have been wounded in the line of the duty; and those we have lost.

I also welcome our guests present today who comprise the national auxiliary commanders. Thank you for being here today and for all of the good work that members of the auxiliary do for our country.

I would also like to take a moment to recognize the members of the different organizations who - like myself - are proud to call Florida home. Gentlemen and ladies, would you please stand.

I am pleased to be joined by my colleagues from across the aisle and across the capitol including Ranking Member Filner, Ranking Member Burr, and Members of both the House and Senate Veterans' Affairs Committees.

In particular, I want to extend a warm welcome to Chairman Patty Murray of the Senate Committee on Veterans' Affairs. Senator Murray, it was a pleasure to work with you last year in constructing and passing the V.O.W. to Hire Heroes Act of 2012.

I look forward to working further with you this year to help our Nation's veterans.

Before we begin today, I ask that everyone turn their attention to the center of the room. As part of a longstanding military tradition, as long as I am Chairman, the House Committee on Veterans' Affairs will display an empty chair draped with the P.O.W./M.I.A. flag at every hearing.

This chair is to be a daily reminder of the more than 83,000 servicemembers who have yet to return and represents our hope that they will come home to us one day.

With that, will everyone who is able, please stand and direct your attention to the empty chair before me.

Today as patriotic Americans who are grateful to those who have sacrificed and continue to sacrifice, this Committee pauses to recognize the plight and circumstance of a unique group of Americans. They are our prisoners of war and missing in action. From this day forward, the House Committee on Veterans' Affairs will remember this through the placement of a P.O.W./M.I.A. empty chair at all official meetings.

This chair will serve as a physical symbol of the thousands of American P.O.W./M.I.A.s still unaccounted for from all wars and conflicts involving the United States of America.

This is a reminder for all of us to spare no effort to secure the release of any American prisoners from captivity, the repatriation of the remains of those who died bravely in defense of liberty, and a full accounting of those missing.

I now call upon Vice Commander Charles Susino of the American Ex-Prisoners of War, to lead us in the pledge of allegiance.

The House Committee on Veterans' Affairs has been working on several fronts to address the many needs of our Nation's veterans, and there are three specific areas I would like to discuss with you this morning.

First is the critical need to increase veteran employment around the country. Second is overseeing substantive change to the VA benefits process with the end goal of ending the backlog of disability claims. The third and most recent issue is ensuring your medical care and benefits are protected from the reach of sequestration cuts to the Federal budget.

I am proud to report substantial progress being made on all three fronts.

Several months ago congress passed into law the bipartisan V.O.W. to Hire Heroes Act of 2012, a comprehensive veterans retraining and employment package which, among other things, provide nearly 100,000 unemployed veterans with the skills they need to find meaningful employment in today's economy.

This legislation aims to provide both long term and short term employment for all veterans. I would like to thank each of your organizations for your support in enabling this legislation to be passed and enacted into the law of the land.

In addition, as I mentioned before, another area needing critical attention is the backlog of disability claims. A dramatic reduction in this backlog is fundamentally important, if for no other reason than to ensure the promise our country made to each of our service men and women who defended our freedoms is fulfilled.

To this end, I am pleased to see the benefits system being brought into the 21st century with the rollout of the electronic claims processing system throughout the next two years.

While I understand much more needs to be done to fully cure the backlog problem, equipping the Veterans Benefits Administration with modern technology is a solid step in the right direction.

In addition, our Committee will continue to place an increased focus on quality of care, with the end goal of ensuring decisions are done correctly the first time.

The last area I'd like to touch on is our collective need to know with absolute certainty that your health care needs and benefits are protected from the reach of sequestration.

As many of you are aware, such a cut would severely impact VA's ability to provide the high quality health care America's veterans have earned and deserve. Our government made a commitment to every one of you as you stood ready to defend our great Nation.

Since august, when the Budget Control Act of 2011 was passed, I have sought assurances from both Secretary Shinseki and President Obama that VA would be exempt from sequestration, as the law intended.

Unfortunately, we have failed to receive any assurances from the administration that our veterans will be exempt from the negative effects of sequestration.

So let me be clear: we will fight for your rights just as you once fought for ours. As such, I introduced H.R. 3895, the protect VA health care act of 2012 (H.R. 3895).

This bill would remedy this issue once and for all and ensure that future generations of veterans are not held hostage to the type of political gamesmanship that i believe is holding up the president's decision.

So I ask you this, as you meet with your representatives, I ask that each of you in our audience ask them to join me in cosponsoring this bill, H.R. 3895, to protect the VA health care system on behalf of the men and women serving our Nation who have already sacrificed enough.

I want to thank you all again for being here, and I look forward to hearing your recommendations and concerns for the remainder of this legislative session.

Now, I would call on the distinguished Chairman of the senate Committee veterans' affairs Senator Patty Murray for her opening comments.

Prepared Statement of Hon. Bob Filner,
Ranking Democratic Member

Good morning! I want to thank everyone for being here today to discuss your organizations legislative priorities and share your views on how the Department of Veterans' Affairs can better serve veterans. I would also like to thank you and your organizations for your service and hard work over the years in support of our country and veterans.

Also, I would like to welcome and acknowledge everyone who traveled from outside Washington, DC to be here. I particularly want to recognize the California delegations and especially your Members from my district in California. Let me also commend all of your hard working staff here in Washington, DC. You should be

proud of the continued professionalism and advocacy that they share with this Committee and the expertise they bring in producing the Independent Budget every year.

This Committee continues to depend on the Independent Budget for direction on funding the VA programs so we can meet the needs of veterans. We should continue to ask the VA tough questions on their programs and outcomes, and be able to have an honest discussion on any gaps or shortfalls to understand the true need. At the end of the day, we must provide veterans the benefits they have rightfully earned.

As we are all aware the military will begin to downsize and reduce its numbers. There will be more veterans coming home that will need physical health care and mental health care. We should continue to work on ideas to improve medical services for veterans and solve our backlog of pending claims. There is a lot of hard work that needs to be done and we are open to all ideas that improve the VA.

The President announced the budget request for VA for fiscal year 2013 and the Advance Appropriations request for 2014. In discretionary funding, VA requested a 4.5 percent increase, and a 16.2 percent increase in mandatory funding, for an overall budget increase of 10.5 percent in fiscal year 2013.

I will continue to support of the President and Secretary Shinseki's efforts to transform the VA into a 21st Century agency. I remain committed to work with my colleagues to ensure that we get the correct funding and policies that we need.

I want you to know that our Committee remains steadfast in our determination that VA is excluded from any potential funding cuts designed to help balance the budget. We WILL NOT balance the budget on the backs of veterans. Our veterans stood up to protect and defend our Nation . . . and we will stand up to provide for our veterans and their families when they come home . . . by ensuring they have the health care and benefits they have earned.

This will be an interesting discussion and I look forward to hearing your priorities and ideas.

Thank you Mr. Chairman. I yield back.

Prepared Statement of Charles Susino

Messrs. Chairmen and Members of the Veterans' Affairs Committees:

My name is Charles Susino, Sr. Vice Commander of the American Ex-Prisoners of War. I am honored to testify before you again today on behalf of National Commander Carroll Bogard.

Senator Murray, Senator Burr, Representative Miller and Representative Filner, I congratulate your efforts as you navigate your committees through the second half of the 112th Congress. Our organization has watched you and your colleagues grapple with hard decisions while attempting to provide for America's veterans, their families and survivors.

This year marks the 70th birthday of the American Ex-Prisoners of War. On April 14, 1942, two mothers whose sons had been captured on Bataan formed the Bataan Relief Organization; in 1945, after the POWs returned home, we became the Bataan Veterans Organization; and in 1949, expanding our membership to encompass ALL former prisoners of war from ALL wars, we became the American Ex-Prisoners of War.

Since World War I, more than 142,000 Americans - including 85 women - have been captured and interned as POWs.

Today, former POWs number just about 15,000. And soon the concerns of our tiny group of heroes will matter not—to this committee or any other.

Some of our youngest members are in their early thirties; however instead of 142,000, as in the past, we're talking of just 23 former POWs from current conflicts.

We are immensely grateful for past Congressional actions to help ex-POWs. It was our organization who pushed in the early 1980s for "Presumptives" and because of the efforts of your committees, the Veterans Administration and the heroes in red jackets walking the halls of Congress telling the stories of former prisoners of war, we now have benefits and entitlements that protect us...and the POWs that will surely come after we are gone.

As we look to the future, we want to lend our small voice and support to America's aging veteran population from WWII, Korea and Vietnam – veterans who may have fallen through the cracks of care because of rulings enacted to cope with the frightening possibility of many millions of applicants to the Veterans Administration.

16,112,566 individuals were members of the United States armed forces during World War II. In November 2011, the Department of Veterans Affairs estimated

that approximately 1,711,000 American veterans were still living. More than 1,100 WWII veterans die each day. The average age of a WWII veteran is 92.

1,800,000 individuals were members of the United States armed forces serving in Korea during the 3-year period of the Korean War. Only about 1/3 of that number are still alive today. The average age of a Korean War veteran is 85.

2,594,000 individuals served in South Vietnam Jan. 1, 1965 - Mar. 28, 1973. Of this number of Americans who served in Vietnam, less than 850,000 are estimated to be alive today. The average age of a Vietnam veteran is 66. These are our "youngsters" in the time frame I'm speaking on today.

The clock is ticking and time is running out for the brave men and women who fought the good fight to keep America free. And while the debt we owe them can never be repaid in full, you can make their next days, months, years better.

There are less than 3 million heroes alive from these three great conflicts. You could fit them all into the city of Chicago. As they have aged, their disabilities have left many of them with poor quality of life and financially burdened.

Many of these Wartime Veterans are in the VA Category 8 or lower, which means they are not entitled to VA care at all. These Veterans are designated as Priority 8 when their income exceeds a pre-set threshold classifying them as "affluent". They are the most affluent category of vets, yet some earn as little as $28,430 a year – hardly affluent.

A significant change was made in health-care eligibility in 1986. Congress mandated VA health care for veterans with service-connected disabilities as well as other special groups of veterans, such as former prisoners of war, veterans exposed to herbicides and ionizing radiation and veterans of World War I. The average age of the WWI veterans was 88 in 1986 . . . younger than today's WWII veteran; virtually the same age as today's Korean War veteran.

Today, we have a request of you, the 112th Congress: please update the 1986 law to add WWII, Korean, and Vietnam War veterans to this special group of veterans to make them eligible for health care. Please also consider including the Gulf War veterans in this special group as well. It is overdue to update Congress' actions in 1986. From a health benefits standpoint, this puts these war-time veterans on par with WWI veterans, the special groups, and the current warriors who are fighting in the middle-east, all of which we strongly support. Please let them not be forgotten. Please do not continue to allow these war time veterans to be excluded and deprived health benefits.

It's the right time to add these heroes to this special group of veterans. It's the right thing to do.

We are willing and able to work with you or your staff on drafting this amendment.

We would also like to join our brother veteran service organizations in asking your consideration of the following bills:

HR 813, introduced by Representative Bob Filner (CA), which would amend section 1318(b)(1), title 38, United States Code, to allow dependency and indemnity compensation (DIC) to be paid to the survivor of a veteran whose was continuously rated totally disabled for at least one (1) year immediately preceding death, whereas, eligibility under current law requires the veteran to be rated totally disabled for a minimum of ten (10) years.

S423 introduced by Richard Burr (NC). Authorizes the Secretary of Veterans Affairs (VA) to provide an effective date of an award of disability compensation, in the case of a veteran who submits a fully-developed claim, of up to one year before the date of receipt of such claim.

HR28 introduced by Mike McIntyre (NC). *Veterans Outreach Improvement Act of 2011.* A bill to amend title 38, United States Code, to improve the outreach activities of the Department of Veterans Affairs, and for other purposes.

HR23 introduced by Bob Filner (CA) *Belated Thank You to the Merchant Mariners of World War II Act of 2011.* A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish the Merchant Mariner Equity Compensation Fund to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II.

HR178/ S.260 introduced by Joe Wilson (SC)/Bill Nelson (FL). *Military Surviving Spouses Equity Act.* A bill to amend title 10, United States Code, to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan for military surviving spouses to offset the receipt of veterans dependency and indemnity compensation.

HR309 introduced by John Mica (FL). *Samuel B. Moody Bataan Death March Compensation Act.* A bill to provide compensation for certain World War II veterans

who survived the Bataan Death March and were held as prisoners of war by the Japanese.

HR303 introduced by Gus Bilirakis (FL). *Retired Pay Restoration Act.* A bill to amend title 10, United States Code, to permit additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt.

HR812 introduced by Bob Filner (CA). *Agent Orange Equity Act of 2011.* A bill to amend title 38, United States Code, to clarify presumptions relating to the exposure of certain veterans who served in the vicinity of the Republic of Vietnam.

HR3712 introduced by Martin Heinrich (NM). *Bataan Defenders Congressional Gold Medal.* A bill to grant the Congressional Gold Medal to the troops who defended Bataan during World War II.

The American Ex-Prisoners of War are proud supporters of *The Independent Budget.* The FY2013 edition represents the 26th consecutive year that our partnership of veterans service organizations has joined together to produce a comprehensive budget document that highlights the needs of every generation of veterans. During that time, *The Independent Budget* has improved significantly while gaining much more respect and recognition.

Messrs. Chairmen and Committeemen, this completes my testimony. Thank you for allowing me the opportunity to appear before you on behalf of the American Ex-Prisoners of War to share our goals for the 112th Congress. Thank you also for all that your Committees have done and for all that you will do for our nation's veterans and their families in the future.

God bless America.

Prepared Statement of John R. Davis

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 established 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 is actively involved in the Veterans Affairs Voluntary Services (VAVS) program and 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 testifies regularly before the House and Senate Veterans' Affairs Committees and Appropriations Subcommittees.

FRA's National Veterans Service Officer also oversees FRA's Veterans Service Officer Program and represents veterans throughout the claims process and before the Board of Veteran's Appeals. In addition, 171 FRA Shipmates provided almost 12,000 volunteer hours of support at 59 VA facilities throughout the country in 2011, enabling FRA to achieve VAVS "Service Member" status. Members of the Auxiliary of the Fleet Reserve Association are also actively involved in the VAVS program and hold an Associate Membership seat on the committee which requires involvement at 15 or more VA facilities.

In August 2007, FRA became a member of the Veterans Day National Committee joining 24 other nationally recognized Veterans Service Organizations on this important committee that coordinates National Veterans' Day ceremonies at Arlington National Cemetery. FRA also is a leading organization in The Military Coalition (TMC), a group of 34 nationally recognized military and veteran's organizations collectively representing the concerns of over five million members. In addition, FRA senior staff members serve in a number of TMC leadership roles.

FRA celebrated its 87th anniversary on November 11, 2011. Nearly 90 years of dedication to its members has resulted in legislation enhancing quality of life programs for Sea Services personnel, retirees, veterans and their families and survivors.

FRA'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 received no federal grant or contract during the current fiscal year or either of the two previous fiscal years.

INTRODUCTION

Distinguished Chairman, Chairwoman, Ranking Members and other Members of these Committees, FRA's membership appreciates this opportunity to present the Association's 2012 legislative goals. The foundation for this statement is the fact that veteran's benefits are earned through service and sacrifice in the defense of this great Nation and are not entitlements or social welfare benefits.

THE 2013 VA BUDGET & SEQUESTRATION

A high priority for FRA is to clarify that the entire Department of Veterans Affairs (VA) budget is exempt from sequestration as mandated by the 2011 Budget Control Act (BCA) that will take effect January 2013. This concern stems from vagueness in the current law and the Association appreciates Chairman Rep. Jeff Miller's (Fla.) attention to this issue and the introduction of the "Protect the VA Health Care Act" (H.R. 3895) that excludes the VA health care programs from automatic sequestration cuts next year.

The VA FY 2013 budget request includes a 10.5 percent increase ($140.3 billion) over the current fiscal year plus $54.5 billion in advanced appropriations for VA health care in FY 2014. Funding for non-VA outpatient care is increased by almost 14 percent over the FY 2012 budget. The increased funding is in response to estimates that more than one million current active duty personnel will become veterans over the next five years. The budget also addresses a number of other VA priorities, including efforts to reduce the backlog of unresolved disability claims and reduce unemployment and homelessness among veterans.

FRA strongly supports these proposed increases and notes that the FY 2013 Independent Budget (IB) recommends just over $68 billion in discretionary spending for next year while the Administration's FY 2013 budget recommends nearly $64 billion in discretionary funding

FRA supports the recommendations of the IB which was recently released by AMVETS, Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA) and the Veterans of Foreign Wars (VFW). The IB provides detailed funding analysis of the proposed VA budget and is intended to be used as a guide to policy makers to make necessary adjustments to meet the challenges of serving America's veterans.

DISABILITY CLAIMS BACKLOG

The cost of defending the Nation includes treating the nation's wounded warriors, and FRA is deeply concerned about the backlog of claims at the VA. Veterans injured in service to their country deserve accurate and timely disability determinations. Our military's involvement in Iraq is ending and the war in Afghanistan is winding down yet there are additional demands on VA health care resources. For years, FRA has advocated for new and improved technology to better manage the deluge of disability claims associated with the war efforts and to eviscerate the disability claims backlog. However, as of January 2012, the VA reports that more than 800,000 veterans are awaiting decisions, 60 percent of which are pending 125 days or more – an increase of more 100% over the past three years.

FRA notes that thousands of additional claims adjusters have been hired since January 2007. Yet despite the additional resources and manpower, the backlog of disability claims continues to increase. Adding to this backlog are errors due to inadequate examination, inaccurate processing and lack of oversight.

Two recent VA Inspector General Regional Office inspections [1] indicated that the Veterans Administration Regional Office staff did not accurately process disability claims, and used insufficient medical examination reports to process TBI claims. VBA claims processors perform a vital role in adjudicating these claims, and it is clear that VA needs to ensure that decisions in disability compensation and pension cases are accurate, consistent, and timely. New personnel must become proficient

[1] Office of Inspector General Inspection of VA Regional Office Pittsburgh, PA (February 27, 2012) and VA Regional Office St. Petersburg, FL (February 8, 2012.)

in the claims process and maintain their knowledge and skills proficiency in this field.

FRA's National Veterans Service Officer (NVSO), Christopher Slawinski, states that he continues to receive calls from Association's members and/or their surviving spouses who express concerns about having been denied benefits by the VA based on inaccurate, incomplete or missing information or evidence. These errors by the VA contribute to the growing number of appeals and a further strain on the claims adjudication backlog.

FRA continues to believe there is strong bi-partisan support to reform the system and lawmakers have made clear that they want to improve claims processing to eliminate bureaucratic delays and ensure more uniformity between branches of the military and the VA in how they rate disabilities. The VA must maintain an effective delivery system, taking decisive and appropriate action to correct deficiencies and improve processes. That said, VA can promptly deliver benefits to veterans only if it has modern technology, adequate resources, sufficient personnel training and staffing.

FRA strongly supports the Administration's efforts to create a Joint Virtual Lifetime Electronic Record (VLER) and an integrated Electronic Health Record (iEHR). A VLER for every service member 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 and would permit a DoD, VA, and private health care providers immediate access to a veteran's health data. There is some sharing now between DoD, VA and the private sector, but more needs to be done. Wider expansion of data sharing and exchange agreements between VA, DoD and the private sector is needed. VA's "Blue Button" initiative permits veteran's online access to some medical history, appointments, wellness reminders and military service information, but most is only accessible only after an in-person authentication. The VLER strategy utilizes secure messaging standards, similar to that which is used for email, to securely relay information between sources. The VLER working group is collaborating with VBA and its paperless processes and while being HIPPA (Health Insurance Portability and Protection Act) compliant, there are legislative hurdles to overcome, similar to that which the VBA is facing with its paperless process.

WOUNDED WARRIORS & SEAMLESS TRANSITION

FRA believes post traumatic stress should not be referred to as a "disorder." This 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 PTS and TBI.

The goal of a truly seamless transition for wounded warriors transitioning from DoD to VA still remains elusive. The Senate Veterans Affairs Committee heard testimony in May 2011 from Scott Gould, VA Deputy Secretary, and DoD Deputy Secretary William Lynn on the progress the two agencies are making in achieving the goal of a seamless transition for disabled veterans from the Department of Defense (DoD) to the VA. Committee Chairwoman Sen. Patty Murray, and Ranking Member Sen. Richard Burr acknowledged improvements but also expressed concern and frustration with bureaucratic infighting and the pace of reform almost four years after the 2007 media firestorm over conditions for wounded warriors at Walter Reed Army Medical Center in Washington, DC. FRA agrees and a top priority for the Association is to ensure adequate funding for DoD and VA health care resource sharing in delivering seamless, cost effective, quality services to wounded or injured personnel. There has been progress, however additional oversight hearings are needed to ensure that the Department's respective bureaucracies are held accountable for further progress on this issue.

FRA remains concerned that the military service commands continue to either bypass the medical evaluation board (MEB) process through administrative measures, or "lowball" disability ratings to deny service connected injured military members their full benefits. FRA is currently working with a service member through this process who stated that his MEB was not handled properly and evidence which would have confirmed disability was not considered in the decision process.

The VA has launched a streamlined version of its online application for VA health benefits (VA Form 1010EZ) for active duty personnel and Reservists returning from deployment at 61 demobilization sites nationwide and expects the form to reduce processing time by seven days. The new online application will be completed as part of a their demobilization and regularly scheduled briefing on VA benefits, which outlines five years of free healthcare and medications for returning service members eligible for VA health care.

The new application is a joint venture between the VA and DoD, and is a positive step toward a seamless transition from DoD to VA benefits. Additionally the VA and other federal agencies must work collaboratively to improve the Transitional Assistance Program (TAP) to help veterans return to civilian life as easily as possible per provisions of the recently enacted Veterans Opportunity to Work Act (VOW.)

The Armed Services Committees and Veterans Affairs Committees must also remain vigilant regarding their oversight responsibilities associated with ensuring a "seamless transition" for our Nation's wounded warriors. In conjunction with this, FRA notes with concern the shifting of departmental oversight from the Senior Oversight Committee (SOC) comprised of the DoD and VA secretaries per provisions of the FY 2009 National Defense Authorization Act, to the more junior Joint Executive Council (JEC) which is now responsible for supervision, and coordination of all aspects of DoD and VA wounded warrior programs.

Related to essential transition programs, according to Navy Times editors, "Even before sequestration takes effect budget cuts have impacted the (DoD) Office of Wounded Warrior Care and Transition Policy with the elimination of 40 percent (44 positions) of the staff, and all 15 contract employees in the transition policy section that leaves only two full-time civilian employees."[2] FRA also notes the importance of the Virtual Transition Assistance Program (VTAP) website that was scheduled to replace the current Turbo TAP website. The VTAP is envisioned to enhance access to online and digital resources, virtual classrooms, social media and other 21st century information platforms.

VTAP is in tune with the current generation of service members and their families and enables them to tailor their own transition experience

The existing Turbo TAP program has been moved to the Office of Civilian Personnel Policy and is under review to try to make the program more useful for troops. Program changes include greater focus on improving resumes with links to Defense Manpower Data Center to allow potential employers to confirm military education and training, automatic translation of military skills into language employers can understand, access to job banks, and search for accredited schools for continuing education.

The Association notes the potential of the eBenefits web site which serves as an electronic portal for veterans, service members and their families to research, find, access, and in the near future manage their VA benefits. The program is a service of the VA and DoD and was one of the recommendations of the President's Commission on Care for America's Returning Wounded Warriors (Dole/Shalala).

The Association also encourages support for the Navy's Safe Harbor Program and the Marine Corps Wounded Warrior Regiment (WWR), programs that are providing invaluable support for these personnel before they transition to veterans' status.

Finally, Congress should expand the VA Caregivers Act to full-time care givers of catastrophically disabled veterans before September 11, 2001. In addition, the Defense Centers of Excellence should be adequately funded and staffed.

CAMP LEJEUNE CONTAMINATED WATER

The Federal Agency for Toxic Substance and Disease Registry efforts last year are important in determining the impact the contaminated water at Camp Lejeune had on those Marines, their families, and others assigned to the base between 1957 and 1987. Their survey is the largest ever carried out by the agency and is intended to determine the impact on birth defects, childhood cancers, and mortality rates due to exposure to pollution at Camp Lejeune. Statistical analysis is expected to be available in early 2014. FRA appreciates the efforts of House VA Committee Chairman Rep. Jeff Miller and Senate VA Committee Ranking Member Sen. Richard Burr in addressing this issue.

The Association supported the *original version* of the "Caring for Camp Lejeune Veterans Act" (S. 277), sponsored by Sen. Burr that authorizes VA health care for former military family members, veterans, and family members stationed at Camp Lejeune for three decades beginning in 1957, when the water at the base was acknowledged to have been contaminated with carcinogens. That said, the Association strongly opposes funding the legislation by eliminating appropriations for the Defense Commissary Agency (DeCA) and directing consolidation of all DoD commissaries and exchanges.

FRA also supports the Janey Ensminger Act (H.R. 1742) sponsored by Rep. Brad Miller which is similar to Senator Burr's S. 277, however the legislation does not require DoD to reimburse VA for the cost of care for affected veterans and family members.

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[2] *Navy Times* Editorial, January 16, 2012, Page 4

DISABILITY RATING REVIEW

The Association urges aggressive committee oversight of the Integrated Disability Evaluation System (IDES) to ensure that disability ratings established by this system are fair and consistent. FRA supports the modernization of the VA Schedule of Rating Disabilities to ensure that the ratings are uniform between the different services, between enlisted and officers, and uniform between DoD and VA.

According to a May 2011 GAO report (GAO–11–633T) the IDES pilot evaluation results were promising, but degree of improvement was unknown, and timeliness for disability claim adjudication has since worsened. The report noted that service members who went through the IDES pilot were more satisfied than those that went through the previous legacy system which took on average 540 days. The IDES process adjudicated claims for active duty personnel on average of 295 days and Reserve Component claims took 305 days on average. Although IDES is an improvement over the legacy system is still currently falls short of the VA's goal of adjudicating claims at 125 days or less.

The Independent Budget (IB), a recent Institute of Medicine report (IOM), the final report (2007) of the Veterans Disability Benefit Commission (VDBC), and the Dole –Shalala Commission all agree that the current disability rating should be reformed to more fully take into account non-economic loss and quality of life factors when determining compensation.

The Association also recommends that Congress change the current practice of rounding down veterans and survivors benefits to the next lowest dollar. Over time, the effect of rounding down can be substantial and our members have expressed concern about these effects.

A Senate floor amendment to the FY 2012 Military Construction and Veterans Affairs Appropriations bill was offered as a cost-savings measure that would change the manner in which presumptive disabilities related to exposure to Agent Orange would be determined. Sick Vietnam-era veterans would be required to prove a "clausal relationship" between Agent Orange exposure and one or more of the 15 presumptive illnesses that the VA now recognizes. This onerous amendment was tabled by a vote of 69–30. FRA strongly opposes this type of budget-saving gimmick that would do serious harm to many disabled veterans and would further delay disability rating evaluations. Current law requires that a disease or injury be incurred concurrently with military service that has been a reliable standard of proof. Congress through the important oversight of these distinguished committees, much remain vigilant regarding other attempts to restrict service connection for disability benefits.

In 2010 Congress excluded the requirement that a veteran with PTS must provide a specific instance that caused the problem. The change allowed veterans, displaying PTS symptoms, to only prove that they served in a combat zone. This change was intended to streamline the disability rating process for veterans with PTS, however, the VA now requires that PTS cases to be confirmed only by a department psychiatrist or psychologist. Allowing a qualified psychiatrist or psychologist to determine a PTS diagnosis outside the VA network would reduce demand on scarce VA resources and personnel and speed-up the disability rating process.

The Association urges Congress to authorize a presumption of service-connected disability for combat veterans and veterans who are exposed to high levels of noise and subsequently claim hearing loss or tinnitus. Currently, veterans must prove that the hearing problem was caused by military service.

PHYSICAL DISABILITY BOARD OF REVIEW (PDBR)

FRA salutes Sen. Mark Udall for his efforts to get the VA to assist the Physical Disability Board of Review (PDBR) in communicating with more than 40,000 veterans with disability ratings of 20 percent or less via a series of PDBR info packet mailings to them from VA. FRA also published articles on the PDBR in its weekly electronic newsletter and monthly magazine.

The PDBR was mandated by the FY2008 Defense Authorization Act to reassess the accuracy and fairness of disability claims that resulted in combined disability ratings of 20 percent or less for service members who were separated from service due to medical conditions rather than being medically retired. To be eligible for a PDBR review, service members must have been medically separated between September 11, 2001, and December 31, 2009, with a combined disability rating of 20 percent or less, and found ineligible for retirement. PDBR can not downgrade a disability for veterans seeking a review if their rating. Since January 1, 2009 only 2,842 of the more than 77,000 eligible for reassessment have applied. Nearly half of those reviewed have been upgraded to 30 percent or more. FRA urges that ade-

quate staff and resources be provided to the PDBR to be able to process an increase in the volume of veterans seeking a review of their ratings.

AGENT ORANGE REFORM

FRA appreciates the VA's efforts to expand presumption to ships exposed to Agent Orange during the Vietnam era. In January 2012 the Department added 47 ships to its list of Navy and Coast Guard vessels that may have been exposed to the Agent Orange herbicide. The list expanded as VA staff determined that a ship anchored, operated close to shore or traveled on the inland waterways and was exposed to the toxic herbicide.

While the expanded VA policy to include veterans who sailed on "inland waterway" ships is appreciated, FRA believes it does not go far enough. FRA receives hundreds of calls from "blue water sailors" and their surviving spouses, stating that due to service on "their ships" in Vietnam waters, they too suffer or have died from many of the illnesses associated to presumed exposure to herbicides as their "brown water" and "boots on the ground" counterparts.

The Association strongly supports the "Blue Water Navy Vietnam Veterans Act" (H.R. 3612, S. 1629) sponsored by Rep. Christopher Gibson and Sen. Kirsten Gillibrand respectively and the "Agent Orange Equity Act" (H.R. 812) sponsored by Ranking Member Rep. Bob Filner. These proposals clarify that veterans who served off the coast of Vietnam may presume exposure to herbicides in determining disability ratings and would allow "Blue Water" veterans to be compensated for their service-connected disabilities. In addition, the Association urges the distinguished committees to schedule hearings on this legislation.

ACCESS TO VA CARE

FRA appreciates the lifting of the "temporary" 2003 ban on enrolling Priority Group 8 veterans, and was encouraged that the VA opened enrollment for some of these beneficiaries. The ban significantly limited access to care and more than 260,000 veterans have been impacted by the policy, however the gradual elimination on the ban has stopped. Our Nation made commitments to all veterans in return for their service and limiting enrollment conveys the wrong message to service members currently serving in Iraq and Afghanistan and those who have served in the past.

Expanding access to VA Hospitals and Clinics for TRICARE beneficiaries is important and FRA supports opportunities to expand DoD/VA joint facilities demonstration projects such as combining the VA Hospital and the Naval Hospital at Great Lakes Naval Base, Illinois, and ensuring that military retirees are not required to pay for care in VA facilities. All 153 VA medical centers accept TRICARE beneficiaries except for TRICARE for Life beneficiaries.

MEDICARE SUBVENTION

FRA believes authorization of Medicare subvention for eligible veterans would improve access for Medicare-eligible veterans and enhance health care funding for the Department of Veterans Affairs (VA).The Association supports the "Medicare VA Reimbursement Act" (H.R. 814) sponsored by House VA Committee Ranking Member Rep. Bob Filner that would authorize Medicare reimbursements to Department of Veterans' Affairs (VA) medical facilities for care provided to Medicare-eligible veterans for non-service-connected conditions. Under current law, Medicare is not authorized to reimburse VA hospitals for care provided to Medicare eligible veterans. This results in veterans being forced to decide between receiving medical care through the VA or using Medicare at a non-VA facility and foregoing the personalized care of a VA hospital. Most veterans pay into Medicare for most of their lives, yet the law prohibits them from benefitting from this via care at VA facilities later in life.

WOMEN VETERANS

During the past decade 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 today they make up more than 15 percent of our active duty forces and 18 percent of the Reserve Component (RC). "Traditionally women veterans have under utilized VA health care. Women veterans who use VA

are younger than their male counter parts."[3] 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.

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

FRA supports the VA efforts to create an appropriate model of care for women veterans and the pilot program to provide child care services for women veterans who come to the VA for treatment of their wounds and injuries. Further, VA should enhance its sexual trauma and other gender specific programs and continue to improve services tailored to women veterans in all VA facilities.

SCRA ENFORCEMENT

Abuses of service members' Servicemembers Civil Relief Act (SCRA) rights were originally exposed by the House Veterans Affairs Committee under the leadership of Chairman Rep. Jeff Miller during a February 2011 hearing. The hearing revealed J.P. Morgan Chase Bank violated the SCRA by improperly charging higher-than-allowed interest on 4,500 active duty service members' mortgages and foreclosing on 18 service members' homes while they were deployed. The Association thanks the Administration for the efforts referenced above and appreciates Chairman Miller's leadership in scheduling oversight hearings on these abuses.

In addition, the President's "Blue Print for an America Built to Last" includes provisions intended to assist veterans and active duty service members with their housing. In conjunction with this, financial institutions that provide mortgages will be required to conduct a review of every service member foreclosed upon since 2006 and provide compensation for any who where wrongly foreclosed upon. This process is being coordinated by the Department of Justice's Civil Rights Division.

The review will also search for deployed service members who were wrongfully charged a mortgage interest rate in excess of six percent in violation of the SCRA. Further the DoD's Homeowners Assistance Program (HAP) to help certain service members who were forced to sell their homes at a loss due to Permanent Change in Station (PCS) has been extended to include those who received a PCS after October 1, 2010. Currently the program is limited to PCS moves between July 1, 2006–December 31, 2008. Certain mortgage institutions will also collectively pay $10 million into the Department of Veterans Affairs (VA) home loan program.

VETERAN'S EMPLOYMENT

Veterans' unemployment and programs to assist them in finding jobs throughout our Nation is a major concern for our members. The recently enacted Veterans Opportunity to Work to Hire Heroes Act (VOW) addresses veterans' employment and related programs and along with other MSO/VSO leaders FRA attended a recent meeting with White House staff for an update on implementing employment initiatives and programs to address these challenges. The agenda included briefings on job fairs being scheduled throughout the country in conjunction with the White House Business Council, updates on related initiatives and the publication of a new 22-page Guide to Hiring Veterans that includes information on legal and policy developments, skills transition, how to hire veterans and appropriate interview questions, veterans benefits, resources and contacts, plus appendixes on disability employment and VOW tax credits for employers. The Guide is now posted on FRA's web site (www.fra.org) and our leadership is encouraging our Branch leaders and others to check this out and become more familiar with resources and support that are now available to our Nation's veterans. In addition, VA Career Fairs are being scheduled throughout the country to help veterans' connect with potential employers and find jobs.

According to *Navy Times* (March 9, 2012), the unemployment rate for veterans between the ages of 18–24 is 31 percent. FRA thanks the distinguished leaders of these Committees, Rep. Miller and Sen. Patty Murray, for working to advance legislation to authorize tax credits to employers that employ veterans and disabled veterans. The Association also appreciates the White House Jobs Bank powered by the

[3] US General Accounting Office. VA Health Care for Women: *Progress Made in Providing Services to Women Veterans.* 1999. GAO/HEHS–99–38.

National Resource Directory which provides a central source for veterans seeking job opportunities without having to visit multiple sites.

