

Commander René A. Campos, USN (Ret.), Deputy Director, Government Relations, MILITARY OFFICERS ASSOCIATION OF AMERICA

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VETERANS' HEALTH CARE and BENEFITS
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Presented by

Commander René A. Campos, USN (Ret.)
Deputy Director, Government Relations

CHAIRMAN AKAKA, CHAIRMAN FILNER AND DISTINGUISHED MEMBERS OF THE COMMITTEES, on behalf of the 370,000 members of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities and offer recommendations on what needs to be done to address veterans' health care and benefits for Fiscal Year (FY) 2009.

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

VETERANS' HEALTH CARE

MOAA appreciates the Committees' leadership in improving veterans' health care and benefits. The Department of Veterans Affairs' (VA) reputation is second to none for delivering high quality health care and leading this Nation in cutting edge research and technology. Thanks to Congress the VA has seen marked increases in funding authority since 2006 to meet its growing veteran population-the 5.8 million patients VA expects to treat this coming year, including over 800,000 Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans who are enrolled in VA care. Half of these veterans entering the system are National Guard and Reserve members.

MOAA is especially appreciative of the Senate and House Committees on Veterans' Affairs FY 2009 Views and Estimates, proposing additional funding above the President's Budget in critical

programs and infrastructure. Like the Committees, we agree that these additional resources will better equip the VA to improve the access and quality of services to meet the needs of all generations of veterans. The Global War on Terror has produced a number of challenges for the VA, for Congress, and for our country that we are not fully prepared to meet. We must muster all the necessary resources to get out in front of the issues that will impact this generation of veterans for decades to come.

Health Care Funding. While VA's budget has grown considerably since FY 2006, to include \$5.5 billion in emergency supplemental funds added in FYs 2007 and 2008, we still are a long way from improving and sustaining a high-quality health care system for the future. The heart-wrenching and vivid accounts of veterans and families lost, forgotten, or frustrated with red tape in the VA system continues to be reported in the news and here in the halls of Congress.

MOAA is encouraged by VA's focused efforts on care and its investment in resources to improve the delivery of this care. We also are pleased to see increased efforts at outreach to bring veterans to VA services and its partnering with military and veterans' organizations in order to inform and educate them and their veteran membership. We are confident these efforts will result in a smoother transition into the VA system for military personnel, including the improved flow of communication and information. But, we are concerned about the sustainability of current system improvements and the commitment of long-term funding given the fiscal challenges facing this country.

FY 2009 Veterans Independent Budget (IB). As in years past, MOAA continues to be a strong proponent of the IB. The IB is a systematic and comprehensive approach to VA funding that takes into account past, current, and future demand trends and serves as a useful tool to Congress in formulating VA's budget and evaluating progress across business lines.

Fee Hikes. For a fifth year in a row the Administration has proposed annual usage fees and higher VA drug co-payments. MOAA is grateful that both Committees oppose these fee hikes. Like the House Committee on Veterans Affairs, we "are puzzled as to why the Administration requests these proposals in the face of consistent Congressional opposition." We too are concerned about the impact of these proposals on VA's ability to deliver sustained quality care and access to services.

MOAA applauds the Committees' opposition to any initiatives that would reduce critical funding and resources, including the imposition of usage fees and higher drug co-payment fees for VA services. Since delayed funding authority seriously hampers program execution, MOAA urges the Committees to work with Senate and House leadership to ensure that the FY 2009 VA Appropriations is signed into law before October 1 of this year.

MOAA thanks the Committees for recommending over \$2.5 billion increase to VA health funding above the Administration's request.

WOUNDED WARRIOR ISSUES

Last February, a series of articles in The Washington Post titled "The Other Walter Reed" profiled shocking cases of wounded service members who became lost in the military health care and administrative systems upon being transferred to outpatient rehabilitative care.

Subsequently, the national media ran many stories of seriously wounded troops warehoused in substandard quarters, waiting weeks and months for medical appointments and evaluation board results, left pretty much on their own to try and navigate the confusing maze of medical system, benefit, and disability rules. Some were low-balled into disability separations rather than being awarded the higher benefits of military disability retirement.

These issues drew the attention of the President and Congress, leading to the immediate appointment of multiple special commissions and task forces charged with investigating the problems and identifying needed solutions. MOAA is very grateful for the work of the Dole-Shalala Commission, the Marsh-West Independent Review Group, and the VA Interagency Task Force on Returning Veterans, the Mental Health Task Force, and the previously authorized Veterans' Disability Benefits Commission.