FRA supports the enforcement of The Uniformed Services Employment and Reemployment Rights Act (USERRA) which is a federal law intended to ensure that persons who serve or have served in the Armed Forces, Reserves, National Guard or other "uniformed services:" (1) are not disadvantaged in their civilian careers because of their service; (2) are promptly reemployed in their civilian jobs upon their return from duty; and (3) are not discriminated against in employment based on past, present, or future military service.

Many assume that the federal government leads by example and were surprised by a February 29, 2012 story in the *Washington Post* claiming that the federal government could be one of the biggest offenders of USERRA. The article stated that the Departments of Labor, VA, DoD and the U.S. Postal Service are the biggest offenders of USERRA. FRA urges continued attention to veteran's employment issues to ensure that veterans returning home are not penalized for their military service.

MENTAL HEALTH

FRA is deeply concerned about the long waits for mental health care appointments at some VA facilities across the country, and reports that as many as 18 veterans are committing suicide daily. At the request of Senate VA Committee Chairwoman Sen. Patty Murray, the VA surveyed mental health providers revealing that in many areas of the country wait times far exceeded the VA's mandated 14-day window. In addition 70 percent of providers said they did not have adequate staff or space to meet the mental health care needs of the veterans, and 46 percent said the lack of off-hour appointments prevented veterans from accessing care. FRA shares Sen. Murray's concerns that with 33,000 more troops coming home from Afghanistan next year, the demands on the VA mental health program will only increase.

The Committee's Ranking Member, Sen. Richard Burr expressed disappointment with the VA mental health program even though the program funding has increased by 136 percent and staff increased by 47 percent since FY 2006. The Senator believes that 70–80 percent of PTS patients will recover if they get adequate and timely treatment. FRA is likewise concerned about the situation and supports the Committee's call for an investigation and audit to determine what is causing the long waits in the VA mental health program.

The IB expresses concern that potential changes to mental disorders rating table being developed by the Veterans Benefit Administration (VBA). This entirely new rating methodology for mental health disorders would focus on work impairment rather than the current "average impairment of earnings capacity" that also includes non-employment functional impairment. The IB expresses additional concern about the lack of transparency and lack of input from the VSO community in the new mental health rating methodology. FRA advocates that any rating changes should not reduce any disabled veterans benefits.

SBP/DIC

FRA supports the "Military Surviving Spouses Equity Act" (H.R. 178) sponsored by Rep. Joe Wilson, and Senate companion legislation sponsored by Sen. Bill Nelson (S. 260). This legislation addresses the reduction of SBP annuities for survivors by the amount of DIC they receive. Current DIC payments are $1,154 and enacted legislation in 2009 partially addressed this inequity by authorizing an increase via the Special Survivor Indemnity Allowance of only $50 per month for that year, with increases to $100 in 2014. The above referenced legislation would increase the allowance to $150 per month in 2014 with gradual increases to $310 per month in 2017.

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.

POST 9/11 G I BILL

The Post 9/11 GI Bill is a tremendous benefit for service members who qualify for benefits under the new program and has significantly improved the morale of those currently serving. The Association urges the committees to continue its over-

sight of the program to ensure that the changes in the law do not delay timely processing of benefits.

FRA supports upgrading Vocational Rehabilitation and Employment (VRE) to ensure parity with Post 9/11 GI Bill benefits. Also OIF/OEF survivors should have the same benefits provided to dependent children. There should be transparency and better oversight of Post 9/11 GI Bill benefits to ensure beneficiaries are getting benefits at a reasonable cost, and allow catastrophically disabled veterans to transfer education benefits to their full-time care givers when the transfer did not occur prior to the disabled veterans discharge.

The Association appreciates enactment of the "Restoring GI Bill Fairness Act" (Public law 112–26) sponsored by House VA Committee Chairman Miller, that increases the tuition cap from $17, 500 to $27,000 for veterans attending private schools if they were enrolled in the private school before the Post 9/11 Veterans Assistance Improvement Act took effect. Last year's bill reforming the Post 9/11GI Bill included a tuition cap ($17,500) for private schools. The legislation ensures that veterans already attending private schools before the legislation passed last year, are able to complete their education that was promised them when the original Post 9/11 GI Bill was enacted in 2008.

NATIONAL CEMETERY ADMINISTRATION

Chairman Miller's call for to complete an audit of veteran's gravesites to ensure all veterans and their dependents are buried in the correct graves, is important and our members appreciate the House Committee's ongoing investigation to ensure that these problems do not ever arise again at veterans cemeteries.

The National Cemetery Administration (NCA) maintains over three million gravesites at 131 national cemeteries in 39 states, the District of Columbia, and Puerto Rico that are composed of 3.1 million gravesites. The VA estimates that about 22.4 million veterans are alive today. They include veterans from World War II, the Korean War, the Vietnam War, the Gulf War, and the War on Terror, as well as peacetime veterans. It is expected that one in every six of these veterans will request burial in a national cemetery. Annual internments are estimated to gradually increase to 116,000 in FY 2013 and remain at that level until 2015.

FRA appreciates the increased burial plot allowance from $300 to $700 effective October 1, 2011, although there is still a gap between the original value of the benefit and the current benefit. The Association also supports the IB recommendations to increase the plot allowance to $1150. Further NCA's Operations and Maintenance budget should be increased by $20 million for FY 2013 so it can meet increasing demands created by the aging veteran population.

FULL VETERANS STATUS FOR RESERVE COMPONENT SERVICE

FRA supports full veteran status for Reservists with 20 years or more of service, who do not otherwise qualify for same with associated benefits under current law. The Association appreciates Sen. Mark Pryor's leadership by introducing the "Honor American's Guard-Reserve Retirees" (S. 491) bill and appreciates the leadership of Rep. Timothy Walz's companion bill (H.R. 1025) that has passed the House by voice vote.

COURT–ORDERED DIVISION OF VETERANS COMPENSATION

The intent of service-connected disability compensation is to financially assist a veteran whose disability may restrict his or her physical or mental capacity to earn a greater income from employment. FRA believes this payment is that of the veteran and should not be a concern in the states' Civil Courts. If a court finds the veteran must contribute financially to the support of his or her family, let the court set the amount allowing the veteran to choose the method of contribution. FRA has no problem with child support payments coming from any source. However, VA disability should be exempt from garnishment for alimony unless the veteran chooses to make payments from the VA compensation award. The Federal government should not be involved in enforcing collections ordered by the states. Let the states bear the costs of their own decisions. FRA recommends the adoption of stronger language offsetting the provisions in 42 USC, now permitting Federal enforcement of state court-ordered divisions of veterans' compensation payments.

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. There still remain disabled service members collecting Concurrent Retirement and Disability Payments (CRDP) that are 50 percent disabled or greater that are slowly being phased in over a ten-year period (2004–2014). They should receive full benefits starting in 2014. Additionally, those Chapter 61 retirees receiving CRDP and 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 Rep. Sanford Bishop's "Disabled Veterans Tax Termination Act" (H.R. 333) and Senate Majority Leader, Harry Reid's "Retired Pay Restoration Act" (S. 344). Both proposals would authorize comprehensive concurrent receipt reform, and Rep. Gus Bilirakis' "Retired Pay Restoration Act" (H.R. 303) would authorize concurrent receipt for retirees receiving CRDP with a disability rating of 50 percent or less.

FRA also strongly supports House Personnel Subcommittee Chairman Joe Wilson's bill (H.R. 186), that expands concurrent receipt for service members who were medically retired with less than 20 years of service (Chapter 61 retirees) and would be phased-in over five years. This proposal mirrors the Administration's proposal from the 110th Congress. In 2008, Congress voted to expand eligibility for Combat-Related Special Compensation (CRSC) coverage to Chapter 61 retirees and the proposed legislation would, in effect, extend eligibility for CRDP to all Chapter 61 retirees over five years. FRA supports Rep. Robert Andrews bill (H.R. 1979) that among other provisions also expands concurrent receipt. A less costly improvement in an austere budget year would be fixing the so-called "glitch" for CRSC that result in compensation declining when the VA disability rating increases – another enhancement supported by the Association.

UNIFORMED SERVICES FORMER SPOUSES PROTECTION ACT (USFSPA)

FRA urges Congress to take a hard look at the USFSPA with a sense of purpose to amend the language therein so that the Federal government is required to protect its service members against State courts that ignore provisions of the Act.

The USFSPA was enacted 29 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 stands ready to meet with you, other members of the Committees or their staffs at any time, to improve benefits for all veterans who've served this great Nation.

Prepared Statement of Colonel Robert F. Norton, USA (Ret.)

MADAM CHAIR MURRAY, CHAIRMAN MILLER AND DISTINGUISHED MEMBERS OF THE COMMITTEES, on behalf of the 375,000 members of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits this year.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE

MOAA thanks the Committees for their leadership and steadfast resolve to preserve and protect veterans' health care and benefits. We are also extremely appreciative of the Administration and VA's commitment to maintaining viable and robust funding for VA programs as highlighted in the Fiscal Year (FY) 2013 President's Budget submission.

The advance appropriations process has once again allowed the VA to continue health care system operations and not get caught up in the budget battles that caused delay in earlier appropriations cycles.

We appreciate Secretary Shinseki's commitment to breaking down bureaucratic barriers while continuing to aggressively push for transformation of VA health and benefits systems in the interest of our nation's veterans. MOAA is grateful for the Secretary's outreach efforts to military and veterans' service organizations through monthly and quarterly meetings and we look forward to a continuing collaboration with the Department and the Committees.

Integrity, Management, Finances, and Accountability of VA–Health Systems—While the Secretary's efforts to transform the VA have been significant, they have not been without difficulty. The transformation of the health system into a more agile, uniform and patient-centered system that is fully integrated with other VA functions has not yet been achieved.

Many of the bureaucratic issues plaguing the health care system are also barriers to progress across the VA enterprise—issues which inhibit uniformity, consistency of operations, increase costs and limit achievement of a system that can respond to changing requirements. These issues include:

- Lack of systematic compliance, accountability and oversight;
- Limitations on information sharing, accuracy of information, and communications; and,
- Multiple segregated policies, programs, and services that are duplicative, inefficient, ineffective, and add to the already confusing institutional morass.

Transforming VA will require a major cultural shift and steadfast long-term commitment and investment in funding health and associated benefits systems by leaders and across government agencies.

While Congress has been generous in supporting record levels of VA health funding in recent years, we know that budget pressures may make it challenging to sustain these levels in future years.

We adamantly believe that any reductions or delays in funding VA health care and benefits ultimately devalue veterans' service and erode the Department's ability to deliver services to veterans.

As a strong proponent of the 2013 Veterans' Independent Budget, MOAA urges the Committees to consider this resource in deliberating the VA budget requirements.

MOAA recommendations:

- *Preserve funding of the health system and streamline financial accounting systems to achieve more real-time and accurate fiscal projections and advanced appropriation requirements.*
- *Prevent targeting of VA programs as offsets for budget shortfalls; oppose higher usage and drug co-payment fees for VA services.*
- *Enact legislation to exempt VA health care funding from automatic Sequestration cuts should Congress fail to reach agreement on national debt reduction.*
- *Maintain critical infrastructure and continue capital investments, modernization efforts, and veteran-patient-centric transformation initiatives, including full operability of electronic data and records to better meet the evolving and emergent needs of the 21st Century military and veteran populations.*
- *Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order*

to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111–148).

- *CHAMPVA–26. Pass legislation (H.R. 115, Rep Filner, D–CA) to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage must be made available.*

Wounded, Ill and Injured Warrior Care & Support—Since 2007, every VA–DoD authorization and appropriations bill has sought to institutionalize a seamless and unified approach to caring and supporting America's combat and disabled troops, veterans and their loved ones.

After more than ten years of conflict, cultural impediments, insufficient oversight and inconsistent implementation of policy continue to hamper wounded warrior care and support—preventing the VA and DoD from leveraging the full extent of possibilities for collaboration, cooperation, and communication.

One of the most troubling issues that emerged from the Walter Reed scandal was the finding that the Services were "low-balling" disabled servicemembers' disability ratings, with the result that many significantly disabled members were being medically separated and transferred to the VA rather than being medically retired (which requires a 30% or higher disability rating)—a trend that continues today, especially for those in the National Guard and Reserves.

Congress has taken positive steps to address this situation, including establishment of the Physical Disability Board of Review (PDBR) to give previously separated servicemembers an opportunity to appeal too-low disability ratings.

A jointly executed VA–DoD Integrated Disability Evaluation System (IDES) pilot has been implemented and expanded, but experience under IDES has shown that the fundamental goals it was to achieve – to be more streamlined, faster, less complex, and non-adversarial – have for the most part yet to be realized. The service member, typically without effective assistance, must navigate a still-complex adversarial system that is compromised by incomplete medical evaluations, overlooked conditions, and examinations omitting diagnoses – resulting in gaps in care, delays in decision-making, and lack of timely adjudication.

MOAA will continue to monitor the IDES. We request that the Committees work with the Armed Services Committees to streamline the system to ensure the fairest possible outcomes for our wounded warriors. Further, MOAA urges the Committees to ensure any restructuring of disability and compensation systems does not inadvertently reduce compensation levels for disabled servicemembers-veterans.

MOAA also urges continuing oversight for fully implementing interoperability of VA–DoD electronic medical records (EMR) to help reduce barriers to care and roadblocks in agency-patient relationships. MOAA is concerned that the timelines for achieving interoperability of EMR data keep getting pushed back. Should VA's technology budget be reduced, the initiative would be at risk of being pushed far out into the future.

Though the war in Iraq has officially ended and the country looks at an exit strategy in Afghanistan, MOAA has serious concerns whether the longer-term stability and viability of policies, programs and services that have been put in law and executed for our wounded, ill, injured, and disabled members and their families remain a top priority.

MOAA recently learned that the VA and Defense officials have disbanded the Senior Oversight Committee (SOC), which was co-chaired by both Department Secretaries and was supposed to provide high level oversight, visibility and resolution on wounded warrior issues. The functions of the SOC have transferred to the lower-level Joint Executive Council (JEC).

MOAA has voiced concerns in previous years to the Committees and the Armed Services Committees, that such a move would lower functional responsibility to a significantly lower level within both Departments and reduce visibility and continued progress on these issues.

At a minimum MOAA believes the Veterans Affairs and Armed Services Committees should conduct joint hearings addressing the JEC's role, responsibilities, and effectiveness in daily oversight, management, collaboration between the Departments, and address issues highlighted in reports, investigations, and studies related to wounded, ill, injured and disabled programs.

MOAA recognizes the collaborative efforts of VA and DoD in care coordination, particularly in their efforts to support our catastrophically wounded, ill and injured. After a bumpy start, VA has implemented regulations and policies to compensate caregivers and help wounded warriors' caregivers coordinate care across government agencies and local communities through its Caregiver Support and Federal Recovery Coordination (FRCP) Programs.

However, the impact and experiences of wounded warriors and their caregivers with care coordination programs continue to be all over the map. Much of the confusion stems from having two programs; the FRCP and the DoD Care Coordination Program (RCP) are separately managed and operated. Rather than fulfilling the objective of jointness and seamlessness, the various bureaucracies too often end up putting their separate organizational interests ahead of those of wounded members and families.

We believe that Congress should revise and expand Sec. 1611 of Public Law 110–181 to mandate a single, joint VA–DoD program and establish an office for managing, coordinating and assisting wounded, ill, injured, and disabled members through recovery, rehabilitation, and reintegration. MOAA believes care coordination should encompass both medical and non-medical aspects to fully meet the range of needs veterans will experience over their lifetime. Integrating VA–DoD programs into a single Care Coordination Program will streamline processes, eliminate redundancies, reduce expenditures, and expedite services.

MOAA recommendations:

- *Institutionalize medical and transitional support policies, programs and procedures across the VA health care and benefits systems to ensure those most catastrophically injured, ill or disabled transfer seamlessly from military status to veteran status with no break in continuity of care and services in both the short-term and over the lifetime of the veteran.*
- *Enforce accountability of congressionally-mandated VA and DoD wounded warrior policies and programs and establish permanent base-line funding for policy and program execution, research, staffing, and other resource requirements, including the integrated and legacy disability evaluations systems and caregiver programs.*
- *Establish a single, joint VA–DoD Care Coordination program office, consolidating the Federal Recovery Coordination Program (FRCP) and the military Recovery Care Coordination Program charged with managing, coordinating, communicating, outreaching, and assisting servicemembers, veterans and their families-caregivers through recovery, rehabilitation, and reintegration.*

Psychological-Cognitive Health and Suicide Prevention—MOAA thanks the Committees for championing initiatives, policies and funding that address post-traumatic stress disorder (PTSD) and traumatic brain injuries and your commitment to improving the psychological health and well-being of our veterans.

Additionally, we commend the VA for its staunch commitment to enhancing mental and behavioral health programs by working with the DoD and other government and non-government entities to address veterans' physical and psychological needs as a result of deployment-combat-related stressors and trauma injuries and wounds.

However, a decade of war has placed unprecedented demands and stressors on our warriors and families that will leave scars and unintended consequences for generations to come.

Our Association is deeply concerned about the exponentially growing need to address mental health, behavioral and cognitive conditions in light of the rising suicides, alcohol and substance use playing out across the veteran and military communities.

Veterans and their families tell us that they have seen much progress in improving policies and programs at the national level. However, they don't always see these policies and program implemented and interpreted consistently across all VA medical facilities.

The real tragedy for some veterans who really need help is that they may give up, or lose hope or trust in the system.

We hear frequent comments like:

"I don't trust the VA. I am constantly fighting with people in the VA medical center every step of the way to get help. It's like the VA is fighting with itself—why can't they just do what is right?" (PTSD Veteran Spouse-Caregiver)

"I'm frustrated because my providers seldom ask me how I'm doing. They talk to my wife as though I'm not in the room . . . when they don't talk to me it makes me feel like they don't care about me." (Amputee-TBI Veteran)

"The typical VA response to care is to give the patient a machine or medication."(PTSD–TBI Veteran Spouse-Caregiver)

VA acknowledges mental health and staffing shortfalls. MOAA urges Congress to continue to appropriate necessary funds which would allow continuation of the VA's expansion efforts of its mental health capacity to improve access, timeliness, quality, delivery, and follow-on care and information.

Expansion efforts and funds should include marketing and outreach to encourage enrollment of eligible veterans, with special emphasis on Guard-Reserve members, rural veterans and high risk populations.

We also encourage the Committees' support in establishing a single VA–DoD strategy and a joint Suicide Prevention Office that reports directly to the Department Secretaries.

MOAA recommendations:

- *Ensure sufficient funding and access to psychological, trauma and cognitive treatment, including evidenced-based mental/behavioral health, marital/family counseling services, and non-traditional and/or recreational therapies.*
- *Establish a joint VA–DoD strategy and joint program office for more uniform delivery and synchronization of critical care and services for reducing servicemember-veteran suicides.*

Women Veterans—Today's force has changed significantly over the past decade and women are helping to change the face of the military as they join the service at higher rates than at any other time in history. As such, these women are also changing the face of the VA. Over 1.8 million women veterans are enrolled in VA care and that number is expected to grow by 30 percent over the next five years.

In FY2009 and 2010, PTSD, hypertension, and depression were among the top three diagnoses for women treated in VA facilities—and one in five women reported they had been a victim of military sexual trauma.

MOAA believes additional legislative authority is needed to help VA more effectively and efficiently deliver services and care, not only to women veterans, but also to the growing population of veterans who are married and/or have family responsibilities.

MOAA recommends the Committees continue to oversee issues affecting women veterans by

- *Fully implementing P.L. 111–163, Caregivers and Veterans Omnibus Health Services Act of 2010 that provide equitable medical care and improved support services for female veterans including newborn care.*
- *Reconciling discrepancies related to reporting and supporting women impacted by military sexual trauma-assault in VA and DoD systems.*

VETERANS BENEFITS

Disability Claims Management: Quality, Training, and Technology Upgrades

MOAA continues to support a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process.

The Administration's budget request projects the VA will receive about 1.25 million claims for disability for the next fiscal year.

MOAA believes that the VA is making progress in attacking the claims backlog. Further progress won't come easily as the number and complexity of claims continues to rise after more than 10 years of conflict in Afghanistan and Iraq. Moreover, recently added diseases presumed caused by exposure to Agent Orange among Vietnam War veterans will further drive up the number of claims. Consistent, quality decisions on initial claims remain a crucial challenge for the VA.

An over-arching concern is that the quality of initial claims decision is a disappointing 84% system-wide.

MOAA recommends the Committees sustain vigorous oversight of VA's plans to modernize the claims system:

- *Ensure the VA's approach is grounded in "deciding claims right the first time," not just meeting numerical quotas.*
- *Oversee the new case management model for claims processing and monitor other field-tested initiatives directed at improving quality and accuracy.*
- *Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.*
- *Ensure that VA provides standardized training to employees, and tests all employees, including coaches and managers, on the skills, competencies, and knowledge required to do their jobs.*
- *Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.*

Veteran Transition, Readjustment and Employment

MOAA is grateful for the Committees' bi-partisan collaboration on the "VOW to Hire Heroes Act" (P.L. 112–56), which the Association strongly supported.

When fully implemented the "VOW Act" can help address rising unemployment in the veteran population. The Veterans Retraining Assistance Program (VRAP) provision in the VOW Act offers the potential to address chronic unemployment in older (age 35–64) veterans by opening access to Montgomery GI Bill benefits for up to 100,000 of these veterans over the next few years.

Re-tooling the military transition assistance program (TAP) is another core feature of "VOW". Generations of separating and retiring service men and women have endured 'death by PowerPoint' presentations under TAP. A concerted effort by all stakeholders is needed to ensure a newly designed program will be useful to military men and women when they complete their service.

MOAA recommendations:

- *Conduct oversight hearings soon after the implementation of the Veterans Retraining Assistance Program (VRAP) program in July, 2012 to ensure that outreach, recruiting and MGIB enrollments are on track.*
- *Grandfather VRAP participants whose licensing, training, or associate's degree program – leading to employment – won't be completed in the compressed timeframe authorized.*
- *Assess the TAP redesign at a joint hearing with the Armed Services Committees to ensure it meets the needs of separating service men and women.*
- *Extend the 31 December 2012 sunset date for the employer tax incentives in the Act to ensure sufficient information on the effectiveness of these incentives in hiring veterans and disabled veterans.*

GI BILL PROGRAMS

Oversight, Outcomes, Transparency

The Post-9/11 GI Bill authorized under Chapter 33 of 38 U.S. Code is the most generous educational assistance program since the great World War II GI Bill.

The VA has made over 680,000 payments to colleges, universities and training programs on behalf of veterans, active duty service men and women and dependents who have received transferred benefits.

However, a year-long Senate investigation detailed troubling trends in GI Bill outcomes and oversight:

- 33% of new GI Bill payments went to For Profit colleges, which trained only 25% of enrolled veterans in 2009 – 2010, the first year under the new program
- 8 of the top 10 recipients of Chapter 33 funds were For Profit colleges
- The government spends more than twice as much per veteran at For-Profit colleges compared to public not-for-profit colleges
- Recruiting expenditures at certain For Profit schools greatly exceed student services for veterans, which in some cases essentially do not exist
- The Attorney General and multiple states have brought suit against certain For Profit schools for misrepresentation, recruiting abuses, inflated job placements and other deceptive practices.

MOAA recommends the Committees:

- Direct the Department of Veterans Affairs to work with the Department of Education to create an online "dashboard" so that prospective GI Bill users can more easily compare costs, credit and transfer policies, outcomes and graduation rates and related consumer-friendly information about colleges in all sectors.
- Further expand the VA's on-campus VetSuccess program beyond the 80 campus, $8.8 million program requested in the Administration's budget request for FY 2013.
- Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". It will be necessary to raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.
- Establish a centralized complaint reporting and resolution process for veterans using GI Bill entitlement.
- Require that all programs receiving funding under the GI Bill be "Title IV" eligible; in other words, all post-secondary programs would have to meet Dept. of Education standards for accreditation and other requirements.
- Support legislation to account for all Federal educational assistance funding under the Title IV category. Changing the so-called "90/10" rule would compel

all colleges and universities to demonstrate that their product is valuable enough to attract private sector students to pay for the education offered.
- Trademark the term "GI Bill" so that the Dept. of the VA can control the use of that term for GI Bill-related websites and deter other promotional media that present themselves as quasi-governmental sources of information on the GI Bill.

Towards A 21st Century GI Bill Architecture

MOAA continues to recommend the Committees work toward an integrated platform for GI Bill programs.

A streamlined architecture for the GI Bill is needed to support recruitment, reenlistment and readjustment outcomes for our nation's Armed Forces in the 21st century. Veterans, lawmakers, military recruiters, college administrators, non-degree trainers and the general public need a simple, transparent and clear understanding of the service that is required for earning entitlement to the GI Bill.

To maintain multiple, overlapping GI Bill program authorities causes confusion, increases administrative cost, and weakens the potential of these programs to efficiently support intended outcomes.

MOAA recommendations:

- *Integrate all active duty and reserve duty programs in a single chapter in Title 38. Benefit eligibility should be based on two metrics: the length and type of military duty performed.*
- *Repeal Chapter 30, the Montgomery GI Bill – with appropriate grandfathering of remaining participants—and amend language in the preamble to Chapter 33 to indicate that the program is intended to support recruitment, reenlistment and readjustment outcomes for the Armed Forces.*
- *Repeal Chapter 1607, 10 USC. MGIB benefits for operational active duty service performed by National Guard and Reserve servicemembers after 11 September 2001 were superseded by the P911 GI Bill.*
- *Consolidate the Selected Reserve GI Bill with the new GI Bill. Benefits authorized under Chapter 1606 of Title 10 USC were last raised (except for annual COLAs) in 1999. The ratio between Chap. 1606 benefits and the MGIB benefits has plunged to 23.6% against a historical ratio of 47–48%.*

Vocational Rehabilitation and Employment (VR&E)

MOAA is grateful for the provisions in the "VOW to Hire Heroes Act" that improve VR&E and extend automatic eligibility through 2014 for active duty servicemembers referred by DoD with severe illnesses or injuries. The provision enables VR&E to provide rehabilitative services early in the disability evaluation process. The law also expands the Special Employer Incentive program to employers who hire veterans participating in VR&E even in cases where the veteran has not completed training. We also appreciate the VR&E upgrades in P.L. 111–377 that raised the subsistence allowance under the program to the housing allowance available under the P911 GI Bill.

MOAA recommends further extending the delimiting period for VR&E from 12 to 15 years after service and examining the reach and effectiveness and VR&E outreach programs.

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits. The Gunnery Sergeant John D. Fry Scholarship program (P.L. 111–32) established Post-9/11 GI Bill benefit entitlement for the children of Fallen members of our Armed Forces who died in the line of duty after September 10, 2001.

Unfortunately, surviving spouses are ineligible for "Fry Scholarships." At the time the legislation was being considered, no one stopped to think that the surviving spouses themselves would need a robust benefit in order to attain the skills and education to provide for their children and prepare them for college.

Survivors and Dependents Educational Assistance (DEA) program benefits under Chapter 35, 38 USC simply do not afford surviving spouses a realistic opportunity to raise young (in most cases) children and go to school concurrently without shouldering substantial financial debt while dealing with substantial life challenges.

For surviving spouses of the Iraq and Afghanistan conflicts, DEA translates to "college is unaffordable." For full-time college enrollment, a Survivor receives only $936 per month, no cost-of-living (housing) allowance, and no book stipend.

Today, the total potential DEA benefit is $43,065 compared to $53,028 under the MGIB. But, the Fry Scholarships pay the full cost of enrollment at any public col-

lege or university, a housing allowance based on a Sergeant's (E–5) "with dependents" housing rate for the zipcode of the college, and up to $1000 annually for books.

MOAA recommends the Committees support S. 1952 (Sen. Merkley, D–OR) to authorize P911 GI Bill benefits (Chapter 33, 38 USC) for Survivor Spouses of members who died in the line-of-duty after 10 September 2011 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits. As an interim measure, if resources are not available for P911 GI Bill-level benefits, authorize DEA participants a housing allowance and book stipend.

Dependency and Indemnity Compensation (DIC) Equity. DIC, which is paid to survivors of those who paid the ultimate sacrifice, is set at a flat rate for all. MOAA believes DIC should be set at 55% of the compensation paid to 100% service-disabled veterans and placed on an equal footing with survivors of disabled civil service employees. Survivors of federal workers have their compensation set at 55% of their Disabled Retirees' Compensation. The November 2009 GAO report on Military & Veterans' Benefits (GAO 10–62) found that *"DIC payments are almost always less than workers' compensation payments for survivors of federal employees who die as a result of job-related injuries." MOAA supports establishing the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.*

Caregivers of Catastrophically Disabled Veterans. Catastrophically disabled veterans, whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. Spouses who are full-time caregivers are precluded from earning a retirement or Social Security benefits in their own right. When the veteran dies, the widow(er)'s income is reduced to the same DIC rate that other surviving spouses of veterans receive when the death was service connected. The percentage of replacement income can be as little as 15%. The income replacement of other federal survivor benefit plans is close to 50% of the benefit upon which they are based. *MOAA recommends the Committees increase the income replacement rate for widow(er) s of catastrophically disabled veterans.*

Retain DIC on Remarriage at Age 55. Legislation was enacted in 2003 to allow eligible military survivors to retain DIC upon remarriage after age 57. At the time, Congressional staff advised that age-57 was selected only because there were insufficient funds to authorize age-55 retention of DIC upon remarriage. *MOAA recommends authorization of age-55 for retention of DIC upon remarriage in order to bring this benefit in line with rules for the military SBP program and all other federal survivor benefit programs.*

CHAMPVA Dental. *MOAA supports allowing Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program.* The proposal, which is modeled on the TRICARE Retiree Dental Plan, would have no PAYGO offset requirement since it would be fully funded by enrollees' premiums.

NATIONAL GUARD AND RESERVE VETERANS

National Guard and Reserve servicemembers who have served a qualifying period of active duty are unique in the veterans' community, as many continue to serve in uniform. These 'dual-status' veterans face special challenges associated with their status including rising unemployment rates.

Since September 11, 2001, more than 842,000 Guard and Reserve members have served on operational active duty (as of 21 February 2012), and approximately 300,000 or more have served on multiple tours.

The FY 2012 National Defense Authorization Act further expanded DoD's "operational reserve" policy by authorizing non-emergency access to the Guard and Reserve. The NDAA contains a provision that permits the Service Secretaries to activate up to 60,000 reservists for up to one year to perform pre-planned, budgeted missions that will no longer require a national emergency declaration by the Commander in Chief.

Routine Federal call-ups for non-emergency missions are unprecedented in our nation's history. With this sea-change in reliance on the Reserves, it will be critical for the Committees, working with the Armed Services Committees, to ensure that this expansion of policy does not adversely affect Guard and Reserve members, their families and employers.

MOAA recommends the Committees:

- *Closely monitor the Office of Special Counsel's pilot project regarding enforcement of reemployment rights protections for Federal agency workers under the Uniformed Services Employment and Reemployment Rights Act (USERRA).*

- *Support legislation to strengthen the USERRA as recommended by the Department of Justice in a forwarding letter to Congress from Vice President Biden (20 September 2011).*
- *Consider additional USERRA protections such as: requiring states to waive their sovereign immunity in cases requiring the enforcement of the statute; making workplace arbitration agreements unenforceable in disputes arising under USERRA; authorizing punitive damages against egregious violations of the statute and providing for a jury trial in such cases; and, requiring (under current law, "authorizing") a court to use equitable relief, including injunctions and restraining orders when appropriate, for USERRA violations.*
- *Assess the ongoing work of the GAO, tasked by the House Committee on Veterans Affairs, to study financial institutions' compliance with the Servicemembers Civil Relief Act (SCRA) prohibitions against mortgage foreclosure during periods of military service.*
- *Consider adopting additional improvements to the SCRA: imposition of civil fines for violations of the law; criminal penalties in egregious cases of SCRA violation; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.*
- *Working with Armed Services Committees, support authorization for employers to pay TRICARE Reserve Select premiums as an incentive to hire and retain Guard and Reserve members.*
- *Ensure that the modified Transition Assistance Program (TAP) mandated in the "VOW to Hire Heroes Act" is tailored to meet the needs of de-activating Guard / Reserve members including local / regional adaptation.*
- *Support collaborative efforts with States and others that result in civilian credentialing / licensure for military skill training in designated employment fields*

Recognition of Career National Guard and Reserve Veterans

National Guard and Reserve members who complete a full Guard or Reserve career and are receiving or entitled to a military pension, government health care and other benefits are not "veterans of the Armed Forces of the United States," unless they have served a qualifying period of active duty.

This strange situation exists because the definitions of "veteran" in Title 38 limit the term to service men and women who have served on active duty under Title 10 orders.

For example, National Guard members who served on military duty orders (other than Title 10) at Ground Zero in New York City on Sept. 11, 2001, the Gulf Coast following Hurricane Katrina, the BP oil spill catastrophe off the Gulf Coast, or conducted security operations on our Southwest border, and subsequently retired from the National Guard are not deemed to be veterans under the law unless at some point they had served on Title 10 orders.

Due to military funding and accounting protocols, many reservists performed operational missions during their careers but the orders purposely were issued under other than Title 10 to avoid crediting the service as de facto "active military service."

Ironically, these career reservists have earned specified veterans' benefits, but they can't claim that they are veterans.

MOAA is grateful to the House Veterans Affairs Committee and the full House for twice passing enabling legislation. H.R. 1025 (Rep. Walz, D–MN) passed the House on 11 October 2011 and has been referred to the Senate. The bill would establish that National Guard and Reserve members who are entitled to a non-regular retirement under Chapter 1223 of 10 USC and who were never called to active federal service during their careers are veterans of the Armed Forces. The legislation would prohibit the award of any new or unearned veterans' benefits.

MOAA recommends the Senate Committee on Veterans Affairs approve the "Honor America's Guard and Reserve Retirees Act", S. 491 (Sen. Pryor, D–AR) to authorize that career members of the National Guard and Reserve who were never called up to Federal active duty and are entitled to or receiving military retired pay are veterans of the Armed Forces.

(Former) Clark Air Force Base, Philippines, Military Cemetery

When U.S. forces hastily departed the Philippines in 1991, no provision was made for the long-term maintenance and upkeep of the Clark Air Force Base (AFB) Military Cemetery. The cemetery contains the remains of 8600 American service members, veterans and family members from the Spanish American War through the present conflicts. The U.S. Air Force maintained the cemetery from 1951 until 1991.

Clark AFB Military Cemetery remains in operation. Last year, an Iraq conflict serviceman and a Vietnam War Silver Star recipient were interred in the cemetery.

Thanks to the extraordinary efforts of a local VFW Chapter and private support from the "Clark Veterans Cemetery Restoration Association", the Cemetery has not been allowed to slip into complete disrepair.

But Clark AFB Military Cemetery has been abandoned by the United States government. We have dishonored the memory of the fallen that lie buried there.

MOAA recommends the Committees approve bi-partisan legislation (H.R. 4168, Rep. Guinta, R–NH) to place the Clark AFB Military Cemetery under the control of the American Battle Monuments Commission.

Conclusion

MOAA is grateful to the Members of the Committees for your leadership in supporting our veterans and their families who have "borne the battle" in defense of the nation.

Executive Summary

Selected Recommendations

VETERANS' HEALTH CARE

Integrity, Management, Finances, and Accountability of VA–Health Systems

- Fully fund the VA health system and streamline financial accounting systems to achieve more real-time and accurate fiscal projections and advanced appropriation requirements.
- Prevent targeting of VA programs as offsets for budget shortfalls; oppose higher usage and drug co-payment fees for VA services.
- Exempt VA health care funding from automatic Sequestration cuts should Congress fail to reach agreement on national debt reduction (H.R. 3895, Rep. Jeff Miller, R–FL).
- Maintain critical infrastructure and continue capital investments, modernization efforts, and veteran-patient-centric transformation initiatives, including full interoperability of electronic data and records to better meet the evolving and emergent needs of the 21st Century military and veteran populations.
- Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111–148).
- CHAMPVA–26. Pass legislation (H.R. 115, Rep Filner, D–CA) to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage must be made available.

Wounded, Ill and Injured Warrior Care & Support

- Institutionalize medical and transitional support policies, programs and procedures across the VA health care and benefits systems to ensure those most catastrophically injured, ill or disabled transfer seamlessly from military status to veteran status with no break in continuity of care and services in both the short-term and over the lifetime of the veteran.
- Enforce accountability of congressionally-mandated VA and/or joint Departments of VA and Defense (DoD) wounded warrior policies and programs and establish permanent base-line funding for policy and program execution, research, staffing, and other resource requirements, including the integrated and legacy disability evaluation systems and caregiver programs.
- Establish a single, joint VA–DoD Care Coordination program office, consolidating the Federal Recovery Coordination Program (FRCP) and the military Recovery Care Coordination Program charged with managing, coordinating, communicating, outreaching, and assisting servicemembers, veterans and their families-caregivers through recovery, rehabilitation, and reintegration.

Psychological-Cognitive Health and Suicide Prevention

- Ensure sufficient funding and access to psychological, trauma and cognitive treatment, including evidence-based mental/behavioral health, marital/family counseling services, and non-traditional and/or recreational therapies.

- Establish a joint VA–DoD strategy and joint program office for more uniform delivery and synchronization of critical care and services for reducing servicemember-veteran suicides.

Women Veterans

- Fully implement P.L. 111–163, Caregivers and Veterans Omnibus Health Services Act of 2010 that provides equitable medical care and improved support services for female veterans including newborn care.
- Reconcile discrepancies in reporting military sexual trauma / assault and ensure support for women who have been victims of such attacks.

VETERANS' BENEFITS

Claims Backlog

- Ensure the VA's claims management system is grounded in "deciding claims right the first time," not just meeting numerical quotas.
- Oversee the new case management model for claims processing and monitor other field-tested initiatives directed at improving quality and accuracy.
- Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.
- Ensure that VA provides standardized training to employees, and tests all employees, including coaches and managers, on the skills, competencies, and knowledge required to do their jobs.
- Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.

Veteran Transition, Readjustment and Employment

- Conduct oversight hearings soon after the implementation of the Veterans Retraining Assistance Program (VRAP) program in July, 2012 to ensure that outreach, recruiting and MGIB enrollments are on track.
- Grandfather VRAP participants whose licensing, training, or associate's degree program – leading to employment – won't be completed in the compressed timeframe authorized.
- Assess the TAP redesign mandated in the VOW to Hire Heroes Act at a joint hearing with the Armed Services Committees to ensure it meets the needs of separating service men and women.
- Extend the 31 December 2012 sunset date for the employer tax incentives in the VOW Act to ensure sufficient information on the effectiveness of these incentives in hiring veterans and disabled veterans.

GI BILL PROGRAMS

Oversight, Outcomes, Transparency

- Direct the Department of Veterans Affairs to work with the Department of Education to create an online "dashboard" so that prospective GI Bill users can more easily compare costs, credit and transfer policies, outcomes and graduation rates and related consumer-friendly information about colleges in all sectors.
- Further expand the VA's on-campus VetSuccess program beyond the 80 campus, $8.8 million program requested in the Administration's budget request for FY 2013.
- Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.
- Establish a centralized complaint reporting and resolution process for veterans using GI Bill entitlement.
- Require that all programs receiving funding under the GI Bill be "Title IV" eligible; in other words, all post-secondary academic programs should meet Dept. of Education standards for accreditation and other requirements.
- Support legislation to account for all Federal educational assistance funding under the Title IV category. Changing the so-called "90/10" rule would compel all colleges and universities to demonstrate that their product is valuable enough to attract private sector students to pay for the education offered.
- Trademark the term "GI Bill" so that the Dept. of the VA can control the use of that term for GI Bill-related websites and deter other promotional media that present themselves as quasi-governmental sources of information on the GI Bill.

Towards A 21st Century GI Bill Architecture

- Integrate all active duty and reserve duty programs in a single chapter in Title 38. Benefit eligibility should be based on two metrics: the length and type of military duty performed.
- Repeal Chapter 30, the Montgomery GI Bill – with appropriate grandfathering of remaining participants – and amend language in the preamble to Chapter 33 to indicate that the program is intended to support recruitment, reenlistment and readjustment outcomes for the Armed Forces.
- Repeal Chapter 1607, 10 USC. MGIB benefits for operational active duty service performed by National Guard and Reserve servicemembers after 11 September 2001 were superseded by the P911 GI Bill.
- Consolidate the Selected Reserve GI Bill with the new GI Bill. Benefits authorized under Chapter 1606 of Title 10 USC were last raised (except for annual COLAs) in 1999. The ratio between Chap. 1606 benefits and the MGIB benefits has plunged to 23.6% against a historical ratio of 47–48%.

Vocational Rehabilitation and Employment (VR&E) – MOAA recommends further extending the delimiting period for VR&E from 12 to 15 years after service and examining the effectiveness of VR&E outreach programs.

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits – Support S. 1952 (Sen. Merkley, D–OR) to authorize P911 GI Bill benefits (Chapter 33, 38 USC) for survivor spouses of members who died in the line-of-duty after 10 September 2011 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits. As an interim measure, if resources are not available for P911 GI Bill-level benefits, authorize DEA participants a housing allowance and book stipend.

Dependency and Indemnity Compensation (DIC) Equity – MOAA supports establishing the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.

Caregivers of Catastrophically Disabled Veterans – MOAA recommends the Committees increase the income replacement rate for widow(er)s of catastrophically disabled veterans.

Retain DIC on Remarriage at Age 55 – MOAA recommends authorization of age-55 for retention of DIC upon remarriage in order to bring this benefit in line with rules for the military SBP program and all other federal survivor benefit programs.

CHAMPVA Dental – MOAA supports allowing Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program.

NATIONAL GUARD AND RESERVE VETERANS

- Closely monitor the Office of Special Counsel's pilot project regarding enforcement of reemployment rights protections for Federal agency workers under the Uniformed Services Employment and Reemployment Rights Act (USERRA).
- Support legislation to strengthen the USERRA as recommended by the Department of Justice in a forwarding letter to Congress from Vice President Biden (20 September 2011).
- Consider additional USERRA protections such as: requiring states to waive their sovereign immunity in cases requiring the enforcement of the statute; making workplace arbitration agreements unenforceable in disputes arising under USERRA; authorizing punitive damages against egregious violations of the statute and providing for a jury trial in such cases; and, requiring (under current law, "authorizing") a court to use equitable relief, including injunctions and restraining orders when appropriate, for USERRA violations.
- Assess the ongoing work of the GAO, tasked by the House Committee on Veterans Affairs, to study financial institutions' compliance with the Servicemembers Civil Relief Act (SCRA) prohibitions against mortgage foreclosure during periods of military service.
- Consider adopting additional improvements to the SCRA: imposition of civil fines for violations of the law; criminal penalties in egregious cases of SCRA violation; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.
- Working with Armed Services Committees, support authorization for employers to pay TRICARE Reserve Select premiums—a lower-cost alternative to employer-provided coverage—as an incentive to hire and retain Guard and Reserve members.

- Ensure that the modified Transition Assistance Program (TAP) mandated in the "VOW to Hire Heroes Act" is tailored to meet the needs of de-activating Guard / Reserve members including local / regional adaptation.
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(Former) Clark Air Force Base, Philippines, Military Cemetery – MOAA supports legislation (H.R. 4168, Rep. Guinta, R–NH) to place the Clark AFB Military Cemetery under the control of the American Battle Monuments Commission.

Prepared Statement of Jamie H. Tomek

Madam Chair Murray, Chairman Miller, Ranking Members Burr and Filner, and Members of both the Senate and House Committees on Veterans Affairs, I am pleased to be here today to testify on behalf of Gold Star Wives on legislative issues pertinent to our nation's military widows and widowers. My name is Jamie Tomek, Chair of the Gold Star Wives' Government Relations Committee. I became the widow of First Lieutenant Glen D. Tomek, when he was killed in action April of 1969 in Vietnam. I am proud to represent Gold Star Wives here today, but would prefer to have not lost my husband 43 years ago . . . as is the case of every one of us here today.

Gold Star Wives of America (GSW), founded in 1945, is a Congressionally Chartered organization of surviving spouses of military members who died while serving on active duty or died from a service-connected cause. GSW is a volunteer organization.

We provide information about survivor benefits and assist survivors experiencing difficulties accessing their benefits. We strive to raise the awareness of Congress, the public, the military and veterans' communities and GSW about the many inequities existing in our survivor programs and benefits. Many of our members volunteer in Department of Veterans Affairs (VA) hospitals and clinics and visit service members hospitalized at Department of Defense (DoD) medical treatment facilities. In 2010, GSW members reported volunteer hours and contributions valued at more than $200,000.

GSW's current members are the surviving spouses of military members who served during World War II, the Korean War, the Vietnam War, the Gulf War, the conflicts in both Iraq and Afghanistan, and every period in between. For this written testimony, we will refer to all of members as surviving spouses.

Because the survivor population is a separate category of beneficiaries, we strongly encourage and suggest the use of the term survivor when speaking about veterans and their families or military personnel and their families.

We would like to thank Congressman Filner for including surviving spouses in the Mortgage Amendment to the Servicemembers Civil Relief Act; Congressman Bilirakis and his staff for intervening with the VA to ensure that DEA benefits were paid by direct deposit; and Senator Begich and Congressman Dan Young for legislation that would provide space available travel on military aircraft for many of our members.

We would also like to thank Senator Bill Nelson, Senator James Inhofe, and Representative Joe Wilson for their continued support of bills to eliminate the Dependency and Indemnity Compensation DIC offset to the Survivor Benefit Plan (SBP).

GSW's most important issues are as follows:

Office of Survivors Assistance

The Office of Survivors Assistance was Congressionally mandated by Public Law 110–389, Title II Section 222 (Veterans' Benefits Improvement Act of 2008) to serve as a resource regarding all benefits and services furnished by VA to Survivors and dependents of deceased veterans and survivors and dependents of deceased members of the Armed Forces. OSA serves as the primary advisor to the Secretary of Veterans Affairs on all matters related to policies, programs, legislative issues, and other initiatives affecting veterans' survivors and dependents.

OSA honors the commitment made to its constituents for access to applicable benefits and services under the law. OSA also serves as an advocate for their special needs in the policy and programmatic decisions of the VA.

Since FY 2011, the office has been staffed by a Director and a Program Analyst. Currently, there is an active hiring action for a Staff Assistant to complement the staffing levels. GSW urges you to encourage VA to fully staff the Office of Survivors Assistance to ensure the purpose and intent of the Public Law is fulfilled.

We have established and maintained excellent contacts within the various organizations in VA to assist us with cases that involve extenuating circumstances. VA, in particular the Veterans Benefit Administration, has made and we are confident they will continue to improve processing times for claims. Perhaps the inclusion of survivor stakeholders should be considered as we can provide valuable input that could be included in the improvement process and we offer our assistance and look forward to collaborative efforts.

Training on Survivor Issues

GSW is often contacted by surviving spouses who have called the national VA phone number for information. In many cases, they were given incorrect or inadequate information about the benefits to which they were entitled. GSW suggests that the VA provide training on survivor benefits and issues for those who provide information on benefits. Such training would ensure that accurate, consistent, and timely information is provided to survivors.

Increase Dependency and Indemnity Compensation (DIC)

The Servicemen's and Veterans Survivor Benefit Act of 1956 established DIC (P. L. No. 84–881). The purpose of DIC is an indemnity payable to survivors when a military member dies of a service-connected cause.

GSW seeks parity with other Federal survivor programs when calculating DIC. DIC is currently paid to widows at 41% of the VA Disability Compensation received by the veteran with a 100% service-connected disability. The monthly flat-rate DIC is $1195. Other Federal survivor programs provide 55% of the retirement pay of the Federal employee to the widow. Bringing DIC's computation to 55% would provide parity with other Federal survivor programs and would increase DIC by approximately $300 per month.

The continued economic stresses our country is now enduring places surviving spouses one step away from a car that stops running or an unpaid house payment or utility bill. In statistics received from OSA 44% of surviving spouses reported income below $20,000. Many surviving spouses are in financial distress, unable to pay for food, medical co-pays and utilities. Equalizing the computation of DIC would offer some relief from worry and would improve financial independence and confidence for GSW members. An increase in DIC should not subject the Survivor Benefit Plan (SBP) beneficiaries to further offset.

Congress should make the ethical decision now to change the DIC compensation to 55% that is afforded other Federal survivors. Why military surviving spouses must accept a lower percentage than other Federal survivor programs is incomprehensible to GSW. There has been no increase in DIC except for COLAs since flat rate DIC was implemented in 1993.

CHAMPVA Dental Plan

Congress enacted legislation requiring the VA to provide access to dental insurance plans through the CHAMPVA health insurance program. Eighteen months has passed and the policy is not yet in place. CHAMPVA recipients need access to both dental insurance plans to maintain their overall health.

GSW is thankful for this needed piece of legislation for our surviving spouses and children but we are perplexed and concerned at the length of time that has passed without implementation.

The new law directs the VA to determine how reasonable it is to sell dental insurance to veterans by conducting a feasibility study. However, the law is rather vague on specifics and leaves much left for the VA to decide. Although the legislation is very positive, it still leaves a lot that is yet to be determined.

This new insurance plan is intended to be voluntary. The VA will contract with a dental insurance agent to administer the program and will charge sufficient premiums to ensure the costs are covered. So far, there has been no information other than the bill's text, which leaves key questions unclear, such as how patients and providers can sign up and where the pilot program will take place.

Dependent Education Assistance Program (DEA)

The DEA or Chapter 35 benefits need to be increased. Current benefits do not cover the costs of today's tuition much less books, fees and living expenses. As quoted in *Forbes,* "For the past quarter-century, the cost of higher education has grown 440%, according to the National Center for Public Policy and Education."

Surviving children of those who died on active duty after 9–11 receive benefits under the Marine Gunnery Sergeant John David Fry Scholarship. All other beneficiaries, including surviving spouses of those who died on active duty after 9–11, receive benefits under the DEA program.

The lack of adequate DEA benefits means that these surviving spouses and children require student loans and leaves the beneficiaries with a significant debt load.

In its 2005 report "Rising Above the Gathering Storm," the National Academy of Science points out that for the United States to remain economically competitive and a world leader, our nation must invest in a future quality workforce (Tucker et.al. 2005).

According to the President's Council of Advisors on Science and Technology, "The problem is not just a lack of proficiency among American interns; there is also a lack of interest in Science, Technology, Engineering, and Math (STEM) fields among many interns". According to the Department of Commerce, female STEM majors earn 30 percent more an average income then non-stem graduates. (Surviving spouses are 98.2 percent female.) Therefore, GSW encourages the VA to embrace government incentive programs such as STEM and SMART Grants to ensure that qualified survivors receive the benefits of these programs.

Recent VA reports indicate that 49 percent of survivors are unaware of their education benefits. GSW encourages further outreach to surviving spouses about benefits. The reports also indicate that the majority of surviving spouses have only a high school education (from the 2010 National Survey of Veterans). The VA cannot currently provide statistics on the percentage of surviving spouses and children who use DEA benefits. The only available statistics indicate that there were a total of 90,657 participants, 14,904 of which are spouses and 75,753 are children. This is less than 2.9 percent of the survivor population.

Elimination of the DIC Offset to the SBP

Disabled military retirees view the Committee on Veterans Affairs as their protector and advocate. We are asking this Committee to be a protector of surviving spouses and ensure that our deceased husbands receive a benefit of retirement they worked hard to earn and for which they paid substantial premiums. In 1999, Congress decided to eliminate the offsets to military retired pay with an incrementally phased in plan.

Representative Jeff Miller, Chairman of the House Committee on Veterans Affairs played a key role in restoring full SBP by eliminating the Social Security Offset to SBP [P.L. 108–375]. Unfortunately, military surviving spouses whose military spouse died on active duty or of a service-connected cause endured a second unjust offset – the DIC offset to SBP. Congress and DoD policy makers who have not suffered the misfortune of an early death due to military service should honor this selfless, responsible act of purchasing an annuity to provide for their family with utmost dignity.

There are 33,280 of the 57,134 surviving spouses whose husbands earned and purchased SBP receive nothing from the SBP annuity.

Public Law 108–183 [NDAA FY 2005] eliminated the DIC offset to SBP for surviving spouses who remarried after the age of 57. GSW appreciates the Committee's "first step" to provide "survivor concurrent receipt" to remarried widows; however, we do not understand the logic used to abandon those of us who have not remarried.

GSW believes that Congress is ignoring the sacrifice of America's Fallen Heroes by not recognizing their service and sacrifice with the dignity of earned and purchased retirement benefits. We believe the price of an early death, coupled with the responsible act to purchase a survivor annuity should be compelling when Congress is determining funding priorities. SBP is actually an employment benefit promised to the deceased service member. How is it that Congress placed a higher priority on granting full military retired pay to living disabled retirees but did not consider the benefits that deceased service members earned for their surviving spouses?

We ask that the members of the Committee on Veterans Affairs be more pro-active in finding the funding to pay full SBP to the surviving spouses of deceased service members. Surviving spouses of those who are acknowledged to have died in service to their country should not be victimized so that DoD can profit from the loss of the retiree. (For more detailed information, please see the GSW Fact Sheet at Attachment 1.)

TRICARE Dental Program (TDP)

The NDAA FY 2010 created new dental insurance provisions for surviving spouses and children of those who died on active duty after 9–11. These new dental insurance provisions align with the medical benefits these surviving spouses and children receive. Under the new provisions of TDP surviving spouses receive premium-free dental insurance under the active duty TDP for 3 years after the death of their military spouse, and surviving children receive premium-free dental insurance until they reach the age of majority.

When DoD implemented these changes to TDP, many of the eligible surviving spouses and surviving children were not notified the new benefit was available in a timely manner. Because of this delay in notification many of the surviving spouses who were participating in the TRICARE Retired Dental Plan (TDRP) continued to pay premiums for several months after they were entitled to premium-free dental insurance under TDP. Some surviving spouses paid as much as $500 in premiums to TDRP for themselves and their children because DoD failed to notify them in a timely manner.

These surviving spouses and children should be reimbursed for the expenses incurred due to this delayed notification.

TRICARE Fees

The currently proposed "tiered" TRICARE fee system is based on the amount of military retirement pay retired service members receive. Surviving spouses and surviving children receive no military retirement pay.

Although the proposal includes provisions to exempt post 9–11 surviving spouses and children whose sponsor died on active duty the proposal failed to address fees for surviving spouses and children whose sponsor died on active duty before 9–11 or whose sponsor died of a service-connected cause.

When Congress processes the DoD proposal, they need to take into consideration that those who use:

- **TRICARE Prime,** already pay an annual enrollment fee and may have co-pays for medical appointments and hospitalization.
- **TRICARE Standard,** already pay 25% of the charges for medical care, the annual deductible and co-pays for any medications they obtain from the mail order or retail pharmacy programs.
- **TRICARE for Life,** already pay a minimum of $99.90 monthly for Medicare Part B ($1198.80annually), plus co-pays for medications purchased by mail or a retail pharmacy.

There are many complications involved in this issue:

- **Surviving spouses do not receive military retirement pay;** some surviving spouses of retired service members receive SBP, which is an annuity based on a portion of the deceased service member's military retirement pay, but not all deceased retired service members purchased SBP.
- Surviving spouses who receive only DIC of $1195 monthly cannot afford to pay these proposed fees. Would these spouses no longer be entitled to TRICARE if they could not pay the fees? Would they be entitled to military medical care in a military facility? Given the low priority of retired surviving spouses for military medical care would these surviving spouses ever be able to get an appointment for medical care?
- Other surviving spouses receive none of the SBP purchased by their sponsor because it is totally offset by DIC.
- Pre 9–11 surviving spouses of service members who died on active duty only receive SBP if their military spouse was retirement eligible when he died.
- Surviving spouses of retired service members who died of a service-connected cause are currently required to pay the higher family premiums if the children are to be covered by TRICARE Prime. TRICARE Prime is currently the only version of TRICARE that has a fee.
- If the service member had children from a previous marriage or relationship, would the family enrollment fee the legal surviving spouse pays cover TRICARE fees for the children of other marriages or relationships?

Surviving spouses look to us as their voice in Congress as we are the vanguards with changing the inequities of survivor benefits, educating the public as well as elected officials. However, this cannot be accomplished without your support. We are that family minus one – we are spouses and children, all having suffered the unbearable loss.

I believe that you who serve on these two committees feel similarly. Let us work to make this statement one of action and not just rhetoric. I appreciate the opportunity to be here and am happy to answer questions. Thank you.

Attachment 1

REPEAL THE SURVIVOR BENEFIT PLAN/DEPENDENCY AND INDEMNITY COMPENSATION (SBP/DIC) OFFSET

Objective: To repeal the law that requires a $1.00 reduction in a DoD Survivor Benefit Program (SBP) for each $1.00 received from the VA's Dependency and Indemnity Compensation (DIC) program. SBP is a premium-based voluntarily selected benefit of retirement.

Legislation: 112th Congress
HR 178 Rep. Joe Wilson, SC
177 Co-sponsors (3/15/2012}

S 260 Sen. Bill Nelson, FL and Sen. James lnhofe, OK
49 Co-sponsors (3/15/2012)

Cost FY11:
Military Retirement Trust Fund Outgoing $55 Billion to military retirement and survivor payments
$3.62 Billion to 294,000 Surviving Spouses

CBO score:
$536 Million (2012) owed to 54,778 offset Widows (less than 1% of $55 B)

Original Survivor Benefit Bill HR 10670, signed by President Richard Nixon, Sept 21, 1972, House Report 92–481 passed as a free-standing bill

For more information please contact:
Gold Star Wives of America, Inc.
888–751–6350
703–351–6246 www.qoldstarwives.org

Surviving Spouses Deserve Equal Beneficiary Status:

No DIC offset for other beneficiary categories, such as:

- Remarried surviving spouses over age 57 receive both SBP and DIC payments (2004)
- Surviving children do not have offset between SBP and DIC
- Former spouses may receive SBP and current spouse receives DIC
- Surviving spouses receive SBP from first marriage and DIC from second marriage
- Surviving spouses of non-service connected death receive full SBP up to 55% (SBP/62)
- Federal Civilian surviving spouses do not have offset with DIC
- 31,000 surviving spouses have NO SBP to pay TRICARE premiums, CHAMPVA has no premiums
- Federal Civil Service Annuity is not offset by DIC and no premiums are paid for survivor benefit by civilian employees who die in active employment

Favorable Recommendations Eliminate Offset to SBP/DIC:

- The Veterans Disability Benefits Commission (2007)
- Commission on Care for America's Returning Wounded Warriors (2007)

Philosophical Basis of DoD's Survivor Benefit Plan:

To supplement the survivor benefit of Social Security at age 62. (Repealed in 2003)

- To establish a survivor benefit similar to the Federal Civil Service Annuity or 55% of retired pay with a reasonable "cost sharing" premium
- 2001, all military active duty deaths included in SBP, no premiums paid
- Federal Civilian Employee death... no premiums paid for survivor annuity

SPB IMPACT

As Of 11/01/2011

Rank	Status	*Monthly Retired Pay 2011	Monthly VA Disability 2011	Monthly Total	Monthly SBP Annuity 2011	Monthly VA DIC Benefit	Monthly VA DIC *Offset	Gross Monthly Income	Percentage of Income Change
E-7 20 YRS									
	100% Disabled Veteran with Spouse	$2,094	$2,823	$4,917	N/A	N/A	N/A	$4,917	
	UnRemarried Surviving Spouse				$1,152	$1,154	($1,154)	$1,154	23%
	Remarried Surviving Spouse => 57				$1,152	$1,154	N/A	$2,306	47%
	SBP Monthly Premiums $136(E7) $262(05)								
O-5 20 YRS									
	100% Disabled Veteran with Spouse	$4,035	$2,823	$6,858	N/A	N/A	N/A	$6,858	
	UnRemarried Surviving Spouse				$2,219	$1,154	($1,154)	$2,219	32%
	Remarried Surviving Spouse => 57				$2,219	$1,154	N/A	$3,373	49%

*Note:

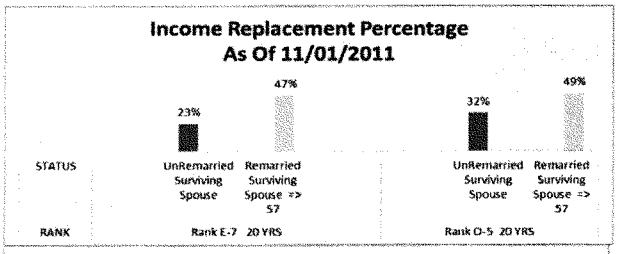
SBP Beneficiaries not subject to DIC offset

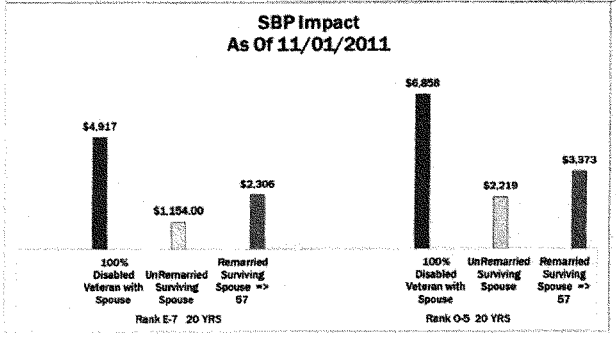
1. Parents
2. Children
3. Insured Interests
4. Federal Civilian Survivor annuitants
5. Former spouses

Military Compensation website

http://militarypay.defense.gov/survivor/sbp/index.html

50% of active duty pay base





Prepared Statement of Allen E. Falk

INTRODUCTION

Chairman Miller, Chairwoman Murray, and Members of the House and Senate Committees on Veterans' Affairs, my fellow veterans and friends, I am Allen E. Falk, the National Commander of the Jewish War Veterans of the U.S.A. (JWV). JWV is Congressionally Chartered and also provides counseling and assistance to members encountering problems dealing with the Department of Defense (DoD), the Department of Veterans Affairs (VA), and other government agencies. JWV is an active participant in The Military Coalition, a select group of over 30 military associations and veterans' organizations representing over five million active duty, reserve and retired uniformed service personnel, veterans, families, and survivors on Capitol Hill. In fact, I am very proud that our National Executive Director, Colonel Herb Rosenbleeth, who is here with me today, is the President of the Military Coalition.

On March 6th, 7th and 8th, our National Executive Committee members were here in Washington to meet with their Representatives and Senators as part of JWV's Capitol Hill Action Day(s). Our members prepared diligently for these important meetings and successfully presented many of JWV's legislative priorities to your colleagues, their members of Congress and congressional staff.

Members of the committee, it was a singular honor for me to present the prestigious JWV Medal of Merit to you, Chairman Miller (R–FL), at our Congressional Reception during our days on Capitol Hill. It was equally rewarding to JWV to have so many of you participate with us!

JWV's presentation to the Chairman of the House Foreign Affairs Committee reflects our strong interest in and great concern for world events. While we advocate health care and compensation for veterans, JWV is also deeply involved in U.S. interests overseas. We must be always vigilant to protect the freedoms won by our brave veterans!

Also Madame Chairwomen, I recall with the greatest pride and pleasure that we presented you with the JWV Medal of Merit at our Congressional Reception in 2006. Our sincere congratulations to you on your subsequent selection as Chairwoman of the Senate Committee on Veterans' Affairs.

Mr. Chairman, on March 15th, we at JWV celebrated our 116th birthday. For all of these 115 years, JWV has advocated a strong national defense, and just and fair recognition and compensation for veterans. The Jewish War Veterans of the USA prides itself in being in the forefront among our nation's civic and veterans groups in supporting the well-earned rights of veterans, in promoting American democratic principles, in defending universal Jewish causes and in vigorously opposing bigotry, anti-Semitism and terrorism both here and abroad. Today, even more than ever before, we stand for these principles. The Jewish War Veterans of the U.S.A. represents a proud tradition of patriotism and service to the United States of America.

As the National Commander of the Jewish War Veterans of the USA (JWV), I thank you for the opportunity to present the views of our 100,000 members on issues under the jurisdiction of your committees. At the conclusion of JWV's 116th National Convention in Jackson, Florida, our convention delegates adopted our resolutions for the 112th Congress. These mandates establish the legislative agenda for JWV during my year as National Commander.

JWV believes Congress has a unique obligation and compelling opportunity to ensure that veterans' benefits are regularly reviewed and improved to keep pace with the needs of all veterans in a changing social and economic environment. JWV salutes the Chairs and Members of both the House and Senate Veterans' Affairs Committees for the landmark veterans' legislation enacted over the past several years. Eligibility improvement, patient enrollment, long-term care, access to emergency care, presumptive Agent Orange disability, enhanced VA/DoD sharing, improved preference rights of veterans in the federal government and other records recognize the debt this great country owes to those who have so faithfully served.

We must improve access to veterans' health care, increase timeliness in the benefit claims process, and enhance access to national cemeteries and to state cemeteries for all veterans.

NO GOVERNMENT FUNDING

For the record, the Jewish War Veterans of the USA, Inc. does not receive any grants or contracts from the federal government. This is as it should be.

THE MILITARY COALITION

JWV continues to be a proud member and active participant of the Military Coalition (TMC). PNC Robert M. Zweiman, JWV's National Chairman, serves on the Board of Directors of the Coalition and, again, our National Executive Director, Colonel Herb Rosenbleeth, USA (Ret), continues to serve as the President of the Military Coalition and as Co-Chair of the Coalition's Membership and Nominations Committee.

JWV requests that the House and Senate Committees on Veterans' Affairs do everything possible to fulfill the legislative priorities of the Military Coalition which are applicable to your committees. These positions are well thought out and are clearly in the best interests of our military personnel, our veterans and our great nation.

THE PARTNERSHIP FOR VETERANS HEALTH CARE BUDGET REFORM

JWV is proud to be a member of the Partnership for Veterans Health Care Budget Reform.

The Partnership is a coalition of nine veteran service organizations which meets regularly at the DAV. JWV fully supports the partnership's two main concerns, i.e., the quality, accuracy and the timeliness of VA claims, and the threat to advanced funding for the VA. Our thanks to Peter Dickinson and Joe Violante of DAV, for their outstanding leadership and expertise.

MANDATORY FUNDING

JWV continues to maintain that the Congress has an unbreakable obligation to its veterans. Adequate VA funding must be guaranteed by the Congress.

This country has a sacred obligation to those who have served and defended our nation to fully provide for their needs when they return from battle. Mandatory funding is necessary so that all category eights receive the care they need, so that veterans receive long term care, and so that VA medical research will be second to none! This is especially important now that we know more about the real challenges and expenses resulting from injuries to the brain, eyes, amputations, and other catastrophic injuries.

Only when the VA not only knows in advance the level of its funding but also knows with certainty that its funding levels will be adequate for all of its requirements can our veterans be assured that all of their health care needs can and will be met.

IRAQ AND AFGHANISTAN VETERANS

One of the greatest concerns of the Jewish War Veterans at this time is to assure that our servicemen and women returning home from Iraq, Afghanistan, and other overseas duty are being provided with the very best assistance available to them.

This is not merely a matter of convenience and comfort. The list of serious problems they face today is substantial:

Our present poor economic conditions have resulted in a rate of unemployment for veterans much higher than non-veterans. According to the US Bureau of Labor Statistics, veterans aged 18 to 24 had a 30.4 percent jobless rate compared to 15.3 percent for non-veterans in the same age range. These figures are disappointing, especially in view of the protections in the Uniformed Services Employment and Reemployment Rights Act.

There are a lot reasons why this employment gap is emerging. Our youngest veterans may not yet have the skills that many employers find essential, like college educations and experience in office settings. They also have to contend with employees who may unfairly fear the aftereffects of service in a combat zone. As young veterans make the transition to civilian life, it is important that programs exist to help ease this change. The new Veterans Jobs Bill, which includes credits for employers who hire veterans and an extra year of GI Bill benefits for employed veterans, gives some additional assistance to unemployed veterans. More needs to be done and more should be done. These are the men and women who volunteered to serve our country - every single one of them should have the resources they need to find permanent employment after his or her service.

There are many family and relationship issues resulting from multiple deployments. Any veteran who has spent a substantial period of time separated from loved ones can understand the additional stress resulting from multiple deployments. Family members can never be sure if, and when, this can occur. This is especially true in the Reserve and National Guard components.

- Health and medical problems caused by exposures in combat areas. Medical advances have reduced the number of fatal injuries in combat. But the extensive use of improvised explosive devices by the enemy has caused a great number of serious injuries, burns, amputations, and brain damage.
- Depression and anger from the above conditions has resulted in a large number of cases of post traumatic stress being reported in returning veterans. They often have problems transitioning from constant "adrenaline alerts" to "boring routines" back home. In addition, only 1% of the US population is presently serving in all of the armed forces. This can result in social and cultural differences with those who have never served. Unfortunately, these factors have contributed to a very high suicide rate amongst our returning vets.

I urge our membership at every echelon to bring up these issues as soon as possible and report back to me about successful programs for returnees. We at National will pass on this information.

We also will, through our active participation in The Military Coalition, work with all the other major veterans organizations to assure our military returnees receive the maximum assistance they so rightly deserve.

RETURNING VETERANS

This nation has sent hundreds of thousands of young men and women into some of the toughest fighting and harshest conditions ever faced by U.S. military personnel.

Now these returning veterans are facing high unemployment, homelessness, and serious family and relationship issues due to or aggravated by these often repeat combat tours, and sometimes devastating health and medical problems such as PTSD and TBI. This country must provide sufficient funding to solve these issues.

TRAUMATIC BRAIN INJURY

Traumatic Brain Injury (TBI) is often called the signature wound of the Iraq and Afghanistan wars. TBI occurs when a sudden trauma or head injury disrupts the normal functions of the brain. Common causes of TBI for military personnel include falls, vehicle accidents and explosive devices. Most reported TBI among Operation Enduring Freedom and Operation Iraqi Freedom service members and veterans has been traced back to improvised explosive devices, or IEDs, used extensively against Coalition Forces. Our Armed Forces in Iraq and Afghanistan have sustained repeated attacks from weapons such as rocket propelled grenades and land mines in addition to IEDs. Battle injuries from these attacks often result in a TBI. Over half of reported TBIs are blast related. Of the servicemembers who required medical evacuation for these battle related injuries to Walter Reed Army Medical Center from January 2001 to March 2008, 32% were diagnosed with TBI. Army Vice Chief of Staff Peter Chiarelli recently reported that the Army had over 126,000 diagnosed cases of TBI from 2000 to 2010. That included more than 95,000 mild cases such as concussions, 20,000 moderate cases and more than 3,500 with severe, penetrating injuries.

Not all blows or jolts to the head will result in a TBI. The severity of such an injury may range from "mild" i.e., a brief change in mental status or consciousness to "severe", i.e. an extended periods of unconsciousness or amnesia after the injury. Each of the different forms of TBI, mild, moderate and severe, display different symptoms. It is imperative that service members in a combat zone be screened for mild TBI as early as possible as TBI and PTSD symptoms may initially be very similar. Early intervention is important to speed recovery and maximize functional outcomes. The initial focus of treating a TBI is to stabilize the injured service member in order to minimize secondary complications. After individuals with moderate or severe TBI have been stabilized, the treatment plan generally involves rehabilitation efforts to teach patients who continue to have medical and functional problems how to cope with their specific injury-related symptoms. Most existing research on TBI is focused on injuries sustained from automobile accidents and more research is needed on combat related traumatic brain injuries where service embers may experience more than one blast episode.