Though much of the media and the commissions / task forces honed in on issues in the military medical system, the reports and recommendations also spotlighted shortfalls system-wide in the VA. These recommendations were timely, thus enabling Congress and the Departments of the VA and Defense (DoD) to make the appropriate course adjustments for the long-term sustainment of these critical systems of care. MOAA endorses the vast majority of these groups' recommendations, and we are pleased that Congress addressed many of them in Title XVI, Sec. 1601, "Wounded Warrior Act" found in the 2008 National Defense Authorization.

MOAA would also like to recognize VA's role in the Senior Oversight Council (SOC - Secretary VA-DoD level) and Joint Executive Committee (JEC - Deputy Secretary VA-DoD level). The Departments have made unprecedented inroads in streamlining both health care benefits and disability systems in the last two years and we hope for a more aggressive timeline for the initiatives currently underway.

But, despite all the resources and attention to address the problems, both Senate and House veterans and Armed Services Committees continue to hear testimony from veterans and their families who have yet to see a glimpse of the 'seamless transition" being touted by both the VA and Defense health care systems. In fact, our experience with past changes in the Administration has us worried that VA and DoD's commitment to seamless transition will wane when current leaders depart.

Joint Transition Office. MOAA is encouraged with the creation of a joint VA/DoD office to oversee development of a bi-directional electronic medical record.

MOAA strongly believes that a joint, permanent office is necessary to ensure continued progress between the two agencies - that is, an institutional structure that provides stability and continuity for the longer-term, unlike the VA-DoD JEC structure currently in place, where the political leadership and focus will come and go. Establishing a permanent structure conveys Congress' intent to have in place a more efficient and effective top-down planning and execution model that centralizes all "seamless transition" functions, including the joint electronic health record; joint

DoD/VA physical; implementation of best practices for TBI, PTSD, and special needs care; access/coordination; family support issues; and joint research - all housed under one organization.

This simply can't be someone's part-time job. It requires a full-time joint federal transition office, staffed by full-time DoD, service and VA personnel working under the same roof with a common joint mission: developing, implementing and overseeing the Joint Executive Council's strategic plan.

This office's responsibilities should include:

Joint Electronic Health Record System. The FY2008 NDAA took the first step in authorizing a DoD/VA Interagency Program Office to oversee this specific initiative, which MOAA has been seeking for years. But we believe the 2012 objective for implementing this system and interoperability capability is too long to wait. Congress must press VA-DoD to speed delivery as soon as humanly possible, with concrete timelines and milestones for action. Additionally, quality health care must include the integration of the various systems that are involved in supporting the care of the veteran, both in-patient and outpatient care - anything less places veterans at risk for medical complications or restricts the VA in its ability to do effective outreach to the various veteran populations.

MOAA also believes that the same logic that necessitates a joint office's oversight of this specific initiative is equally applicable in other areas, and that the interagency office's area of responsibility should be expanded accordingly. Establishing a joint transition office should be a top priority for the VA and DoD in providing long-term quality care and support to military, veterans and their families.

Special Needs Health Care. Polytrauma Rehabilitation Centers were established to meet the specialized clinical care needs of patients with multiple trauma conditions. They provide comprehensive inpatient rehabilitation services for individuals with complex cognitive, physical and mental health sequelae of severe disabling trauma. This oversight must be a joint effort since it provides a significant piece of the health care continuum for severely injured personnel. VA also should consider expanding policy and resources to provide for more robust recreational and alternative therapy programs as a means to improve the quality of life of wounded warriors and their families, particularly as they adjust and transition into various communities and phases of the life-cycle so the VA can meet the personal and work-life needs of the veteran. Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBI), and Mental Health/Counseling. MOAA strongly supports the provisions in the FY2008 NDAA that establish Centers of Excellence for these programs. We simply must have some central monitoring, evaluation, and crossfeed to take best advantage of the wide variety of current and planned DoD, Service, and VA programs and pilot projects aimed at destigmatizing, identifying, and treating TBI and PTSD. MOAA believes it is equally important to identify and treat PTSD and TBI just like any other combat injury rather than as a mental health problem that is perceived as a

condition that can't be cured. We are doubtful whether these centers, by themselves, will be in a position to ensure coordination and implementation of best practices across all departments and services.

Caregiver Compensation and Family Support Initiatives. Interviews with family members - spouses, children, and parents - continue to reveal heartbreaking real life dramas of those who quit their jobs and live at military hospitals to become caregivers to seriously wounded troops.

Several wounded warrior provisions in the recently enacted NDAA provide additional support for the caregiver of the wounded warrior, typically a family member. However, we believe more needs to be done to strengthen support for families, including the authorization of compensation for family member caregivers of severely injured who must leave their employment to care for their servicemember.

Left with diminishing resources and unfamiliar with military benefit and disability rules, family members are severely disadvantaged in trying to represent the interests of their veteran and the family while trying navigate complex administrative systems and procedures.

MOAA thanks the Committees for addressing the importance of assistance to veterans' families in areas of support services and mental health care in your FY 2009 Budget Views and Estimates.

MOAA strongly endorses Chairman Akaka's S. 2162, a bill to allow Secretary of the VA to provide mental health services, including marriage and family counseling to families of veterans and to establish a pilot program to assess the feasibility and need for providing readjustment and transition assistance and training to help make the transition from the military to civilian life.

MOAA believes that by supporting the veteran's family, the VA is supporting the veteran. Lessons learned by the DoD and Military Services over the last three decades show the increasingly active role of military family members in the success of recruiting, retention and readiness. Families also expect - and need to be active participants in the care and support of their veteran. VA must be able to adjust its mission and services to meet the needs of the larger veteran community-a community that includes the family -- spouses, parents, siblings, and others whom the veteran considers important in his or her life.

Access to Care and Patient Waiting Times. MOAA is especially grateful to Congress for extending health care for OIF / OEF veterans from two to five years. While this is a step in the right direction, we continue to hear about huge gaps in accessing health care services in some parts of the country by those already in the system. This is due in part to the growing veterans' population, but also because of VA failing to anticipate demand or lacking the agility to respond quickly to meet emergent requirements.

Ranking Member of the Senate Veterans Affairs Committee, Senator Burr (R-NC), expressed concern at a February 28th hearing on "VA Disability Compensation: Expert Work on PTSD and Other Issues" about the need to provide wrap-around services to veterans at the front-end of the

disability process -particularly upon entering the VA system. MOAA shares the Senator's concern that unnecessary delays in accessing health care can result in some veterans languishing in or giving up on the system, preventing them from getting the necessary treatment they need to improve their condition down range. In addition, MOAA believes timely access to services is paramount if VA intends to sustain its reputation for delivering quality health care.

MOAA commends VA's willingness to look at innovative ways to improve access and quality care outside of its traditional delivery mechanisms such as:

- Federal Recovery Coordinators to serve as single case manager and advocate for severely injured, wounded or ill servicemembers and their families.
- OEF/OIF Transition Teams in VA medical facilities to assist and facilitate coordination of care and services for veterans.
- Rural Health National Advisory Committee to advise senior VA officials about health care issues affecting veterans in rural areas in order to bring services closer to the veteran.
- Travel Nurse Corps to deal with a nationwide shortage of nurses and to improve the quality of care for veterans. The Corps will enable VA nurses to travel and work throughout the Department's medical system.

Joint Research. Combined research initiatives would further enhance the partnership between VA and DoD. Since many of the concerns and issues of care are shared, joint collaboration of effort in the area of research should enable dollars to go much further and provide a more standardized system of health care in the military and veteran communities.

MOAA strongly recommends that the Committees work with the Armed Services Committees in upgrading the scope of responsibilities and span of authority for the new DoD-VA Interagency Program Office to include top-down planning and execution of all "seamless transition" functions - the joint electronic health record; joint DoD/VA physical; implementation of best practices for TBI, PTSD, special needs care; access/coordination of care; and joint research.

VETERANS BENEFITS

Disability Claims: Timeliness, Quality and Process Improvements Needed

The workload and complexity of VA disability claims continues to increase. In FY 2007, 838,141 new claims were recorded. VA projects 854,094 new claims this fiscal year (FY 2008) and 872,000 new claims for FY 2009. Moreover, disability claims processing time rose to six months (182 days) on pending claims in 2007 and against a stated strategic target goal of 125. MOAA is pleased to see that the average time to complete claims has dropped to fewer than 180 days and VA's plan to have 3,000 additional employees on board to handle claims processing by the end of the year.

We believe that VA's workload estimates do not fully reflect new claims from returning OIF/OEF veterans, including more than 615,000 veterans National Guard and Reserve activated since September 11, 2001.