TBI is a complex brain trauma, experienced differently by each person depending upon several unique characteristics, such as the type of injury and an individual's personal health and resilience. While it is true that most service members who suffer traumatic brain injuries return to duty, individuals with severe TBIs may need inpatient care at a military treatment facility (MTF) a VA polytrauma hospital, or a civilian rehabilitation center. Data has also shown that having a TBI increases

the risk for suicidal behavior. In comparison to the general population, TBI survivors are at increased risk for suicide attempts and death by suicide.

The Jewish War Veterans supports efforts by the Department of Defense and the Department of Veterans Affairs to fund increased research efforts into the most effective and feasible ways to prevent TBIs in theatre and to develop a range of rehabilitation interventions for those personnel who are impacted by IED and other TBI injuries.

POST TRAUMATIC STRESS

Stress is a normal response of the body and mind. While stress is normal, there are some stressors, such as military combat, when the body's instinct to defend itself may be challenged by witnessing or experiencing traumatic events involving a direct or indirect threat of serious injury or death. These traumatic events may be experienced alone, or in the company of others, as in military combat operations. Feeling stress in a war zone has been called "a normal reaction by a normal person to an abnormal event". Post Traumatic Stress Disorder, which is commonly referred to as PTSD, is a psychiatric condition which some soldiers develop after they have experienced or witnessed some very traumatic and sometimes life-threatening events or stressors as a result of military combat. Some researchers and clinicians define PTSD as a failure to recover from that psychiatric disorder.

Our troops in Iraq and Afghanistan who have repeated and prolonged exposure to the combat stressors of killing, maiming, and dying are much more likely to generate the risk of developing PTSD symptoms and to bring those problems home. It is common for anyone participating in combat, or seeing its aftermath, to be filled with complicated and conflicting emotions – including fear, sadness, and horror – all legitimate reactions to the combat experience. These strong feelings are a natural reaction to being confronted with danger. Memories of those stressful events may be so strong that they impair an individual's ability to perform day to day functions, interact normally with family and friends, and maintain gainful employment.

Observers have noted that there may have been no war better designed to produce combat stress and trauma than Operation Iraqi Freedom which was a round the clock, unrelenting danger zone. Nearly half of Afghanistan and Iraq veterans treated by the Department of Veterans Affairs suffer from mental health issues, and PTSD is the most common, affecting nearly 200,000. According to Army Vice Chief of Staff Gen. Peter Chiarelli "post traumatic stress remains a particularly difficult and prevalent injury coming out of this war". Estimates of the incidence and prevalence of PTSD vary; however, health care experts say that the wars in Afghanistan and Iraq have produced more diagnosed cases of PTSD per capita than any other war in our nation's history. Estimates by organizations including Stanford University and the Rand Research Center contend that about one-third of the nearly 2 million men and women who have served in Iraq or Afghanistan have suffered from PTSD. Calling PTSD an epidemic, the Army estimates that there could be 472,000 service members with the condition, half of them in the Army. Individual or group therapy, in addition to some medications, may be used in the treatment of PTSD. Therapy helps those with PTSD work through the traumatic events and feelings that caused the condition. Certain antidepressant medications and mild tranquilizers are at times prescribed to help lessen some of the painful symptoms associated with PTSD.

The Jewish War Veterans supports efforts by the Department of Defense and the Department of Veterans Affairs to fund research efforts testing therapies that will help our service members overcome the debilitating symptoms of PTSD. Among these therapies currently being investigated are Cognitive Rehabilitation Effectiveness, Exposure Therapy, and Hyperbaric Oxygen Treatment.

MILITARY AND VETERAN SUICIDES

According to the Center for a New American Security's Suicide report, Military suicides have increased since the start of the wars in Iraq and Afghanistan. The surge in suicides, which have risen five years in a row up until 2011, has become a major problem for the US military. New research suggests that repeated combat deployments seem to be driving the suicide surge. About a third of Army suicides happen in war zones, and another third are among personnel who had never deployed. However, two-thirds of Army suicides have deployed, many returning home with emotional disorders such as PTSD, which make them prone to take their own lives. Army Vice Chief of Staff General Peter Chiarelli informed the House Armed Services Committee in December 2010 that "The greatest single debilitating injury of soldiers returning from Iraq and Afghanistan is post traumatic stress".

Nearly 1 in 5 soldiers comes home from the wars reporting symptoms of PTSD. Marine Corps suicide statistics are reported differently than the Army's and are not easy to intermingle with the Army's figures, however, Marine Corps suicides increased from 2006 to 2009, though it dipped slightly in 2010. The Army reported that for 2011 suicides decreased about 10% from the previous year, however, within that total the number of active duty soldier suicides reached an all time high of 164 soldiers, 5 more than 2010 and two more than 2009. The Army saw an increase in the number of soldiers hospitalized for suicidal ideation – from 1,500 hospitalizations in 2007 to more than 3,500 in 2010. It appears that Army emphasis on getting the soldiers help that they need may explain the increase in hospitalizations and the modest decrease in suicides.

Because of repeated deployments of Regular Army as well as National Guard and Reserve soldiers to the combat zone, there has been a documented increase in PTSD among our military. The combination of repeated combat exposure and ready access to weapons can be lethal to anyone contemplating suicide. About half of soldiers who kill themselves use weapons, and the figure rises to 93% among those deployed in war zones. It appears the military finds itself in a Catch 22 situation as combat increases fearlessness about death and the capability for suicide. The very qualities for soldiers to be successful in combat are also associated with increased risk for suicide.

It has been suggested that the Army's most effective suicide-prevention strategy would be to make its troops suicide-resistant rather than trying to intervene once soldiers have decided to kill themselves. General Chiarelli stated that the Army's goal is more aimed at "holistically improving the physical, mental and spiritual health of our soldiers and their families than solely focusing on suicide prevention". Additionally, the Army has launched a five year study with the National Institute of Mental Health to identify possible suicide indicators, in order to enable soldiers most at risk to get the help they need. The Army has recently rewritten its Army Suicide Prevention pamphlet and created numerous task forces and suicide-prevention programs. Combat veterans will undergo twice as many mental health screenings under the new Defense Authorization Act for 2012, That law requires troops who deploy to contingency operations to receive a mental health assessment within 120 days before deploying, another 90 to 180 days after returning from deployment, a third within a year after returning, and a fourth 18 to 30 months after returning. The assessments aim to identify mental health concerns such as post-traumatic stress disorder and suicidal ideation.

The Jewish War Veterans supports the efforts by the Department of Defense and the Department of Veterans Affairs to develop ways of intervening before veterans act on their suicidal ideation. To that end the JWV supports the VA's National Suicide Call Center which has received thousands of calls from veterans referring many to local VA suicide prevention coordinators for same-day or next-day service. Suicide among veterans id double the rate as it is in the regular population. It is triple the rate among Iraq and Afghanistan veterans who generally comprise a younger population of veterans. Therefore the JWV strongly supports expanding crises hotline services through the development and utilization of texting and social media outlets, technologies increasingly adopted by our younger veterans.

CLAIMS BACKLOG

The VA disability claims backlog has reached nearly one million cases. Veterans must wait approximately a half a year to find out whether their claim has been processed. Veterans currently wait far too long to receive benefits for disability.

At no time in recent history has so much attention been focused on VA's Compensation and Pension delivery mechanisms. VA is struggling under an outrageous backlog of claims, and facing volume of an unprecedented level.

As the country struggles to cope with returning veterans from two wars overseas and an aging population of veterans of our previous wars, VA's performance has been found wanting by nearly all concerned stakeholders.

VA must be authorized adequate technology and sufficient claims processors to be able to speed up the process. The wait must be reduced.

JWV endorses coordinated, comprehensive approach to improve quality of claims decisions and timeliness.

- **Claims workers.** Monitor VA actions to hire / train high-quality claims workforce.
- **Automate technologies supporting claims.** Support various 'back office' process claims initiatives in VA "test bed" sites.
- **Presumptive Service Connection.** Promote distribution of 'brown' and 'blue' water Navy ship logs as they become available for TMC members to apply for

Agent Orange-related diseases. Support passage of S. 1629 (Sen. Gillibrand), the Agent Orange Equity Act of 2011, to establish eligibility for presumptive service-connection for 'blue water' Navy Vietnam-era sailors.
- **Defend against budget-based attacks** on VA claims-processing laws and system.
- **Monitor ongoing DOD disability review process** under USAF Executive Agency, as established by Congress, to provide a fair re-look for servicemembers whose Service disability ratings were low-balled.
- **Support modernization** of the VA Schedule of Rating Disabilities based on current medical science

BLINDED VETERANS

Blinded veterans are of special concern to JWV. The large number of IED explosions in Iraq and Afghanistan have led to a huge number of eye injuries and blinded veterans. In fact, orbital blast globe injuries, optic nerve injuries, and retinal injuries have been all too common. JWV strongly urges the congress to insure adequate funding to care for our thousands of veterans with eye injuries.

VA BUDGET

The business of government must not be calculating how to cut from what we do for veterans, but rather how we can ensure what we do is delivered without fail and without delay.

America may suffer, but America will not be broken so long as we keep faith with those who serve. We cannot look to the military and veterans of America for cheap savings in the short term, or we will surely feel the effects of the weakening of the foundations of this country in the long run.

Our military and veterans made this country great, and the Jewish War Veterans remains dedicated to the principle that sound investment in a strong national defense, and fulfillment of the sacred duty to provide for those who bear the battle, will carry us as a country through whatever storms may come.

VA HEALTH CARE

It is unclear whether veteran's health care funds are, in fact, protected from possible automatic, across the board cuts in federal spending which could begin in 2013. Sequestration is not covered in the new VA budget.

- With the VA health care budget of about $51 billion which serves 6.2 million patients, a sequestor could result in a one billion dollar cut. No funding shortfall should be covered by VA co-pay increases or by denying care to any category of veteran.
- Sustain VA advance health care appropriations to ensure fully-funded access to care for returning Iraq and Afghanistan veterans, and veterans of all conflicts.
- Urge investment, training and cultural awareness in the VA health system of the unique health needs of women veterans. Ensure full implementation of all VA Caregivers Law (P.L. 111–163) provisions, including those supporting women veterans.
- Extend the VA Caregivers Act to full-time Caregivers of catastrophically disabled veterans of conflicts before Sept. 11, 2011
- Support programs and funding to expand / improve care, rehabilitation and research for veterans suffering from PTSD / TBI. Increase behavioral health staff and resources including outreach to address rising suicide rate in veterans
- Oppose fee hikes for currently enrolled veterans in all categories.
- Urge completion of VA strategic plan for rural veteran access to care and services
- Support further collaboration of DoD – VA to achieve real "seamless transition" for injured, ill and wounded warriors as well as other service members and veterans transiting the two systems; preserve integrity and access to both systems for dually eligible members.
- Enact technical amendment to establish CHAMPVA entitlement for adult children of survivors eligible for CHAMPVA as required in the National Health Care Reform Act.
- Support passage of OIF / OEF 'burn pit' registry and other toxic exposure registries as necessary to track long-term health effects of deployments in Iraq and Afghanistan

- Expand VA research including research into the etiology, diagnosis and treatment of gastrointestinal and respiratory syndromes that are increasing among OIF / OEF veterans
- Support research on the long-term health of veterans' progeny
- Urge passage of corrective legislation to authorize Medicare / Medicaid reimbursement to State Veterans' Homes to offset cost of care.

LONG TERM CARE

As the VA care shift from an inpatient to an outpatient system, VA must ensure the needs of our aging veteran population are being met.

JWV believes that VA should take its responsibility to America's aging veterans seriously and provide the care mandated by Congress. Congress should do its part and provide adequate funding to VA to implement its mandates.

JWV recommends Congress provide designated funding for Long-Term Services (i.e. staffing, capacity, and program development).

AGENT ORANGE BENEFITS EXPANDED TO OTHERS

The Department of Veterans Affairs refuses to recognize that men and women who served on ships off the coast of Vietnam and other sites in Southeast Asia were exposed to Agent Orange as well as other toxins.

The Department's refusal to recognize that these service members were exposed by air currents, polluted drinking water, handling toxin tainted items such as clothing, airframes, etc. The main reason for the Department's stance appears to be monetary rather than scientific or compassionate. The men and women suffering from the results of toxic poisoning arising out of their military service are now being denied the medical services they desperately require because of the stance by the Department of Veterans Affairs.

Therefore, the Jewish War Veterans of the USA calls upon Congress to designate any veteran who served anywhere proximate to where any toxin was used manufactured or distributed to be presumptively eligible for services and benefits deemed a disabled veteran.

ENDING HOMELESSNESS FOR VETERANS

Two years ago, VA Secretary Eric Shinseki announced VA's commitment to a five-year plan to end veteran homelessness. Committed to the ideal that "no one who has served this nation as veterans should ever be living on the streets," Shinseki unveiled a multi-billion dollar plan that seeks to understand, end and prevent future homelessness. According to figures released this summer by VA, the average number of veterans who are homeless on any given night has dropped from over 131,000 in 2009 to 75,700 in June of 2010. This represents an important and commendable first step, but we cannot let up on this effort as we begin to address the most difficult and entrenched cohort of veterans within the homeless population. These figures clearly show the approach is working at reducing homeless numbers, so we must ensure these efforts continue until we can end the national embarrassment that created a scenario where nearly one of every four homeless is a veteran who once served in the Armed Forces.

It appears that today there are at least 150,000 Iraq and Afghanistan veterans homeless or in programs aimed at keeping them off the streets.

The Department of Veterans Affairs had stated that this number has tripled since 2006, and that 70% of these veterans have psychological problems because of their combat exposure, and 13% of these homeless veterans are women.

Therefore, the Jewish War Veterans of the USA demands that the Department of Veterans Affairs and State governments immediately take all steps necessary to provide services to transition these homeless veterans back into society.

OPPOSITION TO TRICARE COST INCREASES

The Department of Defense (DoD) seeks increases to TRICARE costs for military retirees. JWV members are strongly opposed to DoD's proposals concerning TRICARE fee increases. This is a powerful moral commitment that has been made to our military personnel that must not be broken. DoD has failed to keep faith with military personnel.

Those who wear the uniform of their country for twenty or more years are, for all practical purposes, enrolled in a 20- to 30-year pre-payment plan that they must complete to earn lifetime health coverage. In this regard, military retirees and their families pay enormous "up-front" premiums for such coverage through decades of

service and sacrifice. Once that pre-payment is already rendered, the government cannot simply ignore it and focus only on post-service cash payments – as if the past service, sacrifice, and commitments had no value.

DoD and the nation – as good-faith employers of the trusting members from whom they demand such extraordinary commitment and sacrifice – have a reciprocal health care obligation to retired service members and their families and survivors that far exceeds any civilian employer's.

JWV is strongly opposed to any increases whatsoever in TRICARE costs for career military personnel. Only Congress can now preserve TRICARE benefits.

HEALTHCARE DISPARITIES

The Department of Veterans Affairs Center for Minority Veterans Advisory Panel has repeatedly identified a serious disparity between the quality of services made available to female and minority veterans as compared to all other veterans.

The National Institute of Health has identified this disparity of services as the number three issue among its top five priorities at the Department of Veteran Affairs. This pattern of a lower quality of health services for the poor, disadvantaged, female and minority ethnic and racial groups equates to higher levels of morbidity and mortality. The Jewish War Veterans of the USA finds such disparity unconscionable and inexcusable.

Therefore, the Jewish War Veterans of the USA demands that Congress and the Department of Veterans Affairs immediately take any and all steps necessary to close this disparity of services.

CORRECT THE SURVIVOR BENEFIT PROGRAM (SBP)

Survivors of military retirees who die of service-connected causes and who paid into SBP, and survivors killed in active-duty, should receive both SBP and DIC (Dependency and Indemnity Compensation) benefits without the current dollar for dollar offset. JWV strongly supports legislation to end this offset.

JWV strongly supports HR 178, The Military Surviving Spouses Equity Act, which would correct this inequity.

MIA/POW

JWV has always been an ardent, active supporter of the National League of Families of American Prisoners and Missing in Southeast Asia. JWV will always remember those who are still unaccounted for and their families. We fly the MIA–POW flag in the lobby of our headquarters and place that flag in front of our meeting rooms.

JWV specifically advocates adequate funding for the Joint Prisoners of War, Missing in Action Accounting Command (JPAC) and the continued accounting for all those still missing from the Vietnam conflict until each and everyone is accounted for.

PROTECT EARNED VETERANS' BENEFITS

- Promote public and political recognition that veterans' benefits are earned through service and sacrifice in defense of the nation and are not "entitlement" or "social welfare" programs
- Oppose deficit-driven political decisions that would lump earned veterans' benefits with unrelated civilian entitlement programs
- Reject political pandering that would ask veterans to do their "fair share" in overcoming national economic woes
- Support final passage of the Honor America's Guard-Reserve Retirees Act (S.491 / H.R. 1025) to establish that career members of the Guard and Reserves who are entitled to a reserve pension, TRICARE and earned veterans' benefits, but never served on Title 10 Federal active duty, are "veterans of the Armed Forces" under the law.

UPGRADE VETERANS' EMPLOYMENT, EDUCATION AND TRAINING PROGRAMS

- Monitor implementation of the "VOW to Hire Heroes Act of 2011," which upgrades transition support services, employment assistance, and targeted employment training assistance for military men and women and veterans.
- Support other initiatives for employers to recruit, hire and retain veterans including returning veterans of the Guard and Reserve.

- Vocational Rehabilitation and Employment (VRE) benefits. Upgrade VRE to ensure parity with P911 GI Bill by establishing a cost-of-living (housing) stipend.
- Support VA plan to reduce / eliminate veteran homelessness
- Survivors and Dependents Educational Assistance. Authorize Survivors of OIF / OEF Post-9/11 GI Bill benefits (Chap. 33, 38 USC), the same benefit available to their dependent children.
- Raise DEA (Chap. 35) rates for pre-11 Sept. 2001 Survivors to match the Montgomery GI Bill; establish a housing stipend for DEA.
- Support legislation that promotes veterans' success in their use of GI Bill benefits; upgrade 'consumer education' resources for military students and student veterans; demand greater transparency and oversight of all GI Bill programs including tracking outcome metrics of all public, private, and proprietary programs
- Authorize transfer-of-benefits under the P911 GI Bill from catastrophically disabled veterans to their full-time Caregivers in cases where a transfer action did not occur prior to the veterans' medical discharge or retirement
- Basic Reserve GI Bill benefits. Urge proportional upgrades to Title 10 Reserve GI Bill program to keep pace with cost of education.
- GI Bill Integration for 21st Century Force. Urge hearings for a unified architecture for all GI Bill programs for active duty, Guard & Reserve service members under the principle of awarding benefits according to the length and type of duty performed.

STRENGTHEN LEGAL / FINANCIAL PROTECTIONS FOR MILITARY FAMILIES

- Monitor Congressionally-directed 3-year reemployment rights pilot project for Guard – Reserve Federal workers under the Office of Special Counsel. Arrange for periodic updates for TMC with the OSC.
- Establish employment and reemployment rights under the USERRA for Transportation Security Administration (TSA) workers who are members of the Guard and Reserve
- Authorize veterans' preference appeal rights for veterans in the TSA
- Ensure implementation of upgrades to Servicemembers' Civil Relief Act (SCRA) protections regarding telephone service contracts, residential and motor vehicle lease termination fees, and enforcement by U.S. Attorney General of 'right of private action'.
- Review and endorse appropriate provisions in a Dept. of Justice legislative package (Sept. 2011) submitted to Congress that would strengthen the USERRA and SCRA.
- Strengthen SCRA coverage for military spouses and families

BUSINESS CREDITS FOR FIRMS THAT HIRE VETERANS

The percent of veterans unemployed and underemployed is greater than that of the general population.

There is a generalized sense that the civilian employers do not seek out nor select otherwise qualified candidates because they are veterans, and businesses that reach out to the veterans' population deserve to be rewarded for their efforts.

Therefore, the Jewish War Veterans of the USA calls upon Congress to enact legislation, which would give tax incentives to businesses that hire veterans and increased tax incentives to businesses that hire disabled veterans, and the Jewish War Veterans of the USA calls upon the states to grant recognition to military schooling and certificates of proficiency given by the military.

Furthermore, the Jewish War Veterans of the USA calls upon the Department of Veterans Affairs to perform a study of the attitudes of private employers as to the veracity of the sense of animus toward veterans and to develop programs to reverse those prejudices if and where they exist.

CLARIFICATION OF MILITARY MEDICAL RECORDS

A veteran's military records contain a plethora of information, not all of which is readily available to someone not familiar with the military shorthand and abbreviations.

A medical professional at a Department of Veterans Affairs facility should be able to obtain quickly the information contained within the veteran's military records without the need of trying to decipher the entire record, and by having the military records in plain English available to medical professional services for the veteran would be improved and expedited.

Therefore, the Jewish War Veterans of the USA requests that the Department of Veterans Affairs and the Department of Defense coordinate their efforts to make the

records of all veterans understandable to medical professional who may need the information contained therein to treat the veteran.

EXPOSURE TO TOXINS

It appears that the exposure to toxins was more wide-spread than currently recognized.

This exposure includes chemical, biological and nuclear toxins, and the Department of Defense appears not to have revealed all the sites of toxic contamination.

There are strong indications that there was chemical contamination at Fort McClellan as well as other installations where chemicals were stored.

Therefore, the Jewish War Veterans of the USA demands that the Department of Defense immediately put forward a complete and accurate list of all sites, regardless of location, where there was any contamination and provide treatment and compensation to the victims of the contamination.

GRAVE MARKERS FOR ALL VETERANS

The Department of Veterans Affairs offers grave markers for men and women killed in active service since 1990.

The date of eligibility is arbitrary and not related to any specific event, and those men and women who were killed in action prior to the eligibility date are just as worthy as those who died after that date.

Therefore, the Jewish War Veterans of the USA calls upon the Department of Veterans Affairs to offer to the families of those killed in action defending this Nation a grave marker regardless of the date lost.

MORTGAGE SERVERS FAILURE TO ABIDE BY THE SERVICEMEMBERS CIVIL RELIEF ACT

The Servicemembers Civil Relief Act provides very clearly defined rights of members of the military.

There are a number of mortgage service providers who have moved to foreclose on homes owned by members of the military, both the active and reserve components during their deployments, in violation of the SCRA.

There are a number of mortgage service providers who have over-charged fees they allege are due, and a servicemember may lose his/her security clearance as a result of an illegal foreclosure by a mortgage service provider.

Therefore, the Jewish War Veterans of the USA demands that the Department of Justice and the federal prosecutors to move vigorously against any mortgage service provider who violates the Servicemember Civil Relief Act and to send each and every one of them to trial, seeking restitution and fines.

VETERANS CEMETERY AT THE FORMER CLARK AIR FORCE BASE

There is a military cemetery at the former Clark Air Force Base in the Republic of the Philippines which has fallen into disarray and disrepair.

The United States had transferred Clark Air Force Base to the Philippine government, including the property upon which the military cemetery is located, and this military cemetery is the final resting place of some of America's war dead.

This Nation has a duty to honor these men and women who died to protect our freedom and way of life.

Therefore, the Jewish War Veterans of the USA requests the President and Congress to move forward to reacquire the land upon which the military cemetery lies and to maintain the cemetery in a proper and appropriate fashion.

SEXUAL TRAUMA OF WOMEN IN THE MILITARY

There are more women serving in the military now than ever before. These women are serving in combat-like roles in dangerous areas, and the number of complaints of sexual harassment and sexual assault are increasing in alarming numbers.

It appears that the military is not vigorously investigating and prosecuting the perpetrators of these crimes, and it appears that there is a systemic effort to downplay the problem rather than aggressively confront it.

The counseling and treatment of such victims must be more than merely adequate but must be a top priority of the military. Many of these victims are separated from the military and then fall within the scope of services of the Department of Veterans Affairs where the level of services available to them varies widely across the country, often depending upon the priorities set by the local director.

Therefore, the Jewish War Veterans of the USA demands that the Department of Defense thoroughly investigate every allegation of sexual harassment and sexual assault and, if found to be true, to prosecute to the fullest the perpetrators, regardless of rank or whether the perpetrators is in the military or is a contract employee.

Furthermore, the Jewish War Veterans of the USA demands that the Department of Defense provide the best available treatment and counseling program to such victims and not to discharge them from the military until they are able to function within the greater society at the best level possible.

The Jewish War Veterans of the USA demands that the Department of Veterans Affairs provides a complete array of services to such victims upon their discharge from the active military so that there is no break in services and no need for the victim to go through a period when she must be re-qualified and re-rated before being eligible for ongoing services.

DOD MISSION IN DANGEROUS TIMES

The Department of Defense is facing large cuts in the near future. JWV believes this nation must maintain adequate force levels and adequate equipment levels. Military readiness does not come cheaply. Our military personnel should all have a reliable benefits package that will never be reduced.

Today's active-duty service members and those who serve in the National Guard and Reserve components, have volunteered to stand watch in this nation's defense. Yet few stand watch for them. Basic benefits of their service, from retirement to TRICARE, are under assault. The defenders of the country need to be able to focus on defending this country. They must not worry their benefits will be pulled out from beneath them while they are focused on more pressing concerns such as terror plots, IEDs, and insurgents seeking to undermine hard-fought gains.

The Congress must insure that DoD is funded to meet all its missions including possible overseas threats from Iran, North Korea, and even China.

BACK–UP TO DOD

VA Hospitals must be adequately funded, staffed and equipped to perform their vital role as this nation's only back-up for DoD medical facilities. U.S. military personnel could possibly suffer casualties exceeding the capacity of the combined military medical treatment facilities.

In such a case, the VA would be vital to the nation. JWV strongly urges the Congress to fund the VA to fully handle this potential workload.

CONCLUSION

Chairman Miller and Chairwoman Murray, our great nation is still sending thousands of brave young men and women off to war in Iraq and Afghanistan. Our country must, therefore, pay for the costs involved.

At our annual national conventions our members work diligently to develop our legislative priorities. Our dedicated resolutions chairman, PNC Michael Berman, works very diligently to develop our resolutions and to bring them before our convention delegates. Following further fine-tuning by our convention delegates, our resolutions are finalized, and become our legislative priorities for the coming year. We thank you for the opportunity to present them to you today.

Prepared Statement of Bill Lawson

Chairman Murray, Chairman Miller and members of the Committees, I appreciate the opportunity to present the legislative priorities for 2012 of Paralyzed Veterans of America (Paralyzed Veterans). Since its founding, Paralyzed Veterans has developed a worthy record of accomplishment, of which we are extremely proud. Again, this year, I come before you with our views on the current state of veterans' programs and services and recommendations for continued improvement in the services and benefits provided to veterans.

BACKGROUND—Paralyzed Veterans was founded in 1946 by a small group of returning World War II veterans, all of whom had experienced catastrophic spinal cord injury and who were consigned to various military hospitals throughout the country. Realizing that neither the medical profession nor government had ever confronted the needs of such a population, the returning veterans decided to become their own advocates and to do so through a national organization.

From the outset the founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing individuals with a spinal cord injury, be they medical, social, or economic. Paralyzed Veterans' founders were determined to create an organization that would be governed by the members, themselves, and address their own unique needs. Being told that their life expectancy could be measured in weeks or months, these individuals set as their

primary goal actions that would maximize the quality of life and opportunity for all veterans and individuals with spinal cord injury—it remains so today.

To achieve its goal over the years, Paralyzed Veterans has established ongoing programs of research, sports, service representation to secure our members' and other veterans' benefits, advocacy in promoting the rights of all citizens with disabilities, architecture promoting accessibility, and communications to educate the public about individuals with spinal cord injury. We have also developed long-standing partnerships with other veterans' service organizations. Paralyzed Veterans, along with AMVETS, Disabled American Veterans, and the Veterans of Foreign Wars, co-author *The Independent Budget*—a comprehensive budget and policy document that has been published for 26 years.

Today, Paralyzed Veterans is the only congressionally chartered veterans' service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or disease.

SUFFICIENT, TIMELY AND PREDICTABLE FUNDING FOR VA HEALTH CARE—As the country faces a difficult and uncertain fiscal future, the Department of Veterans Affairs (VA) likewise faces significant challenges ahead. Paralyzed Veterans has serious concerns about potential reductions in VA spending. We are especially concerned about steps VA has taken in recent years in order to generate resources to meet ever-growing demand on the VA health-care system. In fact, the FY 2013 Budget Request and FY 2014 advance appropriation budget proposal released by the Administration includes "management improvements," a popular gimmick used by previous Administrations to generate savings and offset the growing costs to deliver care. Unfortunately, these savings are often never realized leaving VA short of necessary funding to address ever-growing demand.

Of even greater concern to Paralyzed Veterans is the VA's claim in the FY 2013 Budget Request that it was provided nearly $3.0 billion in excess resources in FY 2012 and more than $2.0 billion in excess resources in FY 2013. We question how the VA can make such a claim, particularly about FY 2012, when there remains fully six months in this current fiscal year (FY 2012). The claim of excess resources does not seem to match the all-too-common reports that we receive of understaffed facilities and unavailability of services.

Additionally, with regards to the FY 2013 Budget Request, Paralyzed Veterans has serious concerns about funding provided for Major Construction and non-recurring maintenance. While *The Independent Budget* recommends approximately $2.7 billion for Major Construction for FY 2013, the Administration proposes to actually reduce funding from FY 2012 to FY 2013. For FY 2013, the Administration recommends approximately $532 million, $58 million less than the amount appropriated for in FY 2012. We also believe that the Administration continues to insufficiently fund non-recurring maintenance needs. By underfunding the infrastructure needs of the VA, the actual ability of the VA health care system to provide timely, quality health care is jeopardized thereby placing the health of veterans themselves at risk. It is time for the Administration and Congress to get serious about funding the construction and maintenance needs of the VA.

For FY 2013, the Administration recommends $55.7 billion for total Medical Care spending. *The Independent Budget* recommends approximately $57.2 billion for total medical care. In light of the VA's claims of excess resources, we urge Congress to remain vigilant to ensure that the proposed funding levels for FY 2013 are in fact sufficient to meet the continued growth in demand on the health care system.

As for the specific recommendations for advance appropriations for FY 2014 offered by the Administration, considering our concerns about the funding levels provided for FY 2012 and FY 2013, we believe that those estimates may be insufficient to meet the continuing increase in demand for health care services. We are also skeptical of the substantial increase in funding that the Administration calls for in the Medical Support and Compliance account for FY 2014. Given the scrutiny on funding for administrative functions within the VA health care system, we are not certain that this projected increase truly reflects a wise investment in resources.

Moreover, we have serious concerns about the significant reduction in funding projected for Medical Facilities in FY 2014. While we understand that the Administration intends to transfer approximately $320 million in resources and 1,080 FTE from Medical Facilities to Medical Services in FY 2014, this does not fully account for the reduction in funding. The Administration's proposal also reflects a plan to reduce funding for Non-Recurring Maintenance (NRM) by nearly $300 million as well. This substantial decrease in NRM funding certainly cannot be justified given the massive backlog of maintenance and construction projects that currently exists. This fact is even more troubling given the Government Accountability Offices (GAO) findings in its report released last year on advance appropriations that identified

deficiencies in NRM funding. We encourage the Committee to conduct aggressive oversight to ensure that the Administration is not cutting funding in these critical areas simply as a way to drive down its spending projections.

Finally, in light of the Administration's continued inability to determine its position with regards to sequestration, we have serious concerns about the fact that the VA claims to have nearly five percent in excess resources when it faces the prospect of up to a two percent reduction in funding under the rules of sequestration. We cannot emphasize enough the need for VA to state unequivocally that its programs will not be cut through sequestration. Otherwise, it is imperative that the Senate and House approve S. 2128 and H.R. 3895 respectively to ensure that VA health care programs are protected from consideration for spending reductions.

PROTECTION OF THE VA HEALTH CARE SYSTEM, WITH A FOCUS ON SPECIALIZED SERVICES—The VA is the best health care provider for veterans. Providing primary care and specialized health services is an integral component of VA's core mission and responsibility to veterans. Across the nation, VA is a model health care provider that has led the way in various areas of medical research, specialized services, and health care technology. In fact, the VA's specialized services are incomparable resources that often cannot be duplicated in the private sector. However, these services are often expensive, and are severely threatened by cost-cutting measures and the drive toward achieving management efficiencies.

Over the years, the VA has earned a reputation as a leader in the medical field for its quality of care and innovation in both the health care and medical research fields. However, even with VA's advances as a health care provider, some political leaders and policy makers continue to advocate for VA enrollment restrictions, use of vouchers, or increased fee basis care. Such changes to the Veterans Health Administration (VHA) would result in moving veterans from "veteran-specific" care within VA and into the private health care industry. Ultimately, these proposals would lead to diminution of VA health care services, and increased health care costs in the federal budget. Despite these recent calls for providing veterans with vouchers for private care or the expansion of fee basis care, Paralyzed Veterans strongly believes that VA remains the best option available for veterans seeking health care services.

The VA's unique system of care is one of the nation's only health care systems that provide developed expertise in a broad continuum of care. Currently, VHA serves more than 8 million veterans, and provides specialized health care services that include program specific centers for care in the areas of spinal cord injury/disease, blind rehabilitation, traumatic brain injury, prosthetic services, mental health, and war-related poly-traumatic injuries. Such quality and expertise on veterans' health care cannot be adequately duplicated in the private sector.

Specialized services, such as spinal cord injury care, are part of the core mission and responsibility of the VA. These services were initially developed to care for the unique health care needs of veterans. The provision of specialized services is vital to maintaining a viable VA health care system. Specialized services are part of the primary mission of the VA. The erosion of these services would lead to the degradation of the larger VA health care mission. Reductions in beds and staff in both VA's acute and extended care settings have been reported, even though Public Law 104–262, "The Veterans' Health Care Eligibility Reform Act of 1996," mandated that VA maintain its capacity to provide for the special treatment and rehabilitative needs of veterans. In addition, Congress required that VA provide an annual capacity reporting requirement, to be certified or commented upon, by the Inspector General of the Department. Unfortunately, this basic reporting requirement expired in 2004.

Furthermore, restructuring plans and moves by some to begin moving down the path of privatization heighten the risk not only to specialized services, but to the entire VA health care system. With growing pressure to allow veterans to seek care outside of the VA, the VA faces the possibility that the critical mass of patients needed to keep all services viable could significantly decline. All of the primary care support services are critical to the broader specialized care programs provided to veterans. If primary care services decline, then specialized care is also diminished.

As VA services are catered to the needs of veterans, VHA has received excellent ratings from patient satisfaction surveys, and garnered much recognition for its national safety program. The VA's system of patient-centered and coordinated care helps to ensure safe and consistent delivery of services. Additionally, independent research organizations have also found VA to be the lowest cost provider when compared to private health care systems. Paralyzed Veterans will continue to oppose any efforts that place the VA health care system at risk of being unable to properly meet the health care demands of veterans, particularly veterans with spinal cord injury or dysfunction.

LONG–TERM CARE—Paralyzed Veterans continues to be concerned about the lack of VA's long-term care services for veterans with spinal cord injury or dysfunction (SCI/D). Approximately 6,000 of our members are now over 65 years of age and another 7,000 are currently between 55 and 64. These aging veterans are experiencing an increasing need for VA's home and community-based services and VA's specialized SCI/D nursing home care.

The ability to remain in the home for many of these veterans is based on their ability to receive VA home and community-based services such as hospital based home care or respite services. For others, their living status and independence is based on the health of a primary caregiver, usually a spouse, who is also aging and may no longer be able to provide the level of support they once could. VA's non-institutional long-term care services are keys to supporting aging SCI/D veterans and their caregivers and their desires to remain home as they grow older.

Unfortunately, the ability of veterans with SCI/D to access a full range of VA home and community-based care varies across the country. Waiting lists exist at almost all VA facility locations and many other VA facilities don't offer the full range of services mandated by the "Millennium Health Care Act." Additionally, VA program geographic boundaries often limit access to long-term care services provided by a regional VA SCI center.

The availability of these services is necessary to support veterans with SCI/D and their aging caregivers in their own homes, where they most want to be, and at a dramatically lower cost of care to VA. Paralyzed Veterans requests that your Committees encourage VA to provide the full range of home and community-based long-term care services, as mandated by P.L. 106–117, the "Veterans Millennium Health Care and Benefits Act of 1999," at each and every VA facility within the system.

Regarding specialized SCI/D nursing home care, VA currently only provides specialized nursing home care services for veterans with SCI/D in four locations. Combined these four locations only provide 152 staffed specialized nursing home care beds and they are all located east of the Mississippi River. While the VA CARES process called for additional SCI/D nursing home care beds the VA construction process has been slow to respond. CARES called for additional beds to be located in Cleveland, Ohio; Long Beach, California and in Memphis, Tennessee. Of those recommended sites for expansion of capacity, only Cleveland has been placed into service within the VA system providing long-term care services to SCI/D veterans. Additionally, several sites are in various stages of the design process for expansion of long-term care capacity, with Dallas, Texas being included in the funding request for Major Construction for FY 2013. After almost 10 years, Paralyzed Veterans is still pushing VA to proceed with the additional recommendations.

Similarly, the provision of Special Monthly Compensation (SMC) and Aid & Attendance (A&A) benefits afford veterans with catastrophic disabilities the opportunity to access long-term care options that ordinarily may cost too much. With this in mind, we believe that the Committees need to address the well-established shortfall in the rates of Special Monthly Compensation (SMC) paid to the most severely disabled veterans that the VA serves. SMC represents payments for "quality of life" issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to achieve sexual satisfaction or the need to rely on others for the activities of daily life like bathing, or eating. To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, we do not believe that the impact on quality of life can be totally compensated for; however, SMC does at least offset some of the loss of quality of life.

Paralyzed Veterans believes that an increase in SMC benefits is essential for veterans with severe disabilities. Many severely injured veterans do not have the means to function independently and need intensive care on a daily basis. Many veterans spend more on daily home-based care than they are receiving in SMC benefits. This fact was supported by the testimony of numerous witnesses at a hearing conducted by the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs in July 2009.

Additionally, one of the most important SMC benefits to Paralyzed Veterans is Aid and Attendance (A&A). Paralyzed Veterans would like to recommend that Aid and Attendance benefits should be appropriately increased. Attendant care is very expensive and often the Aid and Attendance benefits provided to eligible veterans do not cover this cost. In fact, many Paralyzed Veterans members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC–Aid and Attendant beneficiaries at the R2 compensation level (the highest rate available). We encourage the Committees to consider legislation that specifically address increases to the R1 and R2 rates for SMC and A&A benefits soon.

PROTECTING VETERANS BENEFITS WHILE MODERNIZING THE VA CLAIMS PROCESS—Paralyzed Veterans believes that VA benefits have no place in deficit reduction efforts. VA disability compensation is a benefit provided because an individual became disabled in service to the country. In addition, many ancillary benefits—particularly Specially Adapted Housing benefits, adaptive automobile assistance, and vocational rehabilitation—are provided to service connected disabled veterans. Moreover, education benefits, such as the Post-9/11 GI Bill, are earned through service. These benefits reflect the debt of gratitude this nation owes the men and women who served in uniform and recognize the challenges they face every day as a result of their service. Any attempt to reduce or modify eligibility criteria would be considered an abrogation of the responsibility that this nation has to veterans and would be wholly unacceptable. Additionally, reduction in funding for VA pension programs would place veterans who live on the financial margins to face the prospect of poverty and homelessness.

At the same time, we must remain engaged as the VA claims process evolves and as the VA continues an extensive revision of the VA schedule of rating disabilities (VASRD) even as Congress begins to express interest in leaving its own mark on how the VASRD should be rewritten. The Veterans Benefits Administration (VBA) is currently engaged in the process of updating all 15 of the body systems governed by the VASRD. Additionally, it has committed to regularly updating the entire VASRD every five years. VBA indicated in testimony earlier this year that the review process for all 15 body systems is in various stages of completion, ranging from interim final rules being written to already having been posted for public review in the Federal Register.

As this review process continues, Paralyzed Veterans must emphasize what we believe is one of the most important aspects of a revision to the ratings schedule—the consideration of quality of life as a component of a new ratings schedule. Members of Congress, the VA, and various stakeholders including the veterans' service organization community have expressed support for this idea as well. The schedule for rating disabilities is meant to reflect not just the average economic impairment but the impact of a lifetime of living with a disability and the everyday challenges associated with that disability.

Paralyzed Veterans also appreciates the interest and effort that has been given to updating and modernizing the VA disability system in recent years. However, it is important to note that success in reforming the VA claims processing system will require the Veterans Benefits Administration (VBA) to institutionalize the ongoing transformation process at all levels to develop a work culture that values, measures, reports and rewards quality and accuracy over speed and production.

The VBA is entering its third year of its most recent effort to transform an outdated, inefficient, and inadequate claims-processing system into a modern, automated, rules-based and paperless system. VBA has struggled for decades to provide timely and accurate decisions on claims for veterans' benefits, especially disability compensation. However, despite repeated prior attempts to reform the system, VBA has never been able to reach the goals it has set for itself. Whether VBA can be successful this time depends to a large extent on whether it can complete a cultural shift away from focusing on speed and production to a business culture of quality and accuracy.

There have been some encouraging steps towards such a cultural shift over the past two years; however, this early progress must be institutionalized in order to create the long term stability needed to eliminate the current backlog of claims, and more importantly, prevent such a backlog from returning in the future. VBA must change the way it measures and reports the work it performs as well as the way in which employees are rewarded, in order to reflect the principle that quality and accuracy are at least as important as speed and production. Ensuring that decisions are correct the first time will, over time, increase public confidence in the VA and decrease appeals.

One of the more positive steps that has occurred as a part of VBA's transformation has been the open and candid attitude of VBA's leadership over the past several years, particularly progress towards developing a new partnership between VBA and veterans' service organizations who assist veterans in filing claims. Veterans' service organizations have vast experience and expertise in claims processing, with local and national service officers holding power of attorney (POA) for hundreds of thousands of veterans and their families. We can make VBA's job easier by helping veterans prepare and submit better claims, thereby requiring less time and resources to develop and adjudicate them. Veterans' service organizations have been increasingly consulted on a number of the new initiatives underway at VBA, including Disability Benefit Questionnaires (DBQs), the Veterans Benefit Management System (VBMS), and many, but not all business process pilots, including the

I–LAB at the Indianapolis VA Regional Office. Building upon these efforts, VBA must continue to reach out to its veterans' service organization partners, not just at central office, but also at each of the 57 Regional Offices.

Ultimately, we remain hopeful that the VA may finally be making real progress towards meaningful reform to the claims process that will ensure veterans receive accurate decisions the first time. However, it will be incumbent upon the Committees to conduct substantive oversight on VBA's activities to ensure that the primary objective—accurate decisions the first time—is being achieved.

INCREASE IN CHAMPVA BENEFICIARY AGE—The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the VA shares the cost of covered health care services for eligible beneficiaries, including children up to age 21. Due to the similarity between CHAMPVA and the Department of Defense (DOD) TRICARE program the two are often mistaken for each other. However, CHAMPVA is a VA managed program whereas TRICARE is a health care program for active duty service members, military retirees and their families and survivors.

All commercial health insurance coverage along with TRICARE has increased the age for covered dependents from 21 years of age to 26 years, in accordance with the provisions of P.L. 111–148, the "Patient Protection and Affordable Care Act." At this time the only qualified dependents that are not covered under a parent's health insurance policy up to age 26 are those of 100 percent service-connected disabled veterans covered under CHAMPVA.

To address this issue legislation has been introduced in the 112th Congress that would increase the age for dependents covered by CHAMPVA to 26 years old. The House bill is H.R. 115, and its Senate companion is S. 490. We believe that these bills should be passed by Congress and quickly enacted into law to ensure that dependent children of severely disabled veterans are afforded the same health care protection as all other children.

IMPROVE TRAVEL BENEFITS FOR CATASTROPHICALLY DISABLED VETERANS—Currently the VA does not provide travel reimbursement for catastrophically disabled non-service connected veterans who are seeking inpatient medical care. Expanding VA's beneficiary travel benefit to this population of severely disabled veterans will lead to an increasing number of catastrophically disabled veterans receiving quality comprehensive care, and result in long-term cost savings for the VA.

Too often, catastrophically disabled veterans choose not to travel to VA medical centers for care due to significant costs associated with their travel. When these veterans do not receive the necessary care, the result is often the development of far worse health conditions and higher medical costs. For veterans who have sustained a catastrophic injury like a spinal cord injury or disorder, timely and appropriate medical care is vital to their overall health and well-being. When these veterans do not receive the prescribed care, associated illnesses quickly manifest and create complications that often result in reoccurring hospitalizations and long-term, if not permanent, medical conditions that diminish veterans' overall quality of life and independence.

It is for this reason that legislation in both the House and Senate Committees on Veterans' Affairs, H.R. 3687 and S. 1755, respectively, proposes to change Section 111 of title 38 U.S. Code to extend travel reimbursements for inpatient care to catastrophically disabled non-service connected veterans who have incurred a spinal cord injury or disorder, visual impairment, or multiple amputations. For this particular population of veterans, their routine annual examinations often require inpatient stays, and as a result, significant travel costs are incurred by these veterans. Eliminating the burden of transportation costs as a barrier to inpatient care, will improve veterans' overall health and well being, as well as decrease, if not prevent, future costs associated with both primary and long-term chronic acute care. Most importantly, extending VA's travel reimbursement benefit to catastrophically disabled, non-service connected veterans will improve their access to health care and help support full rehabilitation.

Paralyzed Veterans of America appreciates the opportunity to present our legislative priorities and concerns for the second session of the 112th Congress. We look forward to working with the Committees to ensure that sufficient, timely, and predictable resources are provided to the VA health care system so that eligible veterans can receive the care that they have earned and deserve. We also hope that the Committees will take the opportunity to make meaningful improvements to the benefits that veterans rely on.

Chairmen Murray and Miller, I would like to thank you again for the opportunity to testify. I would be happy to answer any questions you have.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2012

No federal grants or contracts received.

Fiscal Year 2011

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation—National Veterans Legal Services Program— $262,787.

Fiscal Year 2010

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation—National Veterans Legal Services Program— $287,992.

Prepared Statement of Sam Huhn

INTRODUCTION

Madame Chair Murray, Chairman Miller, Ranking Members Senator Burr and Congressman Filner, and other Members of the Committees on Veterans Affairs, on behalf of the Blinded Veterans Association (BVA), I express appreciation for this invitation to present our legislative priorities for 2012. BVA is the only congressionally chartered Veterans Service Organization exclusively dedicated to serving the needs of our Nation's blinded veterans and their families. The Association has worked to improve the lives of blinded veterans throughout the 67 years of its service. As more wounded service members continue to return after more than ten years of Operation Enduring Freedom (OEF), the recently terminated Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), a new generation of seriously eye injured is being added to the decades of combat wounded from previous wars. It is vital that we ensure that these newly injured combat veterans, and all veterans from previous wars, have the full continuum of high-quality vision care and benefits they have earned from the Department of Veterans Affairs (VA) and through the actions of this Congress.

CENTERS OF EXCELLENCE

The establishment of a Vision Center of Excellence (VCE) for the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries was authorized by the Fiscal Year (FY) 2008 National Defense Authorization Act (NDAA, Public Law 110–181, Section 1623). The Hearing Center of Excellence (HCE) and Extremity Trauma and Amputee Center (LEIC) were established in the FY 2009 NDAA (Public Law 110–417). Congress established these three Centers of Excellence (COEs) three years ago. The intent was that all three be joint initiatives of the Department of Defense (DoD) and VA. The overall objective was to improve the care of American military personnel and veterans affected by combat eye, hearing, and limb extremity trauma, and to improve clinical coordination between DoD and VA for the treatment of wounded service members. These three Centers are also tasked with developing clinical registries containing up-to-date information on the diagnosis, treatment, surgical procedures, and follow-up examinations for the injuries experienced by our nation's military personnel.

Despite the legislative mandate to the contrary, the Defense Department-Veterans Affairs Centers of Excellence have generally struggled to meet even their start-up goals. In the case of the Hearing Center of Excellence and the DoD –VA Extremity Trauma and Amputee COE, at this time there are fewer than half a dozen employees between them organizationally even though DoD operates three amputee clinical centers.

Former Defense Secretary Robert Gates included the three Centers as his second top priority in the February 2010 Quadrennial Defense Report (QDR). Bureaucratic issues, governance questions, and limited budgets have all hindered significant progress toward the full operational establishment of the Vision Center of Excellence, the Hearing-Audiology Center of Excellence, and the Extremity Trauma and Amputee Center of Excellence. While we can report some progress during the past year with VCE now having employed a DoD Director, a VA Deputy Director, and 11 full-time support staff, the other two Centers still lack necessary personnel, thus hampering their progress. They also continue waiting for Memos of Understanding

and Operational Agreements. These three Defense Centers of Excellence now face additional major challenges in meeting their mandated objectives without strong governance oversight and sufficient funding levels.

DoD and VA Information Technology, along with contractor assistance, have developed the Defense Veterans Eye Injury and Vision Registry (DVEIVR) as the very first clinical electronic health registry having the ability to exchange with VA providers all eye-injury clinical notes, diagnostic records, and surgical records from the battlefield. DVEIVR was tested this past year and began extracting information from the Joint Trauma Tracking Registry (JTTR) and Armed Forces Health Surveillance Center on vision injured. During the next six months DVEIVR will enter into its second stage of the pilot testing of data exchange. Later, information technology data extractors will take approximately 59,000 records of eye-injured personnel in Military Treatment Facilities (MTFs) and VA Medical Centers (VAMCs.) The data extractors will then securely download them into the DVEIVR in the next several months. Despite this plan, cuts to DoD Information Technology could slow or even stop this joint effort.

BVA requests that Congress appropriate $10 million for the VCE operations budget FY 2013 and it require DoD and the VA Veterans Health Administration (VHA) to report quarterly on their functional plans for DVEIVR. BVA also requests status updates for HCE and LEIC. We believe that within the framework of VCE and DVEIVR, Seamless Transition of eye care and vision rehabilitation services, as well as veteran and family education, can be developed and refined to improve long-term care of veterans.

SEAMLESS TRANSITION

During the past three years, BVA has worked with Members of these VA Committees, in addition to both the House Armed Services Committee (HASC) and Senate Armed Services Committee (SAC). We have explained the need to hold both DoD and VA jointly accountable for the many organizational problems associated with the Seamless Transition process that have so much affected the battle eye-injured and those with visual system dysfunction complications associated with Traumatic Brain Injury (TBI). VA last reported that DoD had the ICD–9 diagnostic code information for 58,000 eye-injured service members and that VA had it for 46,000. Within those numbers 16 percent of all evacuated wounded had sustained eye trauma. Specific numbers from December 2010 data are as follows:

- Department of Veterans Affairs 46,000*
- DoD Vision Center Excellence 58,000
- Optic nerve injury 1,200
- Retinal injuries 8,441
- Chemical/ thermal burns 4,294
- Orbital blast injuries globe 4,970

*Includes mild, moderate, severe eye injuries. [1]

Of the eye injured, 2,089 are reported by VHA to have a diagnosis of low vision and 190 have been blinded, requiring treatment for both groups at one of the 12 then existing VA Blind Rehabilitation Centers (BRCs), or at low-vision clinics. Combat blinded veterans often suffer from multiple traumas that include TBI, amputations, neuro-sensory losses, PTSD (found in 44 percent of TBI patients), pain management, and depression (affecting 22 percent of those diagnosed with TBI). The Defense and Veterans Brain Injury Center (DVBIC) reports that an analysis of the first 433 TBI-wounded found that 19 percent had concomitant amputation of an extremity. Mild TBI was found in 44 percent of these 433 patients and 56 percent were diagnosed with moderate-to-severe TBI. Some 12 percent of those with moderate to severe TBI had penetrating brain trauma. [2]

IED BLAST SURVIVAL

Improvised Explosive Device (IED) survivors face challenges that range from the minor to the monumental: fractures, amputations, disfigurement, sensory deficits, cognitive and motor impairments, dysphagia, emboli and stroke, headaches, personality changes, visual and auditory disturbances, altered affect, hypersensitivities and dulled judgment. [5] The mortality from blast violence has been reduced by rapid medical interventions but blast injuries, by their nature, usually include eye, ear and brain trauma. The resulting trauma is sufficiently great that service members

[1] "Analysis of VA Health Care Utilization Among OEF and OIF Veterans" Office VA Public Health and Enviromental Hazards Cumulative Data from 1st Quarter 2002 to 4th Quarter 2010

[2] "Pain and Combat Injuries in Soldiers from OIF and OEF," *Journal of Rehabilitation Research & Development* 44 (November 2, 2007): 179–94.

returning home will need years of neurological, psychological, otolaryngological, and ophthalmologic follow-up.

"The majority of soldiers we saw were injured by a blast of some sort, rather than, for example, a gunshot wound," said Prem S. Subramanian, MD, PhD. Dr. Subramanian, now an associate professor of neuro-ophthalmology at Wilmer Eye Institute, spent several years on staff at Walter Reed Medical Center in Washington, D.C., where he managed many polytrauma patients who had sustained serious head and eye combat injuries in Iraq or Afghanistan.

Stop the bleeding, keep them breathing. For troops who sustain multiple injuries, this is a sober logic that governs the sequence of interventions. "In combat theater, surgeons and medics apply the medical priority of *'Save Life, Limb and Eyesight' approach to prioritizing injuries, with limbs and eyes earning equal attention,* and both of those deferring to life-threatening injuries," Dr. Subramanian said. "If patients had a severe intra-cerebral hemorrhage, for example, or subdural or subarachnoid hemorrhage, causing brain herniation or depression of their vital signs, obviously that would command the greatest precedence. Many would arrive at Walter Reed in severe shock because of blood loss or a closed head injury."[3] BVA urges Members of Congress to support all battlefield research funding.

TBI vision dysfunction was noted in a **New England Journal of Medicine** study performed by doctors practicing at the Palo Alto VA Polytrauma Center. The doctors had studied polytrauma patients diagnosed with TBI who had no knowledge of an eye injury or who had not previously reported eye injury (eyes with open injury were excluded from analysis). Upon comprehensive eye exams, 43 percent of the polytrauma patients had a closed eye injury in at least one location. These data, combined with the 16 percent of those with known, or open, vision injuries, imply that approximately 200,000 veterans may be experiencing mild, moderate, or severe neurological vision dysfunction.[4] [5]

Added to the number of penetrating eye injuries are the 75 percent of mild, moderate-to-severe TBI service members who have suffered visual system dysfunction. The data now come from various VA research findings based on veterans tested by neuro-ophthalmologists or low-vision optometrists. With increased visual screenings, each month they are diagnosing higher numbers of vision impairments from blasts. Although TBIs rarely result in legal blindness, researchers have found rising numbers with TBI functional blindness and the VA Polytrauma Centers in Palo Alto, Richmond, and Tampa reported that 75 percent of all TBI patients have complained of visual symptoms as a result of their blast exposure. VA research has further revealed that individuals with a diagnosis of TBI visual system dysfunction have at least one, and often three, of the following associated visual disorders: diplopia, convergence disorder, photophobia, ocular-motor dysfunction, color blindness, and an inability to interpret print.[6] One research study that examined 25 TBI veterans found, in the percentages indicated, none of the following visual complications diagnosed early in the normal medical evacuation process: corneal damage, 20 percent; cataracts, 28 percent; angle recession glaucoma, 32 percent; retinal injury, 22 percent. These complications place veterans at high risk of progressive visual impairments if not diagnosed and treated early.[7]

Service members with visual system impairment, or a penetrating eye injury, must be tracked, especially those of the Army National Guard or Army Reserve, so that their care is ensured and facilitated. The failure to make an early diagnosis of a TBI visual impairment and to appropriately treat it may prevent such veterans from performing basic activities of daily living, resulting in increased unemployment, inability to succeed in future educational programs, greater dependence on government assistance programs, depression, and other psychosocial complications.

PEER REVIEWED VISION TRAUMA RESEARCH PROGRAM (VTRP)

BVA, along with six other Veterans Service Organizations dedicated to serving our Nation's veterans, are joined in supporting the programmatic request of continuing directed funding in FY 2013 for the for the Peer Reviewed Vision Trauma Research Program (VTRP) extramural research line item, funding requested at $10

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[3] Eye Net Magazine, American Academy Ophthalmology Nov/Dec. 2008 Brain Injury and Vision Loss From Blast Trauma Clinical Update: The Wounds of War by Dennis Smith Editor

[4] Veteran Service Organizations Independent Budget VSOIB.Org, page 75–76 Vision Injuries of Wars

[5] Cockerham G. C., et al., "Closed-eye ocular injuries in the wars in Iraq and Afghanistan." *N Engl J Med* 364 (June 2, 2011): 2172–2173.

[6] Brahm, Karen D. Kirby, Jennine, Goodrich, Greg Ph.D. Vision Impairment and Dysfunction in Combat Injured Servicemembers with Traumatic Brain Injury, *Optometry and Vision Science* Volume 86, No. 7 Pg. 817–825

[7] Cockerham, Glen MD. Palo Alto VAMC Poly Trauma Power Point, TBI Vision June 2009

million for core vision/eye research. This programmatic line item, managed by DoD's Telemedicine and Advanced Technology Research Center (TATRC), was initially created by Congress in FY 2008 appropriations and funded at $4 million. In FY 2012, it was funded at the lowest level of $3.25 million in the past four years, resulting in lack of funding for several vital deployment related eye trauma research grants. Defense-related vision trauma research warrants a far more vigorous investment, especially since TATRC and DoD experts identified vital research gaps into restoration of sight and eye care as a priority for funding.

Today, battlefield conditions in OEF have resulted in the classification of 10 percent of all eye wounds as severe global injuries. In addition, and more generally, among those wounded and evacuated, 48 percent of the eye injured have wounds of a higher level of penetration and include TBI-related visual system dysfunction. This is due to service members' exposure to the blasts when dismounting from vehicles and being subjected to the full force of IEDs. According to DoD, serious combat eye trauma from OIF and OEF was the fourth most common injury (58,000 injuries) and trails behind only TBI (229,106) PTSD (estimated at 300,000), and hearing loss (198,921). The majority of the wounded have also suffered from polytrauma.

The November 2008 **Medical Surveillance Defense Monthly Report** from the Armed Forces Health Center reported that a ten-year active duty eye injury review from 1998 to December 2007 revealed a total of 188,828 ocular injuries. While 63 percent of the injuries were mild, there were; 8,441 retinal and choroidal hemorrhage injuries (including retinal detachment), 686 optic nerve injuries, and 4,294 chemical and thermal eye burn injuries. [8]

BVA demands to know why the Peer Reviewed Vision Trauma Research Program is the lowest funded of all of CDMRPs for battlefield research. Vision TBI screening programs and accompanying research are vital to ensuring more front line deployment screening and treatment options for these visual complications. Not unlike the existing specialized research programs on burns, blood transfusions, limb extremity, and spinal cord injuries, a more vigorously funded VTRP extramural research program will enable the exploration of new and promising research opportunities that directly meet battlefield needs. In light of this urgent need, BVA strongly disagrees with the determination of Congress to cut the Defense VTRP by 20 percent, down from $4 million in 2011 to $3.2 million for FY 2012.

BVA requests that eye and vision trauma research within defense appropriations be increased for the Vision Trauma Research Program VTRP within the Congressionally Directed Medical Research Program (CDMRP). We request, for FY 2013, $10 million as a dedicated line item for Vision Trauma Research Program and point out that eye injury research provides combat surgeons with new treatments that will preserve vision. We also emphasize that the PRMR–Vision line item in defense appropriations is a dedicated funding source for extramural research into immediate battlefield needs. Although we were repeatedly told there was no funding for FY 2012 and that tough choices therefore had to be made, we point to a Floor statement on December 15 by Senator John McCain: "Mr. President, the Armed Services Committee authorized, and the Congress will soon appropriate, some $290 million for research into post-traumatic stress disorder, prosthetics, blast injury, and psychological health. These are critical to improving actual battlefield medicine. Yet, once again, the appropriators inserted unrequested funding for medical research, this time to the tune of $600 million. Let me remind my colleagues that these unrequested projects are funded at the expense of other military priorities."

This type of eye trauma research for wounded warriors is not conducted by the National Eye Institute (NEI) within the National Institutes of Health (NIH) and is not funded by VA or other agencies. DoD engages representatives of VA and NEI in a programmatic review of the vision trauma research grants it receives. Each year, dozens of eye trauma research grants cannot be funded because of the limit funded in CDMRP. Despite the identification by TATRC of the urgent need to fill the vision trauma battlefield research gaps in both eye trauma and TBI vision programmatic research, Congress substantially reduced vision funding for FY 2012. [9] Although the VCE Director reviews defense vision trauma research grants that can facilitate data-analyzed documentation of the findings and the publication of combat translational clinical plans to improve both acute eye injury care and the long-term vision rehabilitation outcomes, VCE has no internal DoD research funding.

We urge members of congress to review the GAO Report GAO–12–342SP, Section 14, 2012. The majority of federal funding for health research and related activities

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[8] Armed Forces Surveillance Center MSMR Volume 15, No 9, November 2008 Eye Injuries Active Duty Force 1998–2007 pg 2–4

[9] "Description of Research Gap Power Point 'Inadequate War Related Vision Trauma Research' DoD PP Nov 2010

is spent by the National Institutes of Health (NIH), within the Department of Health and Human Services (HHS), the Department of Defense (DOD), and the Department of Veterans Affairs (VA). In fiscal year 2010, NIH, DOD, and VA obligated about $40 billion, $1.3 billion, and $563 million, respectively, for activities related to health research.[10] While other federal funds may provide research to wide variety of medical conditions listed in the CDMRP, battlefield deployment research should be considered vital to DoD budgets and taken into strong consideration with traumatic injury research programs receiving priority funding to save life, limb and eye sight.

DoD–VA HEARING CENTER OF EXCELLENCE AND RESEARCH

Noise-Induced Hearing Loss and Tinnitus. During present-day combat, a single exposure to the impulse noise of an IED can cause immediate tinnitus and hearing damage. Nevertheless, rarely do Members of these Committees receive testimony regarding the third most common injury from the wars. The figure now stands at 198,921 for OIF and OEF service members with service-connected hearing loss. Another 214,428 have been rated for tinnitus.[11]

An impulse noise is a short burst of acoustic energy, which can be either a single burst or multiple bursts of energy. According to the National Institute for Occupational Safety and Health, prolonged exposure from sounds at 85+ decibel levels (dBA) can be damaging, depending on the length of exposure. At 140+ dBA, the sound pressure level of an IED, damage occurs instantaneously. Many common military operations and associated noise levels, all exceeding the 140 dBA threshold, occur on the battlefield, making hearing loss and tinnitus the number one injury from the wars. According to Air Force Director of HCE Colonel Mark Packer, MD, more than 233,000 active duty OIF and OEF service members have now documented various levels of hearing loss.[12]

HCE has a staff of one Air Force officer assigned in San Antonio's Wilford Hall. There is no full-time VA staffing. While BVA appreciates that total funding for HCE operations is $5 million for FY 2012, there is a clear lack of strong oversight from the DoD–VA Health Executive Committee (HEC). A January 31, 2011 Government Accountability Office Report (11–114) on Hearing Programs found that while hearing loss is a major physical injury from the wars, the progress on starting a hearing injury registry to track and develop coordinated care between the two health care systems lags far behind.[13] BVA has become increasingly frustrated that the two major sensory injuries from the wars, vision and hearing, are the least funded for research. The high numbers of invisible wounds that result in hearing and visual impairments, and that negatively affect ability to function in society, are the least funded when it comes to research budgets related to other injuries. BVA supports the Defense Health Programs (DHP) DoD request of Sensory Injury Research FY 2013 for $14,796,000 for hearing, vision, and gait injuries to meet this challenge.

Translated into other financial terms, the government paid out approximately $1.1 billion in VA disability compensation for tinnitus in 2010. At the current rate of increase, service-connected disability payments to veterans with tinnitus will cost $2.26 billion annually by 2014. While the government will spend increasing amounts to compensate veterans with tinnitus, its investment in hearing trauma defense research pales in comparison (less than 1 percent of current compensation payments combined). The number of veterans affected is not small either—as of the end of the second quarter of FY 2011, there were 198,921 from OIF and OEF operations with a service connected hearing loss.

BENEFICIARY TRAVEL FOR BLINDED VETERANS: H.R. 3687 AND S. 1755

BVA thanks Congressman Michaud, and Senator Tester for introducing legislation for disabled SCI and blinded veterans who are currently ineligible for travel benefits, thus assisting low income and disabled veterans' the travel financial burdens. Veterans who must currently shoulder this hardship, which often involves airfare, can be discouraged by these costs to travel to a BRC. The average age of veterans attending a BRC is 67 because of the high prevalence of degenerative eye diseases in this age group. BVA urges that these travel costs be covered by the VISN from which the veteran is referred and not be an added burden for the disabled

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[10] "Opportunities to Reduce Duplication, Overlap, and Fragmentation, Achieve Savings, and Enhance Revenue" GAO12–342SP Feb 28, 2012 Section 14, Health Research Funding, Annual Report

[11] Beck, Lucille Ph.D. Chief of VA Audiology, DVA Congressional Briefing House Hearing Caucus Feb 8, 2012

[12] VSO Independent Budget 2012 pgs 113–114 Tinnitus and Hearing Loss OIF and OEF

[13] "Hearing Loss Prevention: Improvements to DOD Hearing Conservation Programs Could Lead to Better Outcomes" GAO–11–114 January 31, 2011

blinded veteran obtaining the crucial rehabilitation training needed to gain independence through VA Blind Rehabilitation Service (BRS). BVA therefore requests enactment of HR 3687ensuring that VHA cover such travel costs by changing Title 38 Section 111 to ensure that VA provided public transportation costs for travel to special rehabilitation program.

It makes little sense to have developed, over the past decade, an outstanding blind rehabilitative service, with high quality inpatient specialized services, only to tell low income, disabled blinded veterans that they must pay their own travel expenses. To put this dilemma in perspective, a large number of our constituents are living at or below the poverty line but the VA Means threshold for travel assistance sets $14,340 as the income mark for eligibility to receive the benefit. The Congressional Budget Office scored the cost that would result from S. 1755—$2 million for FY 2013 and $4 million each year thereafter to travel for admission to either a Spinal Cord Injury Center or a BRC. VA utilization data revealed that one in three veterans enrolled in VA health care was defined as either a rural resident or a highly rural resident. The data also indicate that blinded veterans in rural regions have significant financial barriers to traveling without utilization of public transportation.

To elaborate on the challenges of travel without financial assistance, the data found that for most health characteristics examined, enrolled rural and highly rural veterans were similar to the general population of enrolled veterans. The analysis also confirmed that rural veterans are a slightly older and a more economically disadvantaged population than their urban counterparts. Twenty-seven percent of rural and highly rural veterans were between 55 and 64. Similarly, approximately twenty-five percent of all enrolled veterans fell into this age group.[14] In FY 2007, rural veterans had a median household income of $19,632, 4 percent lower than the household income of urban veterans ($20,400)[15]. The median income of highly rural veterans showed a larger gap at $18,528, adding significant barriers to paying for air travel or other public transportation to enter a VA BRC or other rehabilitation program. More than 70 percent of highly rural veterans must drive more than four hours to receive tertiary care from VA. Additionally, states and private agencies do not operate blind services in rural regions. In fact, almost all private blind outpatient agency services are located in large urban cities. With the current economic problems with state budgets clearly in view, we expect further cuts to these social services that will bring even more challenges to the disabled in rural regions.

VETERANS PROGRAMS IMPROVEMENT ACT OF 2011, S. 914

The current Special Adaptive Housing (SAH) requirement has a visual acuity standard of 5/200 for eligibility. The 5/200 requirement should be modified for the service-connected blind to 20/200 or less, or to a loss of peripheral visual fields to 20 degrees or less. The Veterans Benefits Administration testified before the VA Subcommittee on Economic Opportunity in June 2010, expressing support for this change since the 5/200 visual acuity standard is not used to deliver any other VBA benefits. In addition, VHA has a visual acuity standard of 20/200 or less for legal blindness. BVA was grateful that H.R. 5290 was passed by the House VA Committee with full bipartisan support and then approved on the House Floor in September 2010. We also thank Senator Begich and other Members for including this legislation in Section 306 of S. 914, the Veterans Programs Improvement Act of 2011.

If accessible housing grants and beneficiary travel assistance is not allowed so that disabled veterans can live independently at home, the alternative high cost of institutional care in nursing homes will become the much less desirable alternative. According to a 2008 MetLife survey, the average private room charge for nursing home care was $212 daily ($77,380 annually). For a semi-private room it was $191 ($69,715 annually). Even assisted living center charges of $3,031 per month ($36,372 annually) rose another 2 percent in 2008. These options are far more costly and considerably less attractive than for VA to provide adaptive housing grants for veterans to remain in their homes and function there with some independence.[16] In the United States, the fifth most common cause of admission to nursing homes is blindness.

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[14] Department of Veterans Affairs, Office of Rural Health, *Demographic Characteristics of Rural Veterans* Issue Brief (Summer 2009).

[15] VSO IB 2013 Beneficiary Travel pg 119–120, 124–125

[16] BVA Testimony, Subcommittee on Economic Opportunity HVAC June 2010 Hearing

BLIND REHABILITATION CENTERS (BRCs)

After more than 64 years of existence and progress, VA BRCs still provide the most ideal environment in which to maximize the rehabilitation of our Nation's blinded veterans. BRCs help blinded veterans acquire the essential adaptive skills to overcome the many social and physical challenges of blindness. Only the inpatient VA BRCs have all of the diverse, specialized nursing staff, orthopedics, neurology, rehabilitative medicine, occupational and physical therapy, pharmacy services, and lab services to treat the complex war wounds of service members and veterans.

The VHA Director of BRS must have more central control over blind center resources and funding levels. The full Continuum of Care model by VHA should ensure that both the outpatient programs and inpatient BRCs have adequate staffing. Some VISN directors might attempt to force medical centers or BRC directors to cut the staff and the BRC training that is inherent in the success of these highly specialized rehabilitation programs.

We caution that private agencies for the blind do not have the full specialized nursing, physical therapy, pain management, audiology and speech pathology, pharmacy services, neuro-radiology support services, along with the subspecialty surgery specialists, to provide the clinical care necessary for the newly complex, polytrauma war wounded. The lack of electronic health care records is also a major problem when veterans return to DoD or VA for follow-up care. BVA requests that all private agencies be required to demonstrate peer reviewed quality outcome measurements that are a standard part of VHA BRS, and that they must also be accredited by either the National Accreditation Council for Agencies Serving the Blind and Visually Handicapped (NAC) or the Commission on Accreditation of Rehabilitation Facilities (CARF). Blind Instructors should be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP). Agencies should also have the specialized medical staffing necessary for complex wounds. Additionally, no private agency should be used for newly war blinded service members or veterans unless it can provide clinical outcome studies, evidence-based practice guidelines, and joint peer-reviewed vision research.