Claims also are increasingly complex and require more time in developing and rating them. In 2007, more than one-quarter (26%) of the compensation workload contained eight or more disability issues. This is an increase of 168 percent since 2000.

New VA claims workers need about two years to become minimally proficient in adjudicating a VA disability claim. We note that the Committees' "Views and Estimates" to the Budget Committees on the FY 2009 VA budget underscores the importance of training to improve claims processing timelines, increase accuracy and reduce appeals workload.

MOAA strongly supports additional claims-worker positions (FTE) for FY 2009 and investment in training, technology upgrades and integration in support of claims processing.

A GI Bill for the 21st Century

Our nation's active and reserve forces are operationally integrated on the battlefield but their educational benefits are not synchronized to maximize recruitment and retention outcomes and to support our warriors' readjustment into civilian life. A new approach is needed to restructure the MGIB to meet the needs of our total armed forces team in the 21st century.

MOAA's "top five" legislative priorities this year for the Montgomery GI Bill include:

1. Raise rates to cover at least the national average cost of a four-year public college / university education. According to Department of Education data reported by the Congressional Research Service in a January report on the MGIB (RL 33281), the MGIB covers about 73% of the average cost at public colleges and just 31% of the cost of independent colleges.
2. Expand the principle of cumulative entitlement to MGIB benefits for reservists who serve multiple periods of active duty active on contingency operations orders. The FY 2008 NDAA (P.L. 110-181) established a principle of MGIB accrual for multiple periods of active duty. But it's limited to the single longest tour or an aggregate of 36 months at 80% of the benefit (not 100%).
3. Restore proportional parity between basic reserve MGIB benefits under Chapter 1606, 10 USC rates and the active duty MGIB under Chapter 30, 38 USC.
4. Re-codify reserve and active duty MGIB statutory authority in Title 38 to reflect the realities of operational service for National Guard and Reserve warriors in the 21st century.
5. Open the enrollment in the MGIB for all currently serving members who declined participation at service entry and abolish the \$1200 payroll reduction requirement for new entrants.

MOAA priorities one, two and five are addressed in Senator Jim Webb's (D-VA) S. 22 (Revised).

S. 22 would establish a new GI Bill for the 21st century. The bill would reimburse veterans up to the cost of the highest in-state cost of tuition at a public college or university - similar to MOAA's #1 priority for the GI Bill.

Other desirable features of the bill include:

- Improvement of GI bill accrual for reservists who serve multiple active duty tours. S. 22 allows National Guard and Reserve warriors to "earn as they serve" up to the full benefit (100%) for 36 months aggregate active duty service (MOAA's #2 priority for the GI Bill).
 - Creation of an innovative partnership between independent post-secondary institutions under which private colleges would pay half the difference between S. 22 payments and the cost of attendance, and the government would pay the remainder. (It's MOAA's understanding that Senator John Warner
 - (R-VA) recommended the adoption of this provision in the Revised S. 22).
 - Establishment of a housing-cost payment at the E-5 With Dependent rate of DoD's 'basic allowance for housing' (BAH) program.
 - Authority for Service Academy and ROTC Scholarship recipient graduate commissioned officers to enroll in the new GI Bill in exchange for a service extension agreement. (MOAA is pleased to see the inclusion of this provision in S. 22, Revised).
 - Extension of the "delimiting" date for post-service access to the benefit for up to 15 years from 10 years. (Extension of the post-service delimiting date is a MOAA legislative goal).
- Elimination of the \$1200 payroll reduction for new service entrants (MOAA #5 priority).

MOAA recommends the correction of S. 22, Revised, language related to DoD "kickers". The Armed Forces have long used added MGIB benefits - kickers - as tools to distribute military manpower into high demand skills needed for readiness. MOAA recommends incorporating kicker language from Section 3015(d), 38 USC, into S.22, Revised, to support military recruitment and readiness.

MOAA also recommends that the Committees "deconflict" the statutory authority for the MGIB in Chapter 30, 38 USC with the proposed new GI Bill for the 21st century, S. 22 (Revised). We believe desirable features in the MGIB should be incorporated into the proposed new Chapter 33, 38 USC, or vice versa. To maintain two GI Bill program authorities at the same time will undoubtedly cause confusion and be difficult to administer.

Additionally, MOAA recommends substantial investment in information technology and increases in manpower for the VA Education Service, and a Congressional requirement for VA to create a "paperless" processing system for new GI Bill claims.