FUNDING VHA BRS

BVA supports the VSO Independent Budget (IB) for FY 2013 and the IB's Advance Appropriations budget for FY 2014. This document was sent to Congress earlier this year. The section of greatest interest, however, and which most affects our membership, is the one dedicated to VA BRS. The FY 2012 budget for BRS was $126 million. For FY 2013, it would increase to $134 million. Advance Appropriations for FY 2014 would bring another increase, this one to $143 million. The VA budget for BRS covers 13 BRCs and 45 outpatient programs.

Currently, 50,574 blinded veterans are now enrolled in BRS with specialized care at those sites and within those programs.[17] Studies estimate that there are 156,854 legally blinded veterans and epidemiological projections indicate that there are another 1,160,407 low-vision impaired veterans in the United States. Considering the large number of veterans who may seek these services, ensuring that each VA VISN Director continues to fully fund the Blind Rehabilitation Clinics and BRCs is a high priority for BVA. We urge members to protect VHA funding special disability programs from cuts.

VISUAL IMPAIRMENT SERVICES TEAMS (VIST) AND BLIND REHABILITATION OUTPATIENT SPECIALISTS (BROS)

The mission of each Visual Impairment Service Team (VIST) program is to provide blinded veterans with the highest quality of blind rehabilitation training. To accomplish this mission, the VIST program has established mechanisms to maximize the identification of blinded veterans and to offer a review of benefits and services for which they are eligible. VIST Coordinators are in a unique position to provide comprehensive case management and Seamless Transition services to returning OIF/OEF service personnel for the remainder of their lives. They can assist not only newly blinded veterans but can also provide their families with timely and vital information that facilitates psychosocial adjustment.

The VIST program now employs 115 full-time Coordinators and 43 who work part-time. VIST Coordinators nationwide serve as the critical key case managers. As state governments slash social services budgets, these actions could draw more blind and low-vision veterans into the system for care. Given the demographic projections of visually impaired and blinded veterans, BVA believes and has always maintained that any VA facility with 150 or more blinded veterans on its rolls

[17] Blind Rehabilitation Service, BR Data (VHA, October 14, 2010).

should have a full-time VIST Coordinator. Although VISTs and BROS ensure that rehabilitation training occurs, some medical center directors are delaying for months the filling of vacant positions for these key personnel. We ask for stronger oversight and authority from VA BRS to ensure that positions are filled. We ask Congress to request a timetable for the BROS scholarship program that was included in S 1963 more than a year ago.

GUIDE DOG AND SERVICE DOG POLICY

BVA has more experience with guide dogs than most Veterans Service Organizations. For 67 years, BVA has worked with both VA and the original guide dog training programs to ensure that veterans who want a guide dog can obtain one. For decades, hundreds of blinded veterans have received guide dogs from a handful of well-known high quality programs that never charged a veteran to receive a dog. The demand, however, is now growing rapidly for expansion of this new benefit from VA Prosthetics so that VA would cover all the costs associated with all service dogs.

When it comes to service dogs for disabled veterans, Members of Congress should understand that the private sector is virtually unregulated. There are 49 states that have no laws concerning licensure of service dog programs and no certification requirements for instructors or trainers. BVA points out that while some advocates of these programs attempt to use the International Association of Assistance Dog Partners (IAADP) or the Americans with Disabilities Act (ADA) as enforcement and regulatory mechanisms, the international service animal standards are totally voluntary and there are no clear federal statutory standards for the service animal programs. ADA rules are only about public access to facilities for the disabled with a marked "service animal" but the statute is silent on the licensing or certification of the service dog program.

On the IAADP website, please note the following statement: "Certification is not required in the USA." Most states therefore lack programs to certify dogs if they did not go through the IAADP training course. The Department of Justice decided to foster "an honor system," making the tasks the dog is trained to perform on command or cue to assist a disabled person the primary way to differentiate between a service animal and a pet rather than requiring yearly certification for programs. This opened the door for people to train their own assistance dog. Only nine service dog programs voluntarily cooperate with the IAADP standards while 86 programs do not participate in these standards. Although we hear about cost concerns regarding nearly everything else, we have not heard that covering all future costs associated with service animals. Furthermore, Physicians, Nurses, Occupational Therapists, and Physical Therapists also lack knowledge and training in this area to determine prescribing of service dog.

All factors considered, we ask: Who within VA will "prescribes" and decide if a service dog is necessary? Will it be only the veteran and the service dog program? With other VA benefits, the providers must prescribe devices or prosthetics. What then will occur with this policy?

We strongly caution Members to reassess this situation for the protection of disabled veterans against the potential risk of fraud and poor training, and to consider the potential cost to VA. BVA requests further consideration of the aforementioned problems. We request that our views be considered in any future hearings on this issue.

CONCLUSION

On behalf of BVA, thank you for your efforts on behalf of all veterans and their families. We look forward to working with all Members of Congress in an effort to better serve our brave men and women who have sacrificed on the battlefield and who are now seeking care within the DoD and VA systems. We hope to also continue our dedicated service to the veterans of previous generations to whom we also owe our freedom. I will now gladly answer any questions you may have concerning our testimony.

RECOMMENDATIONS

- BVA endorses the VSO Independent Budget recommendation regarding the advance funding for veterans health care for FY 2013–2014. We again question why medical centers often have vacant clinical positions while the VISNs and VHA have added administrative FTEEs.
- Congress must ensure full establishment and Programmatic Operational Management (POM) of the budget requested by DoD for FY 2013 for the Vision Center of Excellence (VCE) and Defense Veterans Eye Injury Registry (DVEIR). DoD/VA staffing resources are critical to the success of each Center of Excellence. The Health Executive Council (HEC) must provide Congress with quar-

terly updates on all three DoD–VA Centers of Excellence for Vision, Hearing, and Limb Extremity Injuries.

- The following needed funding levels for the Centers of Excellence have been identified for POM for FY 2013: $5 million for the Defense Department-Veterans Affairs Extremity Trauma and Amputee Center of Excellence, $10 million for VCE, and $5 million for HCE.
- BVA firmly supports the position that extramural vision research funding through the dedicated Peer Reviewed Vision Trauma Research Program VTRP is critical. BVA urges that VTRP be funded at $10 million in FY 2013 for vision/eye research.
- BVA requests passage of S. 914 legislation to correct the Special Adaptive Housing standard for legal blindness, the Veterans Benefits Administration must use legal standard 20/200 or less, or 20 degrees of visual field loss or less.
- Beneficiary travel to VA Blind Rehabilitation Centers (BRCs) should be provided by amending Title 38 of U.S.C. Section 111. BVA requests support of S. 1755 and H.R. 3687 to cover any modes of commercial travel for blind or spinal cord injured disabled veterans for admission to inpatient rehabilitation services.
- VA must maintain a "critical mass" of capital, human, and technical resources to promote effective, high-quality rehabilitative care, especially for those returning wounded with complex health problems such as blindness, multiple amputations, spinal cord injury, or TBI with mental health problems.
- BVA supports FY 2013 Sensory System Injury programmatic request from Defense Health Program (DHP) for $14,796,000 for all sensory deployment injury research to meet this vital need.
- BVA has repeatedly requested in its annual resolutions that VA Information Technology be compliant with Section 508 of the Americans with Disabilities Act. This compliance problem has still not been fixed after many years. Recently, 50 percent of the IT budget to meet compliance was cut within VA IT. Blind VA employees and BVA Field Service Representatives are frequently unable to access the current VA system because of its lack of ADA-compliant features. We request oversight for compliance with this program.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS BLINDED VETERANS ASSOCIATION

The Blinded Veterans Association (BVA) does not currently receive any money from a federal contract or grant. During the past two years, BVA has not entered into any federal contracts or grants for any federal services or governmental programs.

BVA is a 501c (3) congressionally chartered, nonprofit membership organization.

Prepared Statement of CMSGT (RET) USAF John R. "Doc" McCauslin

Chairman Murray and Miller, on behalf of the 110,000 members of the Air Force Sergeants Association, I thank you for this opportunity to offer the views of our members on the FY 2013 priorities for the Second Session of the 112th Congress. This hearing will address issues critical to those serving and who have served our nation.

For more than 50 years, the Air Force Sergeants Association has proudly represented active duty, guard, reserve, retired, and veteran enlisted Air Force members and their families. Your continuing effort toward improving the quality of their lives has made a real difference and our members are grateful. In this statement, I have listed several specific goals that we hope this committee will pursue for FY 2013 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. Since 1973 with the inception of the all volunteer force, we have continued to meet our objectives in recruiting. It is evident that today's treatment of the military influences our ability to recruit future service members, since a significant percentage of those wearing the uniform today come from of military families.

It is important that this committee view America's veterans as a vital national resource and treasure 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. For example – America lost 36,500 in the Korean War, 58,000 died in the Vietnam conflict; another 4,484 were lost in Iraq and most recently, more than 1,800 in Afghanistan.

2. *Most Veterans Are Enlisted Members:* Enlisted veterans served with great pride and distinction. Our volunteer force has deployed over 3.3 million servicemembers and over 900,000 have deployed more than once during the last eleven years. 45,000 of those who have deployed have Traumatic Brain Injuries (TBI). 700,000 children of our servicemembers have had one parent deployed during their lifetime. We should factor in the unique circumstances of enlisted veterans, especially in the area of the needs of the servicemember and their families once they have completed their tour of service to our country

3. *Decisions on Veterans' Funding 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. If congress can vote, fund, and send our servicemembers to war, they need to facilitate, fund, and provide care for those who have returned.

4. *Remember that the Guard and Reservists are Full-fledged Veterans Too!* 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. Nearly half of U.S. forces that served in Iraq have been 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, are well overdue for review and updates.

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, and reluctant recognition of illnesses caused by conditions during past conflicts. We applaud past decisions of your committees toward reinforcing a commitment to unconditional care after service, and encourage you to do the same in the future.

6. *Taking Care of Families:* Taking care of families is as essential as taking care of our Veterans. This is especially true for family members who now serve as the primary caregivers of ill or injured Veterans. By taking care of these family members, we honor a commitment made by our country to our Veterans and military members.

ADMINISTRATION'S FY 2013 PROPOSAL

Proposed FY 2013 Funding: The Administration requested $140.3 billion for VA in FY 2013; $76.3 billion for mandatory benefits like disability compensation and $64 billion is in discretionary funding, primarily for the Veterans Health Administration. These amounts represent a welcomed 10.5 percent increase over FY 2012 levels but falls roughly $4 billion short of funding levels recommend by The Independent Budget, a document co-authored by the VFW, AMVETS, Disabled American Veterans, and Paralyzed Veterans of America. AFSA endorses the Independent Budget because we believe this careful review of Veterans programs reflects a more accurate assessment of the funding VA will need in the coming year.

With thousands of service members slated to be released by DoD in the coming months, many of them will turn to the VA for their care. None of these patriots should be turned away or their care delayed and it is imperative that VA receives a full complement of resources to address this shift in the nation's obligation. We

strongly urge these committees to review the Administration's proposed funding levels and boost them where appropriate.

Sequestration: Our members are concerned with the prospect of sequestration and how it could undermine VA funding in the coming years. Due to an unintended conflict in law, VA could still face a two percent cut in their medical care budget as a result of last year's budget deficit reduction agreement. Such a cut would severely impair the department's ability to provide the life-saving healthcare America's veterans have earned and deserve.

Although assurances have been given this will not happen, nevertheless, this discrepancy exists and it must be resolved soon, and with absolute certainty. Our Veterans deserve no less. The Air Force Sergeants Association endorses Chairman Miller's bill, H.R. 3895, the "Protect VA Healthcare Act of 2012," and the Senate companion measure, S. 2128, offered by Senator Jon Tester which provides this clarity.

We urge you not to delay in advancing this important legislation, and call on Congress as a whole to pass it as quickly as possible so Veterans and the department won't be left wondering when, or if the rug will be pulled out from underneath them.

VETERANS HEALTH CARE

Wounded Warriors: Nearly 48,000 service members have been wounded in action over the past eleven years. Thousands of others have suffered service-connected illness and injuries in related support actions. As a nation, we have no greater responsibility than to care for our warriors now suffering from the maladies of war. We are pleased that the budget continues to show high levels of support for Wounded Warrior care. We hope this support never wanes.

Continued emphasis and funding is needed for VA programs that address Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD), the two "signature injuries" of the most current conflicts. Oftentimes TBI and PTSD do not produce visible signs until long after the battle is over. Nor are they easy to treat. There is no "one size fits all" treatment and VA must research and ensure a variety of effective ones are readily available. At the same time, greater numbers of Veterans are returning from the battlefield with significant visual and auditory-impairments. We are concerned that VA may not have adequate resources to address the influx of Veterans with auditory and visual disabilities, and believe this area of care merits further study by these committees.

Care for Women Veterans: We applaud the actions of your committees in recent years for championing women Veteran issues! The unique health care requirements of women Veterans must be addressed with a sense of higher urgency from Congress. According to a recent VA Fact Sheet, more than 1.8 of the nations 22.2 million Veterans are women. Currently, women make up more than 19 percent of the active duty Air Force and approximately 21 percent of the Air Force Reserve (Air Force Personnel Center). We currently have more than 214,000 women serving in the DoD today, many of whom served in Iraq and Afghanistan. Of those who have served, VA estimates that more than 40 percent have already enrolled for healthcare, a percentage that is expected to double in the next 20 years. They too suffer from the same effects of battle as many of their fellow male service members; such as PTSD, TBI, and Wounded Warrior issues that come with wearing the uniform. As the number of women veteran's increases, VA must be funded accordingly to meet their specific health care needs. We have been transitioning over the years away from the large male population of previous wars and conflicts and we must absolutely make sure that we do not neglect the needs of these women who have volunteered to serve our country.

Defense Centers of Excellence: VA should actively support the efforts of many Defense Centers of Excellence (DCOE) which have been created to address specific areas of military related medicine. Their participation with each of the individual DCOE's will contribute to the diagnosis and treatment of the many types of severe injuries Veterans are experiencing as a result of the conflicts in Iraq and Afghanistan.

Family Caregivers: Family Caregivers provide crucial support in caring for Veterans and AFSA greatly appreciates the work of these committees in passing the "Caregivers and Veterans Omnibus Health Services Act of 2010" (P.L. 111–163), now commonly known as the "Caregiver Bill." This important piece of legislation provides a monthly stipend, respite care, mental and medical health care, and secures necessary training and certifications required for caregivers to meet the specific needs of injured OEF/OIF Veterans. VA recognizes that Family Caregivers in a home environment can enhance the health and well-being of Veterans under VA care. The families of these injured Veterans want to provide this care and the Care-

giver Bill turned that into a reality for many. Anything we can do to further alleviate the burden they have accepted would be most appropriate.

At the same time, AFSA strongly supports the full expansion of the caregiver program to include Veterans of other engagements. There should be no distinction in the sacrifices made by a severely disabled veteran or their family, regardless of where or when they served. The service of our veterans from previous wars must be honored similarly, and Congress must support and oversee a timely and fair implementation of P.L. 111–163 that provides these caregiver benefits to veterans of all eras.

Support the judicious use of VA–DoD sharing arrangements: AFSA supports the 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. It makes no sense to order a full physical exam on your retirement from the military and then within 30 days the VA has ordered their own complete physical exam with most of the same exotic and expensive exams. The decision to end that duplication process represents a good, commonsense approach that should eliminate problems of inconsistency, save time, and take care of veterans in a timely manner. Initiatives like this will save funding dollars. However, AFSA recommends that these committees 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 example of a successful joint sharing arrangement is the new clinic with ambulatory care services being in Colorado Springs, Colorado. This will aid the large number of veterans remaining in the area and support the increases in Colorado Springs as a result of BRAC initiatives. The VA and DoD each have a lengthy and comprehensive history of agreeing to work on such projects, but follow-through is lacking. We urge these committees to encourage joint VA–DoD efforts, but ask you to exercise close oversight to ensure such arrangements are implemented properly.

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 elderly veterans' access to VA health care and enhance access for many veterans.

Other Healthcare Issues: Other Veteran's health-care issues not addressed in this statement but included in our Associations top priorities are:

- **Limit user fees and prescription co-pay increases at VA medical facilities**
- **Require the VA to accept licensed civilian medical/dental provider prescriptions**
- **Pursue the VA to have chiropractic care where possible**

GENERAL VETERANS ISSUES

"Seamless" Transferable Medical Records - Speedier Claims Processing and Improved Accuracy: For many veterans, association with the VA begins with the claims process. Proposed increases in funding and manpower mentioned in the Administration's budget plan are admirable. The backlog for compensation and pension, education and appeals claims is a disgrace! At the time this testimony was prepared, VA's Monday Morning Workload Report showed more than 1.4 million claims were pending. 600,979 or 66 percent have been pending for more than 125 days and **this is unacceptable!** I don't profess to be an expert here, but I am aware larger VSOs have already made recommendations to these committees in this area—changes my organization can and will support. One thing is clear: the record numbers of veterans 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. The implementation of a true, Virtual Lifetime Electronic Record is long overdue and a welcomed step into the 21st century. At the same time there needs to be greater emphasis on accurately processing initial claims, which would reduce appeals and secondary submissions. Most important, it would better serve the needs of Veterans who rely on the timely approval of VA benefits and services.

Transition Assistance Program: The VOW To Hire Heroes Act made the Transition Assistance Program (TAP), an interagency workshop coordinated by Departments of Defense, Labor and Veterans Affairs, mandatory for service members to

help them secure meaningful employment at the end of their service. We appreciate the efforts of these committees to make sure all separating members receive this important transition benefit. At the same time, AFSA is concerned with the fact that the content of TAP has changed very little in the last 25 years. We understand the Department of Labor plans to unveil a new program in the near future, and we encourage Members of Congress to ensure it provides Veterans with current information and tools they need to successfully transition out of the military and into the civilian sector. We hope the new program will place greater emphasis on the participation of military spouses because they too play a key role in the successful transition of the entire military family.

Policy Consistency: We appreciate your committees' efforts 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 more classes of veterans. Please continue to resist any effort that limits Priority 8 veterans who deserve to have the VA option available to them—even though they may not be inflicted with service connected disabilities.

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 your 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 and "Keep America's Promise to America's Military "

Modification of Enhanced Per Diem for State Veterans Homes: The State Veterans home program continues to be the preferred provider of long term care for veterans providing over 30,000 beds in 140 state veteran's homes in all fifty states. This is over fifty percent of our veteran's long term population. Veterans Affairs has formed an ongoing partnership with state governments and the State Veterans Homes, yet it is essential that Congress and the VA recognize that veterans often need a level of care greater than what the per diem reimbursement rate provides. The current challenge is the enhanced per diem program that went into effect twenty three months ago. These homes are an excellent federal investment since the states provide funding for two-thirds of total operating costs.

The State Home program for severely disabled veterans was approved by Congress in 2006 to allow veterans with disabilities rated 70 percent or greater to have the same no-cost access to State Veterans Homes that they already have to VA-operated nursing homes and community nursing homes. Unfortunately, the new program's implementing regulations did not achieve the congressionally-mandated purpose of providing parity between State Home reimbursement rates and the reimbursement rates provided to private contract nursing homes. As a result, many State Homes that admitted severely disabled veterans suffered financial losses and others interested in providing services to these Veterans found they could not afford to provide such care. More importantly, many of these Veterans have been effectively prevented from the choice to receive their long term care at State Veterans Homes.

To correct this problem, the House on October 11, 2011, voted unanimously to approve language authored by Representative Mike Michaud (D–ME) and Chairman Miller which would modify the program by allowing VA to enter into contracts or agreements with State Homes for the care of any veteran with a service-connected disability rated 70 percent or greater. This provision was included in H.R. 2074 which addresses several other veterans-related issues. Identical language was included in S. 914, authored by Senator Mark Begich (D–AK) and approved unanimously by the Senate Veterans' Affairs Committee back on June 29, 2011. Unfortunately, the Senate has not moved any further action on either S. 914 or H.R. 2074, and we urge them to pass this legislation and resolve this longstanding problem.

Protect VA Disability Compensation: Despite being clearly stated in law, veterans' disability compensation has become an easy target 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." Perhaps, enactment is needed to protect the probation against court-orders or state legislation that would award VA disability dollars to former spouses or third parties in divorce settlements.

Homeless Veterans: Ending homelessness among Veterans is a top priority for the President, VA Secretary Shinseki, many other federal agencies and this Association. Thanks to your efforts, VA now has the resources to attack this problem head-on and they appear to be succeeding. Recent figures show homelessness among the nation's Veterans declined by about 12 percent during a one-year period ending January 2011, from 76,000 to 67,500. This news is encouraging but 67,500 veterans without a place to call home are still way too many. Of particular concern: homeless Veterans, men and women, that have young children because we understand their numbers are increasing. We urge your continued support for VA's homeless assistance programs like vouchers for housing and the National Call Center for Homeless Veterans hotline which are critical to finally ending homelessness among Veterans. No one who has served this Nation in uniform should ever have to be living on the streets.

Legitimate, Sincere Veterans Preference: Commendable moves in recent years by VA and the Department of Labor have enhanced the job preferences available to Veterans. However, 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 your 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. One example of giving veterans a preference is the recently created Civilian Expeditionary Workforce (CEW). By meeting the goals of DoD and the administration, we can at the same time hire qualified veterans who have already gained the experience from the vast deployments in previous years who are willing to serve their country in this capacity as a full time government employee.

Concurrent Receipt: AFSA continues its advocacy for legislation that provides concurrent receipt of military retired pay and veterans' disability compensation for all disabled retirees without offset. Under current statues, retirees with 50 percent or greater disabilities will receive their full retired pay and VA disability in FY 2014. Congress should now focus on eliminating this unjust offset for veterans with lesser disabilities and in particular, individuals who were medically retired with less than 20 years of service due to a service-connected illness or injury. They are not treated equally!

Support of Survivors: With current military deployments and increasing casualties, it is imperative that we plan to properly take care of those who may be left behind if a military member makes the ultimate sacrifice. We commend these committees for previous legislation, which allowed retention of Dependency and Indemnity Compensation (DIC), 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.

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. We want to thank Congressman Joe Wilson, (R–SC) for introducing H.R. 178 and Senator Bill Nelson, (D–FL) for introducing S. 260 which would repeal the SBP–DIC offset. We also thank the 177 and 49 cosponsors (respectively) who are co-sponsoring this important legislation.

As you know, the fiscal year 2008 NDAA (Public Law 110–181) created the Special Survivor Indemnity Allowance (SSIA) for surviving spouses' whose military Survivor Benefit Plan (SBP) annuities were being offset, in whole or in part, by Dependency and Indemnity Compensation (DIC) which are paid by the Department of Veterans Affairs. It also applies to the widows of members who died on active duty whose SBP annuity is partially or fully offset by their DIC. Congress approved this legislation in lieu of repealing the SBP/DIC offset.

SSIA began as a $50 monthly payment on October 1, 2008, and was scheduled to increase by $10 each year through 2013 when the benefit expired. In 2009, a provision in the Family Smoking Prevention and Tobacco Control Act (Public Law No: 111–31) extended the allowance another five years and increased projected monthly rates. Provisions in the House version of FY 2012 NDAA would have extended the benefit through 2021, and raise monthly rates slightly through FY 2017, but the provision was dropped in Joint Conference. Needless to say we were disappointed with this action and continue to call on Members of Congress to eliminate this unjust offset altogether.

Finally, it is time to end the government's practice of electronically withdrawing the last paycheck of military retirees upon their death. Automatically withdrawing these funds can inadvertently cause essential payments to bounce and place great

financial strain on a beneficiary already faced with the prospect of additional costs associated with their loved one's death. Congressman Walter Jones, (R–NC) introduced the "Military Retiree Survivor Comfort Act," H.R. 493, in January 2011 which would allow survivors to retain the full month's retired pay for any month the retiree was alive for at least 24 hours. To offset the cost associated with his proposal, a provision of the bill would delay the first Survivor Benefit Plan (SBP) annuity payment until the month after the retiree dies. Congress passed a similar law in 1996 allowing surviving spouses to retain Veterans disability and VA pension payments issued for the month of the veteran's death. AFSA strongly believes military retired pay should be treated no differently.

Veterans Status for Certain Reserve Component Members: AFSA supports full veteran status for Reserve component members with 20 years or more of service, who do not otherwise qualify for Veterans status under current law. The House on October 21, 2011, passed H.R. 1025, which was introduced by Representative Tim Walz (D–MN). We greatly appreciate Senator Mark Pryor's leadership for introducing a Senate companion measure, S. 491, the "Honor American's Guard-Reserve Retirees." We urge the Senate Veterans Affairs Committee to approve this legislation which would grant this status to these deserving individuals that are "veterans" in every sense of the word!

National Cemeteries: VA's National Cemetery Administration (NCA) is responsible for providing final honors to many of our Nation Veterans. Thanks to your efforts, many expansion projects and construction projects have been completed, are underway or are being planned to ensure everyone who served this Nation in uniform has a final resting place. The NCA has come under fire recently due to a series of audits that revealed over 240 mismarked or unmarked graves and eight veterans or their loved ones buried in the wrong place at 13 cemeteries nationwide. I want to publicly thank Rep. Jon Runyan (R–NJ), Chairman of the Subcommittee on Disability Assistance and Memorial Affairs, for holding a recent oversight hearing on the matter which stressed the importance of fixing these mistakes at National Cemeteries. As he correctly noted at that hearing, "We have a solemn obligation to cherish the memory and heroic actions of our veterans by holding ourselves and our organizations to the highest of standards." It is our mutual duty to honor our fallen heroes as best as we know how, with all the resources we can muster, and these oversight hearings should continue until each of these problems are resolved.

Clark Veterans Cemetery: The United States left Clark Air Force Base in the Philippines in 1991 following destruction of the base by the Mount Pinatubo vocanic eruption and the collapse of base agreement negotiations. No provisions were made for the perpetual care of its military post cemetery, known as the Clark Veterans Cemetery (CVC).

The CVC was established in 1948 by moving remains and head stones of over 7,000 graves from several older U.S. military base cemeteries located throughout the Philippines to include Fort McKinley in Manila, Sangley Point Naval Station and two cemeteries located on Fort Stotsenberg. Over 5,000 alone were disinterred from the old Fort McKinley cemetery to make room for a new World War II American Military Cemetery and Memorial on the same site, forever linking the Clark and new Manila Cemetery. The Air Force continued military burials at Clark until November 1991. The CVC then fell into disrepair with overgrown vegetation, vandalism, ash damage and looting. In 1994 the local VFW Post restored the cemetery as best they could and began a program of maintenance as well as burial of our veterans. Today, over 8,600 American veterans and their families are interred, veterans who served in every war since the Civil War, to include the Iraq War. It is an abandoned and forgotten American Military Cemetery with over a hundred years of history as rich as any other of our nation's military cemeteries.

Recently, Rep. Frank Guinta (R–NH) introduced H.R.4168, the "Caring for the Fallen Act" which would designate the appropriate entity, the American Battlefields Monuments Commission (ABMC), to care for the Clark Veterans Cemetery. ABMC manages the Manila American Cemetery and Cabanatuan POW Memorial, both a short equidistant drive from the CVC. ABMC is our nation's professional organization for the care and administration of all of our overseas memorials and cemeteries. Ironically, the Air Force turned over the Clark cemetery records to the ABMC in 1993, but not the cemetery. The appropriation and authorization that created CVC in 1948 is the same one that created the ABMC cemetery in Manila. The two are eternally linked. The ABMC site in Manila would not exist today if those previously interred were not moved to Clark. Clark itself is historic with a Monument to 1,055 Unknown Dead from the 1900–1906 Spanish and Philippine American Wars. The ABMC is the logical manager on the basis of history, cost, competence, and law; 36 U.S.C. 21 already provides the authority and wide latitude. ABMC does not own its

land; there are no sovereignty or control issues. We are told the Philippine government is receptive to a lease or similar usufruct type agreement.

The "Warrior Ethos" embedded in the character of our uniformed men and women demands that we never forget the sacrifices of those who have served this Nation. ABMC says a "decision rests with the Congress" and we hope you will act favorably on H.R. 4168 to help ensure the Veterans interred at Clark Veterans Cemetery are properly honored for generations to come.

POW/MIAs: AFSA remains committed to provide the fullest possible accounting of missing military members from all past and future military actions, and promotes international compliance in recovery efforts. We urge the members of these committees to fully support and fund the efforts of the Joint POW/MIA Accounting Command (JPAC), a joint task force within DoD whose mission is to account for Americans who are listed as Prisoners Of War (POW), or Missing in Action (MIA).

Full accounting for those Missing in Action is not just a term for us, it is a commitment to the memory of those missing in action and their families. We, as a nation, owe these families our very best efforts to account for all missing members of our Armed Forces.

EDUCATION

Post 9/11 GI Bill: Arguably the best piece of legislation ever passed by Congress and thanks to the efforts of many of you here, the Post-9/11 GI Bill is providing unprecedented educational opportunities for the thousands of men and women who served in uniform since 9/11and many of their family members. For years, GI Bill benefits have helped to strengthen our country's workforce by raising the skill levels of Americans who have served in our military and are returning to civilian life and extending the benefit to eligible family members will produce similar returns.

Providing in-state tuition rates at federally supported State universities and colleges–regardless of residency requirements, is an important goal for AFSA due to the rise in service members and their families returning to institutions to further their education and numerous PCS moves involved with the CONUS. A few AFSA members were caught off guard by changes enacted last year that required them to pay a significant portion of their children's out-of-state tuition rates because the benefit no longer covers the entire tuition amount. Ideally these institutions would cover the student under VA's Yellow Ribbon program, lowering out of pocket expenses for the service member, but the truth of the matter is not all schools do. For the ones that do participate, the school identifies which of their programs are Yellow Ribbon-covered, along with how many students they will accept under the program and how much they can pay each student so there are additional limitations. As the likely alternative given the nation's current fiscal situation, Congress should urge VA to conduct greater outreach to colleges and institutions on its Yellow Ribbon program.

Oversight of Educational Benefits: AFSA is concerned with statistics that show the cost of sending a veteran to a for-profit school is more than double the cost of a public university, and that eight of 10 educational institutions collecting the most VA benefits are for-profit schools. By no means are we suggesting impropriety with these or any other educational institutions receiving federal money. Many institutions are offering high quality degrees that service members can use in conjunction with their military careers or aid them in employment once they separate. But given the tremendous sum of money involved, all of them tax dollars; we owe it to the American taxpayer to ensure they are getting the best "bang for their buck." That said, AFSA endorses S. 2179, the "Military and Veterans Educational Reform Act of 2012" which was recently introduced by Senators Jim Webb (D–VA), Tom Harkin (D–IA), Tom Carper (D–DE), Claire McCaskill (D–MO) and Scott Brown (R–MA) to make critical reforms to protect the integrity of the Post-9/11 GI Bill and the military's Tuition Assistance Program. By extending accreditation protections currently in place for federal student aid recipients to veterans using the GI Bill, S. 2917 takes much-needed steps towards strengthening the protections currently in place for veteran and military students seeking to use their taxpayer subsidized benefits. It also builds a stronger support network to help our service members and their eligible family members navigate the complicated process of picking a school.

Arm Students with Information: AFSA believes users of VA educational benefits do not have access to the information they need to make sound academic decisions. The findings of a recent Senate investigation confirm many Veterans become victims of potential fraud, waste and abuse at the hands of schools that consistently fail to deliver on their educational promises. By arming students with better information about degree expectations, use, and graduation rates, we believe they can, and will make better choices with their earned benefits. DoD recently mandated this type of

counseling for users of Tuition Assistance Programs; VA should suit. The department already offers similar counseling as part of its Vocational Rehabilitation & Employment Program (Chapter 36). S. 2917 would require DoD and VA to provide this in person, one-on-one educational counseling to veterans and members of the Armed Forces. Until such time as this or similar legislation is passed, VA may be able to expand their current program, on a voluntary basis, to users of GI Bill benefits.

Education Benefits for Survivors and Dependents: VA's Survivors & Dependents Assistance (DEA) Program (Chapter 35) provides education and training opportunities to the spouse and eligible children of certain Veterans. Whereas most VA educational programs increased payment rates in recent years, the DEA program has not. As a result, the value of this benefit continues erodes as college costs continue to climb. Congress should boost these rates to more closely match the current cost of a four-year public university which was recently estimated by the National Center on Education Statistics to be $19,620 per year in 2011.

Retirement Benefits: The Administration's proposed FY 2013 budget calls for higher TRICARE fees, the establishment of new ones and the creation of a BRAC-like panel that will review current military compensation and recommend changes (most likely reductions) for Congress to consider. The President and many senior civilian leaders repeatedly said they will not balance the budget on the backs of Veterans. We took them at their word but now this is in fact, exactly what they are proposing to do. Apparently they lost sight of the fact that military retirees are Veterans, and we ask that you bear this in mind as deliberations on the Administrations proposed budget move forward.

Senior military leaders often speak of the importance of "Keeping the faith" with military members, particularly where earned benefits are concerned—benefits like retired pay and healthcare. Right now, Airmen are asking "Where is the faith?" And they are looking to you, the Members of Congress, to provide that answer. "Passing the buck" to service members instead fulfilling promised benefits will only serve to undermine long-term retention and readiness. Part of the success of the all-volunteer force can be directly attributed to the robust benefits we provide military members in return for their service and sacrifice. Not just them, but their families too. Do we want to risk this? We call on Congress to oppose these fee increases and to honor the commitments made to those who have served and are now serving. All of whom are Veterans.

CONCLUSION

Chairman Murray, Chairman Miller, 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 2013 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 health care 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 the House and Senate Veterans' Affairs Committees do is among the most important on the Hill. Year after year, these two committees have illustrated the value of non-political cooperation with the full focus of your efforts on the well-being of those serving this nation. On behalf of all AFSA members, we appreciate your efforts and, as always, are ready to support you in matters of mutual concern.

The Air Force Sergeants Association looks forward to working with you in this Second Session of the 112th Congress.

Respectfully submitted this 22nd day of March, 2012

Prepared Statement of MG Gus Hargett

Thank you for all you have done for our veterans since 9/11 and for this opportunity to testify.

Background—Unique Citizen Service Member/Veteran

The National Guard is unique among components of the Department of Defense (DoD) in that it has the dual state and federal mission. While serving operationally

on Title 10 active duty status in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF), National Guard units are under the command and control of the President. However, upon release from active duty, members of the National Guard return as veterans to the far reaches of their states, where most continuing to serve in over 3,000 armories across the country under the command and control of their governors. As a special branch of the Selected Reserves they train not just for their federal missions, but for their potential state active duty missions such as fire fighting, flood control, and providing assistance to civil authorities in a variety of possible disaster scenarios.

Since 9/11, 455,461 National Guard members have deployed in contingency operations to gain veteran status. When they return from deployment, they are not located within the closed structure of a 24/7 supported active military installation, but rather reside in their home town communities where they rely heavily on the medical support of the Veterans Administration (VA).

While serving in their states, members are scattered geographically with their families as they hold jobs, own businesses, pursue academic programs, and participate actively in their civilian communities. Against this backdrop, members of the National Guard remain ready to uproot from their families and civilian lives to serve their governor domestically, or their President in distant parts of the globe, as duty calls and to return to reintegrate within the same communities when their missions are accomplished.

Using the National Guard as an operational force will require a more accessible mental health program for members and their families post-deployment in order both to provide the care they deserve as veterans and to maintain the necessary medical readiness required by deployment cycles. It cannot be a simple post-deployment send off by the active military of "Good job. See you in five years." To create a seamless medical transition from active duty to the VA, an improved medical screening of our members before they are released from active duty is essential to identify the medical issues that will be passed to the VA. The Department of Defense must also recognize its responsibility of sharing the burden with the VA in funding mental health care for our National Guard members between deployments, which remains an unmet readiness need.