MOAA and our colleagues in The Military Coalition and the Partnership for Veterans' Education are proud to endorse S. 22, Revised. We urge the Committees to work together to enact a new GI Bill for a new century.

Other Educational Benefits Issues

In modernizing the GI Bill to meet the needs of our 21st century armed forces, MOAA recommends consideration of the following:

'Transferability' of MGIB Benefits. The President included MGIB "transferability" in the State of the Union address in January 2008. Under current law, the Services may offer service men and women in designated skills the option of transferring up to half of their remaining MGIB entitlement to eligible dependents in exchange for a reenlistment agreement at the sixth year of service. However, only the Army is using the authority and only for a limited set of "re-up" skills. Moreover, participants must forego .5% of a "multiplier" of any selective reenlistment bonus (SRB) amount to transfer MGIB entitlement, thereby paying a substantial penalty to transfer MGIB entitlement on top of the \$1200 payroll reduction at service entry.

MOAA has long endorsed transferability and we believe the program should be made available to more Service families as a career incentive but without unfair offsets to other incentives.

MOAA recommends that the Committees work with the Armed Services Committees to consider any changes to the MGIB transferability authority as may be proposed by the Administration.

Enrollment Option for Career Servicemembers who Declined "VEAP". MOAA continues to support enactment of legislation that would permit a one-time MGIB enrollment option for currently serving VEAP-'decliners'.

Wounded Warrior Compensation and Benefits

Leadership and administrative breakdowns in managing the care of our nation's wounded warriors at Walter Reed are well documented.

A number of commissions and task forces noted earlier in this Statement addressed major issues that arose from the Walter Reed situation, including the Dole-Shalala Commission established by the President and the Veterans Disability Benefits Commission (VDBC), among others.

Reform of the Disability Evaluation System (DES). The VDBC issued its final Report to Congress on October 2007. MOAA is particularly pleased that the VDBC Report calls for the reform of the VA - DoD DES.

VA and DoD should realign the DES so that the Services determine fitness for duty, and service members who are found unfit should be referred to VA for the disability rating. Additionally, MOAA does not support the recommendation of the Dole-Shalala Commission to eliminate the military disability retired pay system. Rather, MOAA supports DoD's acceptance of VA-determined disability percentages in calculating disability retired pays.

MOAA's recommendations on expanding the scope of responsibilities and authority of the Joint Seamless Transition Office, as established in the FY 2008 NDAA, are addressed earlier in this Statement.

"24-7" Principle for Assessing Service Connected Disabilities. MOAA strongly recommends the Committees reaffirm their longstanding commitment to the principle that service men and women who are disabled in the line of duty - the "24-7" rule - are entitled to service-connected compensation, or if eligible military retirement, if the disability did not result from misconduct.

Concurrent Receipt / Combat-Related Special Compensation (CRSC). MOAA is pleased to note that the VDBC Report recommends the elimination of the disability offset to military retired pay for all disabled retired veterans and the offset to disability severance pay for members separated due to service-connected disabilities, regardless of how the disability was incurred (combat versus non-combat).

The FY 2008 NDAA included two significant concurrent receipt (CR) provisions. First, it authorized full, immediate concurrent receipt for disabled retirees with at least 20 years of service deemed "unemployable" by the VA, with payment retroactive to Jan. 1, 2005. Payments will begin October 1, 2008. The second provision extended eligibility for CRSC to all military disability (Chapter 61) retirees with less than 20 years of service who suffer from combat- or operations-caused conditions.

MOAA remains committed to the goal of full concurrent receipt, including expansion of authority to include members with 40 percent or lower ratings, further rollback of the 10-year phase-in period, and inclusion of military disability retirees from non-combat causes with less than 20 years of service.

The key question is: "Did the military retired veteran fully earn his or her service-based retired pay, or not, independent of any disability caused by military service in the process?" MOAA and the VDBC agree that the answer has to be "yes." Any disability compensation award should be over and above service-earned retired pay.

If a service-caused disability is severe enough to bar the member's continuation on active duty, and the member is forced into medical retirement short of 20 years of service, the member should be "vested" in service-earned retired pay at 2.5% times pay times years of service.

To the extent that a retired veteran's military disability retired pay exceeds the amount of retired pay earned purely by service, that additional amount is for disability and therefore is appropriately subject to offset by VA disability compensation.