Military service in the National Guard is uniquely community based. The culture of the National Guard remains little understood outside of its own circles. When the Department of Defense testifies before Congress stating its programmatic needs, it will likely recognize the indispensable role of the National Guard as a vital operational force, but it will say little about, and seek less to, redress the benefit disparities, training challenges, and unmet medical readiness issues for National Guard members and their families at the state level before, during, and after deployment. We continue to ask Congress to give the Guard a fresh look with the best interests of the National Guard members, their families, and the defense of the homeland in mind.

H.R. 1025–RECOGNITION AS VETERANS OF MEMBERS OF THE NATIONAL GUARD AND RESERVE WHO SERVE 20 YEARS TO EARN MILITARY RETIREMENT PAY

Congress needs to continue to act proactively on a broad front to appropriately recognize the value of National Guard service at home and overseas. The Senate Committee on Veterans' Affairs could go far in that effort by passing the budget-neutral H.R. 1025, which unanimously passed the House last year. The bill would authorize Veteran status under Title 38 for National Guard and Reserve members of the Armed Forces who are entitled to a non-regular retirement under Chapter 1223 of 10 US Code, but were never called to active federal service during their careers – through no fault of their own. Pertinent sections of Title 38defiing "veteran " are set forth n the Appendix. H.R. 1025 is cost-neutral because it would provide no benefits other than the honor and recognition provided by allowing these members to simply call themselves veterans for their careers of honorable service.

Most members of Congress and many serving and retired National Guard and Reserve members may not know that a reservist can complete a full Guard or Reserve career but not earn the title of "Veteran of the Armed Forces of the United States," unless the member has served on Title 10 active duty for other than training purposes. As one National Guard retiree has put it, "we gave the government a blank check for 20 years of our service to send us wherever they wanted. It was their choice, not ours."

Some National Guard members who have been protecting the homeland on Aerospace Control Alert (formerly known as Operation Noble Eagle) and southwest border missions on Title 32 orders may one day retire from the Guard, but will not qualify to be Veterans of our Armed Forces. Contrast the character of service in

these missions with that of an active duty member serving his or her entire enlistment in the continental United States (CONUS) who is fully recognized as a veteran with full benefits. To bestow veteran status and benefits on the active member in this instance and not allow the 20 year Guard or Reserve retiree even to call himself or herself a veteran just does not add up.

Take the example from a message last year from a retired Guard general officer who served 30 years in the Guard during the Cold War. Although never deployed, he served on numerous reforger exercises and on other training missions far from his home and family while occupying a key leadership position in managing the National Guard in his state. The general recalled ordering an AWOL Guard soldier to active duty who then served 3 years in CONUS and was given full veteran status and benefits. However, the general who served honorably for 30 years ready and willing to answer any call for deployment cannot even call himself a veteran. This is just not right.

We believe that Senate Committee on Veterans' Affairs (SCVA) has uncertain plans about moving this bill forward. It may be inclined toward folding it into an omnibus bill that would go back to the House as a joint conference item with no guarantee that it would successfully emerge from the pack in that secretive process.

As many may recall, a predecessor bill to H.R. 1025 passed the House unanimously in 2010 only to stall in the Senate after it was placed on the unanimous consent calendar and not moved forward because members wanted it vetted by the SCVA. It is now properly before the SCVA where it warrants proper consideration as a standalone bill. As it is already approved by the House, it would likely become law if separately approved by that committee without the risk of possible rejection that it would face if sent back to House for reconsideration as part of an omnibus bill in joint conference.

NGAUS is concerned from reports it has received that there exists pushback exists against this bill from lower echelon staff within the VA and congressional staff, feeling that passing this bill would be "allowing the camel's nose under the tent." This metaphor is both puzzling and deeply troubling to National Guard members. If any of you before me can tell me what this means, please do so today so I can respond. If it means that there is fear that National Guard members and NGAUS will be asking for more Veterans' services and benefits if the bill is passed, it's true – asking for better services and benefits is what every veteran and veterans service organizations does, and should continue to do, in asking for protection from Congress. If you expect our National Guard members and veterans to be any less diligent and responsible in asking Congress to address their needs and those of their families than any high-priced lobbyist walking these halls, then you are selling your National Guard short. The metaphor "allowing the camel's nose under the tent" is really nothing more than bias-driven code that the National Guard is not worthy of recognition by Congress. If passed, H.R. 1025 would help tear down the remnants of the wall of prejudice that sadly still exists in some quarters against the National Guard, who is always ready and always there in cost effectively protecting our nation.

As a cost-neutral standalone bill, H.R. 125 provides an excellent opportunity for a divided Congress to come together to honor our National Guard and Reserve. NGAUS respectfully asks members of the Senate Committee on Veterans' Affairs to please join your colleagues in the House and move this bill forward as a standalone bill to support its passage into law. Our career National Guard and Reserve members deserve nothing less.

REQUIRE THE VA TO FULLY IMPLEMENT SECTION 304 OF THE CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT 0F 2009, PUBLIC LAW 111–163, TO PROVIDE MENTAL HEALTH SERVICES TO IMMEDIATE FAMILY MEMBERS OF OIF/OEF VETERANS

Post-deployment, our National Guard members and their families heavily rely on the VA for mental health care. Congress recognized as much in passing The Caregivers and Veterans Omnibus Health Services Act of 2009, **Public Law 111–163, enacted May 6, 2010,** which now requires the VA to reach out not just to veterans but to their immediate families as well to assist in the reintegration process. Unfortunately, the VA has not fully complied with this law.

Section 304 of the Family Caregiver Act (reproduced in the Appendix) now requires the VA to make full mental health services available to immediate family members of OIF/OEF veteran for three years post-deployment. However, the VA refuses to comply with the law by insisting that it does not have any obligation beyond providing the counseling at Vet Centers, which it has been doing since well before the law was passed. As terrific as Vet Centers are with their peer-to-peer outreach, they do not have the full range of mental health services that are present

in the highly praised VA Office of Mental Health Services (OMHS).To the best of our knowledge, the VA will not make the full range of OMHS mental health services available to immediate to families as required by Section 304.

Section 304 was enacted on May 6, 2010, but we still await any VA regulations or instructions implementing this program. For many, the three year post-deployment period during which the VA is required by Section 304 to provide mental health services to immediate family members of returning veterans will begin to lapse in 2013. The VA OMHS needs to fully comply with Section 304. Our veterans and their immediate families may be a small subset, but they are worth it.

IMPLEMENT COMMUNITY BASED MENTAL HEALTH CARE FOR VETERANS

Section 304 also authorizes the VA to contract with private entities in communities to bridge the geographical barriers preventing many of our veterans, and now their families, from receiving mental health treatment. The issues of veterans' unemployment and mental health maintenance cannot be separated. Before veterans can maintain gainful employment in a challenging job environment, they must be able to maintain a healthy mental status and establish supportive social networks.

In 2007, the Rand Corporation published a study titled, "The Invisible wounds of War." It found that at the time 300,000 veterans of Operation Iraqi Freedom and Operation enduring Freedom suffered from either PTSD or major depression. This number can only have grown after five more years of war. The harmful effects of these untreated invisible wounds on our veterans hinder their ability to reintegrate with their families and communities, work productively, and to live independently and peacefully.

Rand recommended that a network of local, state, and federal resources centered at the community level be available to deliver evidence-based care to veterans whenever and wherever they are located. Veterans must have the ability to utilize trained and certified services in their communities. In addition to training providers, the VA must educate veterans and their families on how to recognize the signs of behavioral illness and how and where to obtain treatment.

To facilitate the leveraging of mental health care providers in our communities, the VA can actively exercise its authority under section 304 to contract with private entities in local communities, or creatively implement its fee-based option by issuing voucher cards that would allow our veterans to seek fee-based treatment with VA certified providers outside the brick and mortar of the Veterans Administration facilities.

VA facilities are often located hundreds of miles from a veteran in need, particularly our National Guard veterans living in rural areas. Requiring a veteran, once employed, to drive hundreds of miles to obtain care at a VA facility necessitates the veteran taking time off from work, which most employees can ill afford, particularly after an extended absence from deployment in the case of our Guard veterans. The VA needs to leverage community resources to proactively engage veterans and their immediate family members in caring for mental health needs in a confidential and convenient manner that does not require long distance travel or delayed appointments.

Several of our veterans have fallen through the cracks of the VA health care system, and will continue to do so. According to the Vietnam Veterans of America, only 30% of our veteran population has enrolled in VA medical programs. Many veterans end up in the care of state social service programs in cooperation with state and national veteran organizations. The VA has the authority to assist in maintaining this safety net of care for veterans in a stressful economic climate for our states with a voucher program or expanded contracting with private entities. It needs to act.

CONFIDENTIALITY MUST BE OBSERVED WITH MENTAL HEALTH CARE

Most of our National Guard veterans of OIF/OEF eligible for VA care post-deployment are still serving with their units and subject to redeployment. Given the evolving electronic medical records interoperability between the VA and the Department of Defense (DoD), a confidentiality issue exists relative to mental health treatment records for these veterans who remain in the military who do not want their records shared by the VA with their military commanders for fear of career reprisals.

It is essential that confidentiality be maintained by the VA for the mental health treatment records of these veterans to encourage their treatment with VA providers. It is critical that this be established as soon as possible legislatively, as the VA is believed to be operating under advice from its legal staff that all VA medical records can be transferred to DoD. Lack of confidentiality will chill the treatment process and is likely contributed to the under utilization of VA medical care by our veterans.

THE DEPARTMENT OF DEFENSE MUST COOPERATIVELY WORK WITH THE VA IN SCREENING BEHAVIORAL HEALTH CARE NEEDS OF OUR MEMBERS BEFORE THEY ARE RELEASED FROM ACTIVE DUTY

At all stages of PTSD and depression, treatment is time sensitive. However, this is particularly important after onset, as the illness could persist for a lifetime if not promptly and adequately treated, and could render the member permanently disabled. The effects of this permanent disability on the member's entire family can be devastating. It is absolutely imperative that members returning from deployment be screened with full confidentiality at the home station while still on active duty by trained and qualified mental health care providers from VA staff and/or qualified health care providers from the civilian community. These providers could include primary care physicians, physician assistants, and nurse practitioners who have training in assessing psychological health presentations. Prompt diagnosis and treatment will help to mitigate the lasting effects of mental illness. This examination process must be managed by the VA in coordination with the National Guard Director of Psychological Health for the respective state, and the state's Department of Mental Health to allow transition for follow up treatment by the full VA and civilian network of providers within the state.

As an American Legion staffer at Walter Reed once stated, the main problem for Reserve Component injured service members is that they are "rushed out of the system" before their service connected injuries and disability claims have been resolved. Our injured members should not be given the "bum's rush" and released from active duty until a copy of their complete military medical file, including any field treatment notes, has been transferred to the VA, their discoverable service connected military medical issues have been identified, any service connected VA disability physicals has been performed similar to what is provided to the active forces before they are released from active duty, and the initial determination of any service connected VA disability claim has been rendered. Unless medically not feasible, our members should be retained on active duty in their home state for treatment to discourage them from reporting injures out of fear of being retained at a distant demobilization site.

It is absolutely necessary to allow home station screening for all returning members by trained health care professionals who can screen, observe, and ask relevant questions with the skill necessary to elicit medical issues either unknown to the self-reporting member, or unreported for fear of being retained at a far removed demobilization site. In performing their due diligence before the issuance of an insurance policy, insurance companies do not allow individuals to self assess their health. Neither should the military. If geographical separation from families is causing some to underreport, or not report, physical or psychological combat injuries on the PDHA, then continuing this process at the home station for those in need would likely produce a better yield at a critical time when this information needs to be captured in order for prompt and effective treatment to be administered.

Please see the copy of a November 5, 2008 electronic message to NGAUS from Dr. Dana Headapohl set forth in the Appendix, which strongly recommends a surveillance program for our members before they are released from active duty. Dr. Headapohl opines the obvious in stating that **inadequate medical screening of our members before they are released from active duty is "unacceptable to a group that has been asked to sacrifice for our country." (emphasis added)**

ENHANCE EMPLOYABILITY FOR OUR NATIONAL GUARD VETERANS BY AMENDING 10 USC 1097c TO ALLOW EMPLOYERS TO OFFER ENROLLMENT IN TRICARE RESERVE SELECT AND DECLINE MORE EXPENSIVE EMPLOYER SPONSORED PLANS

Included among our unemployed Gulf War II veterans are members of the National Guard and Reserve who are home from combat and, for the most part, remain in the Select Reserve as they return to civilian life and train for the next deployment. A prospective employer in a challenged economy may think twice before hiring one of our deployable members who has a guaranteed future ticket to war.

One potential solution worth considering is to remove statutory prohibitions against employers offering incentives for National Guard and Reserve members to enroll in TRICARE Reserve Select (TRS) in lieu of the employer's more expensive plan, in order to make Guard and reserve job candidates for employment more competitive.

According to the Department of Defense, TRS has been available to members of the Reserve Components since October 2007, but it remains under subscribed, with only 7 percent of the eligible population participating. This is surprising, given the current low monthly premium rates of $192.89 for family coverage and $54.36 for individual coverage.

Under current law, 10 USC Section 1097c, employers of members of the Select Reserve cannot offer incentives to members of the Select Reserve to decline coverage under the Employer's more expensive health care plan and enroll in less expensive TRICARE Reserve Select with the premiums paid by the member from pre-tax dollars deposited into a health savings account by their employers.

The current law prevents our member veterans from leveraging their ability to be covered with low-cost health insurance as an inducement for prospective employers to hire them. It is a challenge for all of our unemployed members to convince employers that they are worth hiring, especially in the face of disruptive, long-term absences due to deployments. Amending 10 USC 1097c would have the beneficial effect of making our member veterans more attractive to potential employers because they would be less expensive to insure. This savings would be significant for employers providing employees with health insurance.

STATUTORILY ESTABLISH AND SUSTAIN THE TRANSITION ASSISTANCE ADVISOR PROGRAM

The Yellow Ribbon Program needs to statutorily establish the Transition Assistance Advisor (TAA) Program, which currently operates with 62 TAAs managed by the Joint Staff of the National Guard Bureau under the auspices of the Department of Defense Office of Reintegration. The "go to" feature of TAA makes it invaluable and personal to our members and their families, by helping them learn and understand the benefits programs that exist at the VA and elsewhere before, during, and after deployments. So many programs have proliferated during the current war that many members and family complain that that the information thrown at them at PowerPoint benefit briefings is like "drinking from a fire hose." Because of this, the reintegration briefers from the behavioral care staff of Johns Hopkins refuse to use PowerPoint, because its lack of interactivity loses the trust and attention of the audience. The TAA program provides a necessary interactive and trustworthy alternative to the one-time electronic briefing, or the many lost in the shuffle web sites. TAA has staying power and, simply put, it works. It needs to be resourced and sustained with statutory backing.

The National Guard Transition Assistance Advisor (TAA) program differs from the active duty program primarily by the time and manner in which assistance is delivered, as well as the content of assistance programs. Where the active duty program will allow the TAAs to work over a matter of days with a captured active duty audience by providing training on job searching skills, the National Guard TAAs have time to deliver only very short briefings during the limited time our members remain on active duty at installations before returning to their homes. However, the TAAs remain reachable to provide personalized service to all callers, at all stages of deployments. A TAA program similar to the active forces could be considered if our returning members remained on active duty longer at National Guard installations after deployment.

The TAAs serve as statewide points of contact, primarily to provide a professional person to assist in accessing veterans' benefits and medical care for members and families before, during, and after deployment. However, they can troubleshoot virtually all deployment-related issues, ranging from processing medical compensation claims, accessing veterans' benefits, pursuing medical care options, assisting with job searches, financial assistance, referral for counseling, and obtaining dependent care. The TAAs, 90% of whom are either veterans or spouse of military members, make themselves available to members of all components and veterans of any service. It is the "go to" feature and personal interaction follow up that distinguishes the TAA program from other reintegration assistance programs.

A description of what a TAA does is best provided by the following message sent in response to a NGAUS inquiry by Marine, Steven B. Sheppard, TAA for the Massachusetts National Guard.

"As the single point of contact for all Veterans of all branches of all eras, TAA's are very busy. We track our troops through both the Military and civilian healthcare sectors, which can be daunting to say the least. Often the more complicated cases require significant follow-up care. Veterans rarely call with just one problem.

A typical case that is brought to the TAA desk can include the following:

- Unemployed Guard Member with no service connection has no capability to travel because his vehicle needs service
- SM has been unemployed for 8 months with no end in sight
- Health problems due to Line-of-Duty injuries / illness
- Can't afford car payment / rent / vehicle repair

This means that the TAA has to:

- Help fill out need-based financial grant applications for emergency aid
- Coordinate with financial planning and state resources to prevent foreclosure
- Help coordinate military health services for possible return to active duty for treatment
- Coordinate VA Healthcare services, i.e. enrollment, primary care and specialty clinic care
- Provide compensation and pension evaluation and VA Disability claim via Certified National Service Officer -employment consultation with LVER/DVOP and Career Center Training/Services
- Arrange for legal consultation if necessary (home foreclosure, child support modification, will/power of attorney, etc)

Multiply this by any number of cases that the TAA may be managing, add in follow-up care, and you can see that this adds up quickly. This is in conjunction with helping Veterans of all eras which present additional hurdles. Though our primary mission is to focus on the OIF/OEF era Veterans, coordinating end-of-life or elder care for WWII and Korean era Veterans is a necessary and much needed skill-set.

This brings us to what I like to call my "weekend job." At least once a month, sometimes more, the TAA facilitates seminar and classroom learning sessions at Yellow Ribbon reintegration events. We meet individually and in groups with returning or deploying Veterans in order to educate Guard/Reserve members on benefits and services. Because of the large number of troops in both the outgoing and incoming stages of deployment, this means that the TAA often works multiple weekends a month, if not all of them.

Most TAA's also are on a number of planning committees to help coordinate services and events in the future as well. Panel discussions, coordination and feedback meetings with VHA and VBA, and consultation with the military chain-of-command are additional duties that help to forge the working relationships that we use on a daily basis. The bottom line is that the TAA is, by definition, a central point of contact, and we are used heavily by every state, federal, military and Veteran organization on a regular basis.

Although necessarily different from the active duty program because of the limited time our members remain on active duty at National Guard our installations post deployment, clearly, the TAA program in the National Guard performs a valuable service to members and families. The program needs to be expanded.

VETERANS PREFERENCE STATUS FOR ALL WHO HAVE HONORABLY SERVED IN THE NATIONAL GUARD AND RESERVE

NGAUS recently received a letter from Monique Elling, a former member of the Delaware National Guard, who served honorably for 10 years in domestic assignments, but who has been denied veterans preference points because her only Title 10 active duty time was in training status after enlistment. With her permission, a copy of her letter is set forth in the Appendix. Such restrictive definitions of veteran disrespect the honorable service of our members and unfairly restrict employment opportunities for otherwise qualified candidates. Veterans' employment preference points must be extended to all those who have served honorably in the Select Reserve and active forces.

Conclusion

Thank you for that you have done for our veterans since 9/11. Please view our efforts as part of a customer feedback process to refine and improve the ongoing vital and enormous undertaking of the VA. Our National Guard veterans, both still serving and separated, will remain one of your largest base of customers who will continue to require your attention. Thank you for this opportunity to testify.

APPENDIX

§ 101. DEFINITIONS

For the purposes of this title——

(1) The terms "Secretary" and "Department" mean the Secretary of Veterans Affairs and the Department of Veterans Affairs, respectively.

(2) The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable

(21) The term "active duty" means——

(A) full-time duty in the Armed Forces, other than active duty for training;

(B) full-time duty (other than for training purposes) as a commissioned officer of the Regular or Reserve Corps of the Public Health Service

(i) on or after July 29, 1945, or

(ii) before that date under circumstances affording entitlement to "full military benefits" or

(iii) at any time, for the purposes of chapter 13 of this title;

(22) The term "active duty for training" means——

(A) full-time duty in the Armed Forces performed by Reserves for training purposes;

(B) full-time duty for training purposes performed as a commissioned officer of the Reserve Corps of the Public Health Service

(i) on or after July 29, 1945, or

(ii) before that date under circumstances affording entitlement to "full military benefits", or

(iii) at any time, for the purposes of chapter 13 of this title;

(C) in the case of members of the Army National Guard or Air National Guard of any State, full-time duty under section 316, 502, 503, 504, or 505 of title 32, or the prior corresponding provisions of law;

(D) duty performed by a member of a Senior Reserve Officers' Training Corps program when ordered to such duty for the purpose of training or a practice cruise under chapter 103 of title 10 for a period of not less than four weeks and which must be completed by the member before the member is commissioned; and

(E) authorized travel to or from such duty.

The term does not include duty performed as a temporary member of the Coast Guard Reserve.

The following Section 304 excerpted from S. 1963, signed into law on May 5,2010 by President Obama as Public Law No: 111–163, requires the VA to establish a program within 6 months of enactment to provide mental health services to OIF/OEF veterans and their immediate family members for 3 years post deployment.

SEC. 304. PROGRAM ON READJUSTMENT AND MENTAL HEALTH CARE SERVICES FOR VETERANS WHO SERVED IN OPERATION ENDURING FREEDOM AND OPERATION IRAQI FREEDOM.

(a) Program Required- Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a program to provide——

(1) to veterans of Operation Enduring Freedom and Operation Iraqi Freedom, particularly veterans who served in such operations while in the National Guard and the Reserves——

(A) peer outreach services;

(B) peer support services;

(C) readjustment counseling and services described in section 1712A of title 38, United States Code; and

(D) mental health services; and

(2) to members of the immediate family of veterans described in paragraph (1), during the 3-year period beginning on the date of the return of such veterans from deployment in Operation Enduring Freedom or Operation Iraqi Freedom, education, support, counseling, and mental health services to assist in——

(A) the readjustment of such veterans to civilian life;

(B) in the case such veterans have an injury or illness incurred during such deployment, the recovery of such veterans from such injury or illness; and

(C) the readjustment of the family following the return of such veterans.

(b) Contracts With Community Mental Health Centers and Other Qualified Entities- In carrying out the program required by subsection (a), the Secretary may contract with community mental health centers and other qualified entities to provide the services required by such subsection only in areas the Secretary determines are not adequately served by other health care facilities or vet centers of the Department of Veterans Affairs. Such contracts shall require each contracting community health center or entity——

(1) to the extent practicable, to use telehealth services for the delivery of services required by subsection (a);

(2) to the extent practicable, to employ veterans trained under subsection (c) in the provision of services covered by that subsection;

(3) to participate in the training program conducted in accordance with subsection (d);

(4) to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services required by subsection (a);

(5) for each veteran for whom a community mental health center or other qualified entity provides mental health services under such contract, to provide the Department with such clinical summary information as the Secretary shall require;

(6) to submit annual reports to the Secretary containing, with respect to the program required by subsection (a) and for the last full calendar year ending before the submittal of such report——

(A) the number of the veterans served, veterans diagnosed, and courses of treatment provided to veterans as part of the program required by subsection (a); and

(B) demographic information for such services, diagnoses, and courses of treatment; and

(7) to meet such other requirements as the Secretary shall require.

(c) Training of Veterans for Provision of Peer-outreach and Peer-support Services- In carrying out the program required by subsection (a), the Secretary shall contract with a national not-for-profit mental health organization to carry out a national program of training for veterans described in subsection (a) to provide the services described in subparagraphs (A) and (B) of paragraph (1) of such subsection.

(d) Training of Clinicians for Provision of Services- The Secretary shall conduct a training program for clinicians of community mental health centers or entities that have contracts with the Secretary under subsection (b) to ensure that such clinicians can provide the services required by subsection (a) in a manner that——

(1) recognizes factors that are unique to the experience of veterans who served on active duty in Operation Enduring Freedom or Operation Iraqi Freedom (including their combat and military training experiences); and

(2) uses best practices and technologies.

(e) Vet Center Defined- In this section, the term 'vet center' means a center for readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.

E-mail from Dana Headapohl, MD, to NGAUS

Colonel Duffy - I am sending links to articles about the importance of providing medical surveillance examinations for workers in jobs with specific hazardous exposures. I believe this approach could be modified to evaluate National Guard members returning from Iraq and Afghanistan for PTSD, TBIs and depression.

The OSHA medical surveillance model includes the following basic elements:

1. Identification of potential hazardous exposures (chemical, physical, biologic).

2. Screening workers for appropriateness of placement into a specific work environment with such exposures. For example, individuals with compromised liver functions should not be placed in environments with unprotected exposures to hepatotoxins.

3. Monitoring workers after unprotected exposure incidents. Examples- monitoring pulmonary function in a worker exposed to a chlorine gas spill, or following hepatitis and HIV markers in a nurse after a needle stick injury.

4. Conducting exit examinations at the end of an assignment with hazardous exposures, to ensure that workers have not suffered adverse health effects from those exposures.

(including concussive explosions or other traumatic events).

Surveillance exams of all types (OSHA mandated surveillance programs, population health screening for chronic disease risk factors) have been a part of my practice of Occupational and Preventive Medicine in Montana for the past 22 years. Early diagnosis and treatment is especially essential for potential medical problems facing military members serving in Iraq and Afghanistan - post traumatic stress disorder (PTSD), traumatic brain injury (TBI) and depression. Timely diagnosis and aggressive treatment is essential especially for these problems, to maximize treatment success and functioning and to mitigate suffering.

There are a number of organizations that design and implement medical surveillance programs. There is no reason the same approach could not be applied to the specific exposures and potential medical problems facing National Guard troops in Iraq and Afghanistan. With proper program design and local provider training, this program would not need to be costly. In my clinical experience, male patients especially are more likely to report symptoms of PTSD, TBI, or depression in the context of an examination rather than questionnaire. Findings can present subtly, but if untreated can have devastating effects on the individual, family and work place.

In my practice, I have seen a number of Vietnam veterans, and more recently National Guard members who have returned from deployment in Iraq or Afghanistan, who have been inadequately screened and/or are suffering unnecessarily because of geographical barriers to adequate treatment. This is unacceptable treatment of group that has been asked to sacrifice for our country. They deserve better.

I applaud your organization's efforts to lobby for better post deployment screening and treatment of the National Guard members returning from Iraq and Afghanistan.

Dana Headapohl MD

http://www.aafp.org/afp/20000501/2785.html

https://www.desc.dla.mil/DCM/Files/QSRHealth%20Medical%20Exam—1.pdf
This is about military surveillance exams.

http://www.lohp.org/graphics/pdf/hw24en06.pdf

http://www.cdc.gov/niosh/sbw/management/wald.html

http://www.ushealthworks.com/Page.aspx?Name=Services—MedSur

-----Original Message-----

From: Elling, Monique A Mrs CTR US NG NGB ARNG [mailto:Monique.Elling@us.army.mil]

Sent: Wednesday, March 17, 2010 1:14 PM

To: Richard Green

Subject: The Unstatus Soldier (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: FOUO

Mr. Green,

Thank you for taking time out of your schedule to listen to my concerns. I was an officer in the Delaware National Guard who served over ten years- seven of which were full-time as a "military technician". I've recently been applying for federal jobs and on the job application it asks "are you a veteran of the armed forces?" My instinctive reply to the question was "yes".

Naturally ten years of service in the Army National Guard qualifies me as a veteran. The question of my veteran status was preceded by the quantifying statement "served honorably on active duty in the armed forces of the United States for 180 days or more (Reserve and National Guard active duty for training does not qualify)". It's not a matter of wanting monetary benefits but the Federal Government's recognition my years of service.

Counterintuitive to everything I had been trained to do and lived, I had to put "no". No, my ten years of training, operational exercises and drills are not quantifiable to 180 days of active duty. No, having to meet the same standards and required to attend the same schools as my active duty brothers is not quantifiable to 180 days of active duty. Is it a matter of perceived sacrifice? I too, upon the ramp-up of the war spent days and weeks away from my family preparing Soldiers and families for deployments. In fact, during the first serge of the war I was taking care of my father with cancer. I often found myself teetering between traveling to mobilization stations preparing my Soldiers and managing the care of my father. My father lost his battle with cancer. A part of me blames myself for splitting my time and not making him my sole priority. I share the next story not because I fancy morbidity, but to use my personal experience to illustrate the shared sacrifice of our "Citizen" Soldiers to their "Active" counterparts. I received my commission through the state OCS program. The length of the program was approximately 15 months. Twelve months into the program I became pregnant. Unaware of my pregnancy, I continued training and subsequently miscarried. I was told it was more than likely the physical stress I subjected upon myself. I've never publicly shared this story with anyone. I now gladly share but for the larger good it may do in the effort of changing the narrow definition of a "veteran".

To add insult to injury, I recently interviewed and was chosen for a position working for the National Guard Bureau but it was revoked due to my reinstatement eligibility status. I found out that due to the fact military technicians are "excepted" status federal employees they cannot be considered for employment when the position is opened to only competitive status and reinstatement eligible federal employees. I researched the issue further and found out there were exceptions to allowing certain "excepted" status candidates to compete through the Department of Defense Interchange Agreement. Upon further investigation I was shocked to find out that the National Guard does not have such an agreement with Department of Defense. I am perplexed that the National Guard Bureau, the very agency that oversees the various State National Guards is closed to military technicians. Again I ask, what is my status? I don't receive the same status of my fellow guardsmen who are AGR and yet I'm not afforded the same treatment as a competitive federal employee. Ironically, I'm hunted by a phrase I use to tell my Soldiers about the equality of each Soldier regardless of color, nationality or sex. "Despite all of our differences we are all green on the inside".

Again, I thank you for your time and hope that my experience may help another Soldier. Unstatus but still "green" on the inside.

Sincerely,

Monique A. Elling
IIF Data
Senior Analyst
703.601.7576

Don't wait to strike the iron when it's hot. Strike it and make it hot!
Classification: UNCLASSIFIED
Caveats: FOUO

Prepared Statement of Gary L. Fry

Introduction

As the National Commander of AMVETS, it is my honor to share our concerns and comment on the issues under the purview of your committees. Since 1944, AMVETS has tirelessly served and represented more than one million servicemen and women.

The purpose and goals of AMVETS, as spelled out in the organization's 1947 Congressional Charter, still ring true today. Among these aims are:

- to preserve for ourselves and our posterity the great and basic truths and enduring principles upon which this nation was founded;

- to maintain a continuing interest in the welfare and rehabilitation of disabled veterans and to establish facilities for the assistance of all veterans, to represent them in their claims before VA and other organizations;
- to dedicate ourselves to the service and best interests of the community, state and nation to the end that our country shall be and remain forever a strong and free nation;
- to encourage universal exercise of the voting franchise to the end that there shall be elected and maintained in public office men and women who hold such office as a public trust administered in the best interests of all people; and
- to advocate the development and means by which all Americans may become enlightened and informed citizens and this participate fully in the functions of democracy.

Today, with a decade of war behind us and horrific budget cuts staring us in the face, our men and women in uniform remain steadfast in their mission to defend this great nation. During this same 10-year time span many of these brave service members paid the ultimate price for our freedom and others, at the completion of their service or due to injuries, have joined the ranks of our nation's veterans. This dedication and sacrifice must never be forgotten and the promises made to this nation's heroes must be fully and faithfully honored.

Now is the time for the Administration and Congress to step up and acknowledge all that our veterans have done for this country. We, as a nation have, through the sacrifice of our veterans and military members, incurred a solemn obligation to support them in every way possible, now and into the future. President Obama once said that the national budget would not be balanced on the backs of veterans and AMVETS adamantly supports this concept of preserving all earned veteran benefits. Our service members and veterans do not deserve to be asked to continue making sacrifices; they don't deserve excuses or broken promises, they deserve this nation's full support and nothing less. They've done the hard work on behalf of all Americans; now is the time for All Americans to relieve them of their heavy burdens.

Today's military and veteran community is faced with many challenges and AMVETS is dedicated to aggressively tackling these issues on behalf of American Veterans everywhere including:

⊥**Veteran Unemployment**
- ➢Reserve Component
- ➢Active Component
- ➢Affirmative Action Designation

⊥**VA/DoD Health Care & Mental Health**
- ➢Traumatic Brain Injury (TBI) & Post-Traumatic Stress (PTS)
- ➢Prosthetic & Sensory Aides
- ➢Suicide Prevention
- ➢Extension of the VA Caregivers Compensation Program

⊥**Veterans Benefits**
- ➢Maintain Military Retirement & Health Care Benefits
- ➢Concurrent Receipt (Active & Reserve Component)
- ➢VA Claims & Appeals Backlog

⊥**Women Veterans & Service Members**
- ➢Military Sexual Trauma (MST)
- ➢Creation of a Sexual Assault Oversight and Response Office
- ➢Gender Specific Healthcare

⊥**National Guard & Reserve Service Members**
- ➢Improved USERRA Protections
- ➢On-going Transition Between State and Federal Service
- ➢Veteran Status

⊥**Homeless & Rural Veterans**
- ➢Provide a Full Continuum of Care for Homeless Vets (housing, employment training, legal aid, etc)
- ➢Access to Health & Mental Health Care
- ➢Increase Travel Reimbursement Rates

⊥**POW/MIA Recovery/Identification & Cemetery Affairs**
- ➢Improved Over Site of Mortuary Affairs Operations
- ➢Clark Cemetery & Return the Crew of the Intrepid
- ➢Increase Veterans Burial Benefits

Veteran Unemployment

During this time of persistent unemployment in our country, the problem of Veteran unemployment should be seen as a national disgrace and while everyone appears to be talking about the problem, few real solutions have been offered. Estimates from as recent as October 2011, suggest that the unemployment rate among American Veterans returning from Iraq and Afghanistan is at least 3 percent higher than the national average. In recognition of those who honorably and selflessly fought to maintain the freedoms of those who stayed behind, we as a nation cannot do enough to ensure that American Veterans get the proper skills, certifications and degrees necessary to be successful in the civilian job market.

Veteran unemployment is a complex problem which will require the efforts of federal and state governments, the business community and the military/veterans community working in concert if any real progress is to be made. The efforts of any one entity alone will be insufficient to meet the challenges posed by this massive problem facing American Veterans everywhere and it's important to keep in mind that veterans, like their civilian counterparts, require not just a job, but living-wage employment following their service. The vast majority of working-age veterans want to continue to be productive citizens and they need to be provided greater opportunities to achieve their career goals. American Veterans have made unimaginable sacrifices for our nation; now is the time for Congress and the Administration to make a concerted effort to guarantee that veterans have access to employment and training opportunities to ensure success in an unfavorable civilian job market.

AMVETS believes that perhaps the greatest and most comprehensive assistance this nation could provide for its veterans is to include them as a protected class under the current Affirmative Action law. Veterans are among the smallest minority groups in this country with fewer than 7 percent of Americans ever having served in the Armed Forces and less than one percent wearing the uniform today. While other minority groups enjoy certain protections and advantages under the law, those who have served and fought for their country currently enjoy no such comprehensive legal consideration. In fact, just the opposite is often true; frequently those who have served and sacrificed are at a disadvantage in comparison to their peers.

Additionally there needs to be a better system to connect employers with open positions to unemployed veterans; the current system of merely posting jobs online, while beneficial, just isn't enough. There are literally hundreds of online employment and career sites catering to veterans and civilians alike, which unfortunately more often than not, leave veterans confused and overwhelmed. What is needed is a comprehensive 'veteran employment resource guide' along with a single portal or site where all of these opportunities can be accessed in one place.

In addition to the previous issues, there is the very real problem of licensing and credentialing which is required in certain career fields. Due to the fact that licensing and credentialing are handled at the state level rather than the national level, many veterans who hold these designations in the states where they are stationed are faced with the need to become re-licensed/re-credentialed if they move to another state. This is an absurd requirement. If an individual is certified in one state that should be sufficient in every state; the formation on national standards for professions would alleviate this impediment to veteran unemployment. These suggestions would go a long way in minimizing the current lack of organized information and the confusion caused by the vast number of disparate resources available.

Health Care & Mental Health

The Veterans Health Administration (VHA) is not only the largest direct provider of healthcare services in the nation, it also provides the most extensive training environment for health professionals and is provides the most clinically focused setting for medical and prosthetic research. One of the prime responsibilities of the Department of Veterans Affairs (VA) is providing primary care to American Veterans. The VA also provides specialized health care services including: spinal cord injury, blind rehabilitation, traumatic brain injury, prosthetic services, mental health, and war-related poly-trauma injuries. AMVETS has serious concerns that any reduction in spending on VA healthcare programs will lead to catastrophic degradation to these critical services.

Perhaps the most important veteran healthcare issue is the need for sufficient, timely and predictable funding. Without this provision there won't be anything else. This is especially important given congress' poor track record in passing the federal budget over the last few years. AMVETS calls on Congress and the Administration to ensure that VA healthcare programs are fully funded in a timely manner so that all eligible veterans are able to receive all the medical services they are entitled to.

Unfortunately, the VA also faces significant challenges ensuring that newly returning war veterans have access to post-deployment readjustment services and spe-

cialized treatments while guaranteeing that all other enrolled veterans gain and keep access to effective, timely, high-quality mental health services. Add these challenges to the fact that ten years of war have taken a toll on the mental health of American military forces. Unfortunately, the VA also faces significant challenges ensuring that newly returning war veterans have access to post-deployment readjustment services and specialized treatments while guaranteeing that all other enrolled veterans gain and keep access to effective, timely, high-quality mental health services.

The RAND Corporation published a study in 2008 "Invisible Wounds of War" which noted that 18.4 percent of all post-deployed service members presented conditions that met criteria for either PTS or major depression and that 19.5 percent reported experiencing a probable TBI incident during their deployments. The numbers of effected veterans are significant and these are complex conditions to treat.

As previously mentioned, untreated/unhealed physical and mental health combat injuries play a significant role in the number of military/veteran suicides in this country. The data on these suicides is startling: VA reports that 18 veterans take their own lives every day which is equivalent to 6,750 veterans' suicides per year; multiply this by 10 years of war and the total number of veteran's suicides is a staggering 65,000+. And while the numbers of suicides have declined since peaking in 2009, this continues to be a grave problem deserving of our best efforts.

Veterans Benefits

AMVETS believes in the solemnity of the promises made to our military members and veterans when they agreed to leave their homes and families to go fight in our stead. In addition to providing physical and mental healthcare to millions of veterans, the VA is also the primary federal agency providing a variety of benefits to our nation's veterans including: disability compensation, dependency and indemnity compensation, pensions, retirement, education benefits, home loans, ancillary benefits for service-connected disabled veterans, life insurance and burial benefits. It is crucial, that veteran's benefits become a national priority and they must be viewed in the context of the service and sacrifice performed by our men and women in uniform. These benefit programs however must not only be maintained, they need to be monitored and improved so they maintain their value and effectiveness.

AMVETS firmly believes that all military retirees should be permitted to receive their full, earned military retirement as well as any and all VA disability compensation they may be entitled to; in other words there should be no offset between full military retired pay and VA disability compensation. Each form of compensation is individually earned, in its own right, by the veteran and other federal employees are not unjustly penalized this same way when an identical situation. AMVETS strongly urges Congress and the Administration to enact legislation to repeal this inequity faced by so many American Veterans.

Women Veterans and Service Members

Every woman who ever served in the military in America did so as a volunteer! Their history of service to this country is long and proud even though their service prior to the Civil War was strictly unofficial; they have been involved in every battle, one way or another, going back to the Revolutionary War. Today, women comprise between 17% – 20% of the U.S. military and they are fully integrated into the combat zones around the world.

Among the most critical issues facing women veterans today are: homelessness, military sexual trauma (MST), employment and the lack of gender specific health care. These three issues are the trifecta of degradation and deprivation for women veterans. They are also somewhat of a 'Catch-22' in that each issue overlaps and effects the other two, making it that much more difficult to escape this negative cycle. How can we as a nation allow some of our most vulnerable veterans, many of whom also have children, to be living on the streets of our cities? Why is it that a woman should have to fear for her personal safety, not only from foreign enemies, but from her comrades-in-arms simply because she made a conscious decision to serve in the military? All veterans, by their very service to their country, should be guaranteed some basics: shelter, any necessary physical and mental health care, food, job training or education, and an opportunity to support themselves and their children upon exiting the military.

Some of these veterans are already victims of MST and PTS while on active duty and now they are faced with the dangers and lack of appropriate physical and mental health care inherent in being homeless. These veterans are often unable to locate temporary housing at local homeless shelters because many of these facilities are not set up to house to accommodate the specific safety and privacy needs of women, not to mention their children. It's a sad fact that homeless individuals are not infre-

quently involved in the criminal justice system for a variety of offences, including crimes against women and children. This situation is truly a national disgrace and must not be allowed to continue.

A new report from the Government Accountability Office shows that the number of homeless women veterans doubled between 2006 and 2010, with 3,328 women veterans unable to access shelter. Of these women, "almost two-thirds were between 40 and 59 years old and over one-third had disabilities." The numbers are not encouraging and they are expected to get worse. With tens of thousands of troops leaving military service and more slated over the next year, for women veterans with families, it's especially difficult to find work and housing. As of December 2011, The Veterans Administration estimated that of the roughly 68,000 homeless veterans, more than 5,000 were women. To combat the problem, the VA is training many of its 7,000 case managers to deal with issues specific to women.

National Guard & Reserve Service Members

AMVETS fully supports H.R. 1025, Veterans Status, for National Guard and Reserve members with 20 years or more in service. This cost neutral bill would not bestow any new or unearned benefits, it would simply provide career Reserve Component (RC) members the honor of being recognized as a Veteran for their many years of service and sacrifice. This bill would also provide an opportunity for Congress and the Administration to show their support for America's military retirees.

What is a military retiree? A military retiree is what a National Guard or Reserve Component member, who has completed a 20(+) year career, is designated upon retirement. If these individuals have never served on active duty (Title 10) orders for other than training purposes they are not legally considered veterans. Mind you, they are entitled to virtually all the same retirement benefits as their Active Component brethren, but they are not considered veterans under the law. This unjust situation is not widely known among members of Congress or even among members of the RC themselves.

H.R.1025 would authorize Veteran status under Title 38 for National Guard and Reserve members of the Armed Forces who are entitled to a non-regular retirement under Chapter 1223 of 10 USC but were never called to active federal service during their careers – through no fault of their own. As an example, the service of our National Guard members now serving on Operation Noble Eagle on our Southwestern border on Title 32 orders would not qualify them to earn the status of "Veterans of our Armed Forces" because it is technically a "training" status.

Currently, the Code of Veterans' Benefits, Title 38, excludes from the definition of "Veteran" career Reservists who have not served on Title 10 active duty for other than training purposes. Drill training, annual training, active duty for training, and Title 32 duty are not qualifying service to qualify for "Veteran" status. It doesn't make sense that an individual can serve three years on active duty, during a time of war or not and upon leaving the military they are considered a veteran; however, a National Guard or Reserve member who has 20(+) years of service but has not called to federal service is not considered a veteran – although they receive similar benefits.

Homeless Veterans

As the House and Senate Veterans Affairs Committees undertake the important work of establishing their budget priorities for the VA, AMVETS urges the committees to consider the importance of supportive housing facilities for homeless veterans, many of which are situated on VA property and/or owned and operated by the VA. Consistent with Secretary Shinseki's goal of eliminating homelessness among veterans by the year 2015, these facilities are vital to the scores of homeless veterans – including those from Operations Enduring Freedom and Iraqi Freedom – that rely upon them for shelter, health care, and other services.

AMVETS appreciates the support that the committees have shown for programs to mitigate the scourge of homelessness among veterans. We are also grateful for the $333 million that Secretary Shinseki has proposed for homeless veterans in the FY 2013 budget request, a one-third increase in funding from FY 2012. We strongly support the Secretary's goal of eliminating homelessness among veterans by 2015. The VA's "housing first" approach – which has largely been carried out via a combination of increases in HUD–VASH vouchers, enhanced funding for the grant and per diem program, and support for outreach coordinators – has allowed the VA to make important progress toward its goal of eliminating veterans' homelessness.

Even as this progress continues, AMVETS encourages the committees and the VA to prioritize the construction or repurposing of facilities on VA property to be used for supportive housing for homeless veterans. The shortage of such housing is particularly acute in the Los Angeles region, where approximately 8,000–10,000 vet-

erans remain homeless. This represents an approximate 10 percent share of all homeless veterans nationwide. Remedying the homeless veterans' problem in Los Angeles is essential to meeting Secretary Shinseki's goal of elimination.

Congress has repeatedly supported using vacant facilities on the West Los Angeles VA Medical Center campus for homeless veterans' housing and has resisted efforts to commercialize this valuable plot of property. The Cranston Act, as amended, prohibits the VA from issuing enhanced-use lease agreements on all 388 acres of the campus. The Homeless Veterans Comprehensive Service Programs Act of 1992 permits the VA to lease property to homeless organizations on the campus. In the Master Plan for the West L.A. campus adopted last year, at least three buildings – Buildings 205, 208, and 209 – are identified as possible residential facilities for homeless veterans.

In the Veterans Health Care Facilities Capital Improvement Act of 2011, Congress – under the leadership of Chairmen Murray and Miller – authorized $35 million in funding for VA to renovate Building 209 for use as a permanent supportive housing facility for homeless veterans. The completion of this renovation, which will provide 70–90 beds for homeless veterans when operational, will increase the supply of housing for Los Angeles's homeless veteran's population. This funding was an essential first step, but only a first step. Authorization and funding for renovations to Buildings 205 and 208 is needed to transform those vacant buildings into supportive housing facilities for homeless veterans. Once Buildings 205, 208, and 209 are completed, the VA will have made significant progress toward the reduction of homelessness among veterans in Los Angeles by giving hundreds of homeless veterans a safe and secure place to reside while receiving the vital health treatment that they need.

Mortuary Affairs

AMVETS is deeply disturbed by on-going reports of the mishandling of the remains of our fallen heroes. There is no more sacred responsibility than the dignified and respectful recovery, return and burial of those killed in action. While AMVETS acknowledges that many positive improvements have recently been established, more needs to be done to ensure these events don't happen in the future. AMVETS recommends continued and increased oversight of all mortuary operations facilities.

MATERIALS SUBMITTED FOR THE RECORD

ANTHONY A. WALLIS, ASSOCIATION OF THE UNITED STATES NAVY

The Association of the United States Navy

The Association of the United States Navy (AUSN) continues its mission as the premier advocate for our nation's Sailors and veterans alike. Formerly known as the Naval Reserve Association, which traces its roots back to 1954, AUSN was formally established on May 19, 2009 to expand its focus on the entire Navy. AUSN works for not only our members, but the Navy and veteran community overall by promoting the Department of the Navy's interest, encouraging professional development of officers and enlisted and educating the public and political bodies regarding the nation's welfare and security.

AUSN prides itself on personal career assistance to its members and successful legislative activity on Capitol Hill regarding equipment and personnel issues. The Association actively represents our members by participating in the most distinguished groups protecting the rights of military personnel. AUSN is a member of The Military Coalition (TMC), a group of 34 associations with a strong history of advocating for the rights and benefits of military personnel, active and retired. AUSN is also a member of the National Military Veterans Alliance (NMVA) and an associate member of the Veterans Day National Committee of the Department of Veterans' Affairs (VA).

The association's members are active duty, reserve and veterans from all fifty states, U.S. Territories, Europe and Asia. AUSN has 81 chapters across the country. Of our 18,000 members, approximately 95% are veterans. Our National Headquarters is located at 1619 King Street, Alexandria VA and we can be reached at 703–548–5800.

Contact Information:

National President: RDML Tim Moon, *tim.moon@ausn.org*

Executive Director: RADM Casey Coane, *casey.coane@ausn.org*

Legislative Director: Mr. Anthony Wallis, *anthony.wallis@ausn.org*

Summary

Chairmen, Ranking Members and Members of the House and Senate Veterans' Affairs Committee, the Association of the United States Navy (AUSN) thanks you and your Committee for the work that you do in support of our Navy, retirees and veterans as well as their families. Your hard work has allowed significant progress in creating legislation that has left a positive impact on our military community.

Last year alone, AUSN was pleased to see passage and implementation of legislation in the areas of Employment, Mental Health and Concurrent Receipt. Bills such as S.894, the Veterans Compensation COLA Act, S.1495/H.R.2751 The Joining Forces for Military Mental Health Act, S.325/ H.R. 948 Embedded Mental Health Providers for Reserves Act and Title II of H.R. 674 which contained provisions of S.951/H.R. 1941 The Hiring Heroes Act which passed into law as part of the National Defense Authorization Act (NDAA) for Fiscal Year 2012 (FY12) shows the commitment and determination of Members of this Committee as well as Congress to improve the lives of those who have served our country.

As part of a larger veteran community, AUSN recognizes the many challenges ahead, especially with the release of the President's Fiscal Year 2013 (FY13) Budget Request on February 13. Of great concern amongst our membership and veterans are the increases in TRICARE rates and enrollment fees. Such changes must be done in accordance with what is fair to our veterans given the promises that were made when they signed up to serve their communities and their country. In addition, AUSN is pleased to see discussions underway to address concern for the impact of sequestration and what it might or might not have on the Department of Veterans' Affairs. AUSN is greatly concerned with the heavy cuts that are already being implemented in the Department of Veterans' Affairs' budget this fiscal year and the negative impact a sequestration trigger would have on crucial programs to our veteran community.

The Association of the United States Navy, working with our members, veterans and alongside other Veteran Service Organizations (VSO's), has devised our FY13 Legislative Objectives and Priorities as described below that we would like both the House and Senate Veterans' Affairs Committee's to consider.

Veterans' Healthcare

AUSN was pleased to hear that the President's Budget request seeks $52.7 billion for medical care, a 4.1% increase over the $50.6 billion approved by Congress for the current fiscal year and a net increase of $165 million above the advance appropriations level enacted for FY13. However, AUSN and its members must stress the importance and concern of its members and the veteran community to all Members of Congress on the proposed changes to the Military Healthcare System (MHS).

TRICARE

The Administration's FY13 Budget Request implements numerous changes to the existing MHS, which is utilized by over 8.8 million veterans. Changes include increases to TRICARE Prime Enrollment fees. Last year, finally acknowledging Congress' long-standing concerns about the inappropriateness of dramatic increases in beneficiary fees, the Administration proposed a 13% increase in TRICARE Prime fees. In the absence of congressional objection, the increase was implemented as of October 1, 2011. However, the new proposal for FY13 through FY17 is a dramatic departure, proposing to triple or quadruple fees over the next five years (for example $520 across the board retired pay levels for FY12 to $600/$720/$820 tiered across the retired pay levels for FY13 to $893/$1,523/$2,048 by FY17). AUSN urges Congress to reject any increase in TRICARE Prime fees that exceeds the COLA-based standard established in the FY2012 Defense Authorization Act.

In addition, the FY13 Budget Request institutes an annual TRICARE Standard Enrollment fee to be phased in over a five year period and then indexed to increases in National Health Expenditures(NHE) after FY17 (for example $0 in FY12 to $70 in FY13 for individuals and $0 in FY12 to $140 in for families). The deductibles for TRICARE Standard would also increase from $150 in FY12 to $160 in FY13 for individuals and from $300 in FY12 to $320 in FY13 for families. TRICARE for Life (TFL) would also see an implementation of enrollment fees for all three tiers going from $0 for all three for FY12 to $35 for Tier 1, $75 for Tier 2 and $115 for Tier 3 for FY13. In total, the FY13 Budget Request contains $48.7 billion for the entire DOD Unified Medical Budget to support the Military Health System (MHS), which is a difference of $4.1 billion less than the $52.8 billion that was enacted for FY12.

These proposed increases, which require Congressional approval, are part of the Pentagon's plan to cut $487 billion in spending and seeks to save $1.8 billion from the TRICARE system in the FY13 Budget, and $12.9 billion by 2017. These rate

increases amount to an overall change of 30% to 78% increase in TRICARE premiums for the first year and explodes for a five year span increase of 94% to 345%, more than three times current levels!

AUSN, our membership and the veteran community continue to oppose the establishment of any new fees where there are none now (such as the enrollment fees for TFL or TRICARE Standard). Our veterans should get guaranteed access for an enrollment fee which is not always the case for those that rely on TFL or TRICARE STANDARD where many can't find doctors to see them. Where a flat fee exists now (which DOD is trying to dramatically increase and then index to health cost growth), we assert that the same rules should apply to those that Congress applied to the Prime enrollment fee in the FY12 NDAA . . . they should be tied to Cost of Living Adjustments (COLA) and not health cost growth.

These changes in the FY13 Budget Request raise concerns amongst the military community about the impact this will have on recruiting and maintaining a high quality all volunteer military force. These benefits have been instrumental in recruiting qualified servicemen and women and keeping them in uniform.

Agent Orange

The Veterans' Affairs Committee has a longstanding working relationship with veterans and the effects of Agent Orange on the health of Vietnam veterans. What was once classified in the early 1980's as a, "minor acne condition," has met with thorough study and determination of an exposure to our servicemen that has caused severe illnesses such as various forms of cancer, Parkinson's Disease, Lymphoma and many others. During Vietnam, the United States military sprayed more than 19 million gallons of various "rainbow" herbicide combinations, but Agent Orange was used most often. The name "Agent Orange" came from the orange identifying stripe used on the 55-gallon drums in which it was stored from 1962 to 1971, used to remove trees and dense tropical foliage that provided enemy cover. Often times U.S. Navy and Coast Guard vessels were in the vicinity of disbursement of these chemicals.

The Navy and Marine Corps Manual (SECNAVINST 1650.1H) defines the area in which a ship must have operated during this time period as follows; "water areas from a point on the east coast of Vietnam at the border of Vietnam with China southeastward to 21N, 108–15E, thence southward to 18N, 108–15E; thence southeastward to 1–30N, 111E; thence southward to 11N, 111E; thence southwestward to 7N, 105E; thence westward to 7N, 103E; thence northward to 9–30N, 103E; thence northeastward to 10–15N, 104–27E; thence northward to a point on the west coast of Vietnam at the border of Vietnam wit Cambodia." Veterans who served aboard U.S. Navy and Coast Guard ships operating on the waters of Vietnam between January 9, 1962, and May 7, 1975, may be eligible to receive Department of Veterans Affairs (VA) disability compensation for 14 medical conditions associated with presumptive exposure to Agent Orange.

AUSN was pleased last fall when the Department of Veterans Affairs released an updated list of U.S. Navy and Coast Guard ships that were confirmed to have operated on Vietnam's inland waterways, docked on shore, or had crewmembers sent ashore. This list, which can be found by going to the website at *http://www.publichealth.va.gov/exposures/agentorange/shiplist/index.asp,* can assist Vietnam veterans in determining potential eligibility for compensation benefits. AUSN encourages the House and Senate Veterans' Affairs Committee to continue its work on the Agent Orange issue and support hearings and further actions on pending legislation such as H.R. 3612, the Blue Water Navy Vietnam Veterans Act which would amend Title 38, to clarify presumptions relating to the exposure of certain veterans who served in the vicinity of the Republic of Vietnam.

Mental Health Treatment and Professional Development

There was great success last year in the passage of the FY12 NDAA which included embedded mental health providers for our servicemen and reservists as well as mental health screening legislation included in the bill to help continue to identify individuals suffering from mental ailments and to help curb the increasing problem of suicide amongst the services. When the FY13 Budget for VA was released, AUSN was happy to see that $6.2 billion was included to expand inpatient, residential and outpatient mental health programs (a 5.3% increase, $312 million), further building onto last year's initiatives. This increase in funding will help with increasing the outreach for mental health screenings, expand technologies for self-assessment and symptom management of Post-Traumatic Stress Disorder (PTSD) and enhance other programs to reduce stigmas of mental health.

However, despite previous successes, much work needs to be done in addressing mental health treatment, especially providing adequate professionals to treat such

ailments as PTSD and Traumatic Brain Injury (TBI). There have been numerous complaints amongst the veteran community of the inadequate level of mental health care professional available to them at clinics across the country. When asked at the Senate Veterans' Affairs Committee hearing on February 29, Under Secretary of Veterans Affairs for Health, Robert Petzel, stated that, "the VA is developing a staffing model for VA mental health needs." Furthermore, when asked during that hearing about the recruitment of mental health care professionals, Under Secretary Petzel noted that despite recruitment efforts for VA hospital being overall successful, there was a gap in recruiting MD psychologists. Despite the VA offering competitive wages amongst other incentives, Under Secretary Petzel also concluded that the current environment just doesn't have that many of these types of professionals out in the field. AUSN strongly believes much more work needs to be done in regards to mental health care and looks for continued support for legislative efforts on identifying and providing adequate care and professionals to help alleviate the problems associated with mental illness amongst our veterans.

Remote Area Access for Veteran Healthcare

As the VA continues to improve its clinics and professional care to our veterans, AUSN is also concerned about the access our nation's veterans have to these clinics and providers through the Department of Veterans Affairs. AUSN acknowledges that this country is large and many of our veterans live in rural or sparse areas of the country and may not have the ability to travel to more suburban or city areas to access the care that they need. In addition, there are problems with the VA's ability to meet staffing needs, not only at clinics in more popular areas, but also to serve the rural community. Under Secretary of Veterans Affairs for Health, Robert Petzel, has said that the VA has implemented a Patient Align Care Team (PACT) program which is bringing up physician and support staffing up to national levels and standards. Despite such prior successes, such as the 2008 Rural Access to Health Act, there is a problem not with pay, but with attracting physicians to rural areas. Secretary of Veterans Affairs, Eric Shinseki, and Under Secretary Petzel have testified that there are efforts within the VA to encourage staffing in rural areas such as expanding Tuition Reimbursement Programs for prospective physicians to come to rural areas as well as targeting talented individuals in rural communities to be medically trained by VA in addition to other incentives. AUSN supports pending legislation such as S. 1849, the Rural Healthcare Improvement Act, which would require a five year strategic plan for the Office of Rural Health of the Veterans Health Administration of the VA for improving access to, and the quality of, health care services for veterans in rural areas. AUSN continue to urge the bot the House and Senate Veterans Affairs Committees to look at this and similar legislation to improve access for our veterans in rural communities.

Disability Compensation/Concurrent Receipt

The Department of Veterans Affairs projects it will receive about 1.25 million claims for Veterans disability benefits (a 4% increase from the 1.2 million projected for this fiscal year). As it exists today, a disability rating is assigned (a percentage) by the VA after a physical examination for all body systems for which the veteran is claiming disability. However, a cash benefit is only provided to veterans with a rating of 10% or more. The basic benefit amount ranges from $127 to $2,769 a month, depending on the disability rating. However, given the economic situation faced by many of our veterans, this compensation may not be adequate to meet their needs as costs of living continue to rise. AUSN supports recently introduced legislation such as H.R. 4114, the Veterans' Compensation Cost of Living Adjustment Act and H.R. 4142, the American Heroes COLA Act. H.R. 4114 would increase effective December 1, 2012, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans. H.R. 4142 would amend Title 38, to provide for annual cost-of-living adjustments to be made automatically by law each year in the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans.

Veteran Employment/Transition and Housing

The FY13 Budget Request included $233 million, a 14% increase over 2012 authorized levels, for the administration of the VA's Vocational Rehabilitation and Employment Program (VR&E). The VR&E program is designed to help veterans with service connected disabilities prepare for, find and keep suitable jobs. Veterans with severe service connected disabilities who cannot immediately consider work are offered other services by the VR&E to improve their ability to live as independently

as possible. The VA stated that the increase would focus on expanding services to wounded, ill and injured service members to ease their transition to the civilian sector. With program participants expected to increase from 108,000 in 2011 to 130,000 this next fiscal year, AUSN was happy to hear of this increase. There are still concerns regarding transitioning from active duty to the civilian sector amongst the veteran communities. Amongst the ones described in this testimony, are concerns regarding the experiences of a veteran while on active duty, translating to certain civilian sector jobs and license certifications. AUSN supports the bipartisan bill H.R. 4115, the Hire at Home Act, which would amend Title 38 to require, as a condition on the receipt by a State of certain funds for veterans employment and training that the State ensures that training received by a veteran while on active duty is taken into consideration in granting certain State certifications or licenses. Other legislation AUSN supports is H.R. 4155, Veteran Skills to Jobs Act, which would direct the head of each Federal department and agency to treat relevant military training as sufficient to satisfy training or certification requirements for Federal licenses.

Transition Programs

AUSN is continuing to monitor the debate on whether or not to mandate participation in the military's transition assistance program (TAP). There are many current service members on active duty who continue to not understand why they would need to participate in the program. However, once service members left the military, many wondered why they never received comprehensive training and information on how to access their earned benefits and successfully transition from military to civilian life. Unfortunately, some veterans have no way to reasonably anticipate all of the challenges he or she may face once out of the military. AUSN believes that TAP resources must be available to veterans after they have transitioned off of active duty and looks for continued support and consideration of H.R. 4051, the TAP Modernization Act of 2012, and its pilot program to offer off-base TAP to communities where veterans have been hit hard by difficult economic times.

Encourage Hiring of Veterans

Despite provisions of the Hire Heroes Act being included in Title II of H.R. 674 (Public Law 112–56) being a great step in the right direction, unemployment amongst veterans remains high and is a top concern of AUSN. Currently there are over 857,000 unemployed veterans (mostly Vietnam veterans) throughout the country. Furthermore, there are alarming cases where veterans are afraid to put 'veteran' on their job applications in fear of employer's not wanting to hire them. The FY13 Budget Request proposes $1 billion over five years for a Veterans Job Corps, a new effort to leverage skills veterans develop in military service for a wide range of jobs. The initiative would put up to 20,000 veterans to work on projects to restore America's lands and resources. Although promising, AUSN is concerned with its implementation and requests Congress review this proposal in detail to ensure that a large group of veterans coming home and, consequently, unemployed veterans can utilize this program. AUSN was pleased to participate in an open forum discussion with other VSO's this month on the launch of the Senate Veterans Jobs Caucus led by co-chairs, Senators Joe Manchin (D–WV) and Mark Kirk (R–IL). On March 28, 2012 Senators Manchin and Kirk will hold a press conference to announce the creation of the Caucus and the unveiling of the Senate "I Hire Veterans" initiative, the first step in strengthening Congressional support for Veterans employment issues and will be the focus of the formal launch. AUSN is encouraged by this effort and will be present at the launch of this new Caucus initiative. AUSN continues to support legislation that promotes employers and businesses hiring veterans including H.R. 743 and S. 367, the Hire a Hero Act, both which target small business which hire individuals who are members of the Reserve Component.

Homelessness

AUSN was pleased to hear in testimony before the Senate Veterans Affairs Committee that there has been significant progress in the area of combating veteran homelessness. The Department of Housing and Urban Development (HUD) released annual reports since 2009 on the estimates of homeless veterans and although there was an increase from 75,609 in 2009 to 76,329 in 2010, there was a substantial 12% decrease in 2011 to 67,495. However, the statistics on homeless veterans are still staggering. Veterans in the groups of age 31–60 compose the greatest percentages of homeless veterans, but Domiciliary Care for Homeless Veterans (DCHV) has reported that of these homeless veterans that come through, 90% suffer from Substance Use Disorders, 68% have serious psychiatric problems and 61% are being dually treated.

Secretary Shinseki has testified that ending veteran homelessness is one of his top three priorities for the Department of Veterans' Affairs. AUSN was pleased to

hear that the FY13 VA Budget Request contained $1.35 billion to further VA's plan to end homelessness (an increase of $333 million from FY12, 33%) which also includes $235 million for the Homeless Grants and per Diem program to aid community organizations. In addition, $21 million to provide 200 coordinators who will help homeless Veterans with disability claims, housing problems and other issues. AUSN looks forward to hearing about the progress on combating homelessness amongst veterans and urges the House and Senate Veterans' Affairs Committee to consider legislation that addresses these issues, such as H.R. 1911, Protecting Veterans' Homes Act and S. 1148, the Veterans Programs Improvement Act.

Claims Processing

Processing of claims within the Department of Veterans Affairs is an ongoing problem as our veterans try to get the assistance needed for a wide range of issues. AUSN was pleased to see that the FY13 Budget Request included $2.164 billion, an increase of $145 million over 2012) in support of benefits processing through increased staff, improved business processes, and information technology (IT) enhancements. This funding would support the completion of 1.4 million disability compensation and pension claims and provide funding to complete 4 million education claims. The VA notes that by 2013, no more than 40% of compensation and pension claims will be more than 125 days old which is a significant cut from the 60% of claims exceeding that mark this year. Even with the increase in funding and positive outlook, there still appears to be much work to be done in processing claims. The statistic heard by Senator Richard Burr at the Senate Veterans Affairs Hearing on the FY13 budget was astounding, that it takes 645 to 747 days for appeals to claims to get processed and that the VA decides hundreds of thousands less claims than it receives. With 1 million new veterans expected to be utilizing the VA claims system, this needs to improve. Although it was reassuring that Secretary Shinseki also made this one of his top three priorities and that there are more options for veterans to contact call centers, AUSN continues to be concerned with the efficiency of the claims system for our nation's veterans and would like Congress to be on the forefront of any efforts to monitor and improve this process at the VA.

Veteran Education

There have been drastic improvements to education assistance provided to our nation's veterans, of which AUSN has been pleased to see over the years. In the Senate Veterans' Affairs Committee hearing on February 29, Senator Mike Johanns stated that, "I don't know what we are doing with education benefits, but at least from our experience something's working. Whatever model, if that could somehow be transferred to the disability claims and I appreciate they're much more complicated, but that seems to be working."

The Post-9/11 G.I. Bill is a magnificent benefit for today's veterans and improvements, such as correcting certain oversights within the bill, have only made it run more smoothly for the more than 606,000 Service members, veterans and family members and survivors that currently use it. The provision has potential to help shape and mold future leaders and AUSN opposes any efforts to scale back the benefit as disservice to the men and women who have fought in defense of our nation for the last decade.

Since VA implemented the Post-9/11 G.I. Bill, the department has primarily focused on ensuring student-veterans receive timely, accurate payments to finance an education. Unfortunately, as more and more veterans sought to take advantage of their earned educational opportunities, VA was left without the proper resources to ensure that veterans knew how best to use their benefits. Under Section 3697A of Title 38, VA is obligated to offer educational and career counseling to any separating service member or G.I. Bill eligible veteran. Unfortunately, this counseling is only offered through an "opt-in" process, and the total available counseling is capped at $6 million each year. In 2011, the VA announced that nearly 1 million veterans were enrolled in G.I. Bill programs, but that same year, only 6,400 veterans received counseling on their benefits through Section 3697A.

Congress must remove the cap to VA's educational counseling and mandate that VA contact veterans at different points prior to utilizing their educational benefits in an effort to deliver this counseling. Veterans who do not wish to receive educational counseling must still have the option to refuse it, but the "opt-out" system ensures that all potential student-veterans understand their benefit and understand the importance of their educational choice.

AUSN supports H.R. 4057, the Improving Transparency of Education Opportunities for Veterans Act of 2012, which offers a critical first step in ensuring that student-veterans are properly informed about their benefits and have proper recourse

for fraud, waste and abuse. AUSN believes that VA is already taking proactive steps to ensure current service-members receive this kind of information through the transition assistance program (TAP) and that veterans who apply for G.I. Bill benefits are exposed to critical information before tapping into their benefits. AUSN continues to advocate for legislative solutions for issues that arise with veteran educational assistance. We support other legislation such as H.R. 4140, the Restore the Promise G.I. Bill as well as S. 2179, the Military and Veterans Educational Reform Act which seeks to improve oversight of educational assistance programs.

Navy Reserve

Veteran Status for Reservists

AUSN supports the classification of certain groups of our Navy Reservist as veterans. Currently, as it exists in the U.S. Code, a reservist can successfully complete a Guard or Reserve career but not earn the title of, "Veteran of the Armed Forces of the United States," unless the member has served on Title 10 active duty for other than training purposes. Currently, Title 38 excludes from the definition of "Veteran" career those reservists who have not served on Title 10 active duty for other than training purposes. Drill training, annual training, active duty for training, and Title 32 duty are not deemed qualifying service to qualify for "Veteran" status. For example, the service of our Guard and Reserve members serving in Operation Noble Eagle would not qualify them to earn the status of "Veterans of our Armed Forces" because it is technically a "training" status.

AUSN applauds the House of Representatives for passing H.R.1025, the Honor America's Guard and Reserve Retirees Act, last fall on October 11, 2011, sending the bill to the Senate for its approval where it still awaits action by the Senate Veterans' Affairs Committee. H.R.1025 would authorize Veteran status under Title 38 for Guard and Reserve members of the Armed Forces who are entitled to a non-regular retirement under Chapter 1223 of 10 USC but were never called to active federal service during their careers, through no fault of their own. The Senate has a companion version of this bill, S. 491, which had hearing held last summer of 2011. These zero cost bills provide an opportunity for Congress to come together to honor our Guard and Reserve members.

The bills would not bestow any benefits other than the honor of claiming Veteran status for those who honorably served and sacrificed as career Reserve Component members. AUSN believes that our Reserve Component deserve nothing less.

Other Veteran Items of Interest

AUSN recently learned of an important initiative done through the Missing in America Project, identifying unclaimed remains of veterans for proper burial. At funeral homes, and other entities across the country, an unknown number of veterans' ashes are abandoned and unclaimed, many of which are homeless veterans. AUSN was happy to hear that there is legislation pending that addresses this issue. H.R. 2051 the Veterans Missing in America Act, would direct the Secretary of Veterans Affairs to work with VSO's and other groups, like the Missing In America Project, to provide assistance in determining if unidentified or abandoned remains are those of a veteran eligible for burial at a National Cemetery. AUSN supports continued efforts in regards to proper burial efforts such as these by the House and Senate Committee on Veterans Affairs.

Conclusion

The Association of the United States Navy understands that there are difficult decisions ahead in regards to this year's FY13 Budget Request. Amongst our Legislative Objectives/Priorities for FY13 is the looming concern of the effects of an automatic sequestration trigger upon the Department of Defense and the Department of Veterans Affairs. AUSN is pleased that discussions are underway to check with the Office of Management and Budget (OMB) to see if an exemption will be made for the Department of Veterans' Affairs whereby in the Senate Veterans' Affairs Committee hearing on February 29 this year, VA Secretary Shinseki stated that for his purposes he, "is not planning on sequestration . . . . [he's] addressing requirements and presenting a budget as expected and sequestration in pat or in whole is not necessarily a good policy." Currently, there are two bills that AUSN is tracking to address this concern of exempting veteran programs from sequestration, H.R. 3895, Protect VA Healthcare Act of 2012 and S. 2128, Protecting the Health Care of Veterans Act of 2012. AUSN urges that the Veterans' Affairs Committee looks at these bills as a means of ensuring that veterans' programs aren't subject to sequestration. In addition, we encourage members of both the House and Senate to

look at our website which has a daily updated Bills of Interest section where we have more legislation that is within our priorities that we are tracking on behalf of our members at *http://www.ausn.org/Advocacy/BillsofInterest/tabid/2668/Default.aspx.* Thank you.

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