MOAA urges the Committees to support expeditious enactment of the VDBC's recommendation to eliminate the VA disability compensation offset for all military retirees forced to retire from service-related disabilities before completing 20 or more years' service.

Collaboration and Oversight of Congressional Committees. MOAA notes that parochial departmental concerns in the past have extended beyond the Executive Branch, and we strongly recommend that the Committees on Veterans Affairs and Armed Services in both chambers work together to assess, oversee, prioritize and fund cross-jurisdictional issues affecting wounded warriors and their families. The October 2007 joint hearing of the Senate Veterans Affairs and Senate Armed Services Committees on the VDBC Report recommendation was encouraging; additional joint hearings should be held to review VA - DoD progress in implementing wounded warrior reforms. Our recommendation to establish a joint permanent VA-DoD transition office

could be an important resource capability to Congress in information gathering and in exercising its oversight responsibilities.

Transition Assistance Program (TAP) for National Guard and Reserve Veterans. TAP resources are inadequate to meet the needs of service men and women separating from active military service, including de-mobilizing members of the reserve forces. The GAO concluded in a 2005 report (GAO-05-844T) that TAP funding requirements are based entirely on projected active duty separations. If not revised since then, TAP budgets are built on 200,000 active duty separations a year, but don't take into account Guard-Reserve workload following separation from a call-up. Since 9/11 more than 615,000 Guard and Reserve troops have served on federal active duty in the war on terror.

According to the GAO, 117,000 Guard and Reserve troops were de-mobilized in 2004, but no additional funds were earmarked by the Departments of Defense, VA, or Labor for TAP to support their reintegration to their communities and families.

MOAA recommends that TAP budgets for the reserve components be increased by 50% over current spending levels. MOAA also recommends adopting state best practices for home area transition support services and family counseling.

Survivor Issues - SBP-DIC Offset

MOAA is extremely grateful to Congress for its efforts in the past few years to improve the Survivor Benefit Plan (SBP). The FY 2008 NDAA established a special survivor indemnity allowance, an important first step in a longer term effort to phase out the Dependency and Indemnity Compensation (DIC) offset to SBP when a service member dies of a service-caused condition.

MOAA believes strongly that current law is unfair in reducing military SBP annuities by the amount of any survivor benefits payable from the DIC program and strongly supports the VDBC's recommendation to repeal the SBP-DIC offset.

If the surviving spouse of a retired veteran who dies of a service-connected cause is entitled to DIC from the VA, and if the retiree was also enrolled in SBP, the surviving spouse's SBP benefits are reduced by the amount of DIC. A pro-rata share of SBP premiums is refunded to the widow upon the member's death in a lump sum without interest. This offset also affects all survivors of members who are killed on active duty.

We believe SBP and DIC payments are paid for different reasons. SBP is purchased by the retiree and is intended to provide a portion of retired pay to the survivor. DIC is a special indemnity compensation paid to the survivor when a member's service causes his or her premature death. In such cases, the VA indemnity compensation should be added to the SBP the retiree paid for, not substituted for it.

It should be noted as a matter of equity that surviving spouses of federal civilian retirees who are disabled veterans and die of military-service-connected causes can receive DIC without losing any of their federal civilian SBP benefits.

In authorizing the special survivor indemnity allowance in the FY 2008 NDAA, the conferees adopted a technical amendment that had the effect of limiting eligibility for the new allowance to survivors of members who were either retired or in the "gray area" reserve at the time of death. That is, it excluded survivors of members who died while serving on active duty. We believe strongly that the latter group of survivors is equally deserving of the new allowance and we appreciate Representative Walter Jones' bill (HR 5441) that would authorize the special allowance for survivors of active duty deaths.

We view the amount of the new allowance - \$50 per month initially, and rising to \$100 over the course of several years, as inadequate. We appreciate that Congress could have elected to do nothing rather than incur the expected negative feedback about the small amount. In that regard, MOAA applauds Congress for having the courage to acknowledge the inequity and take this first step, however small, to begin trying to address it.

MOAA urges Congress to take further action to expand eligibility for the special survivor indemnity allowance to include all SBP-DIC survivors and continue progress toward completely repealing the SBP-DIC offset for this most-aggrieved group of military survivors.

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's goal remains age 55 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.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

The routine activation of National Guard and reserve service men and women is a fact of life in today's world. Under "operational reserve" policies, reservists can expect to be on active duty for at least one year of every five years they serve on inactive (drill) duty. But the reality in the war on terror is otherwise: over 150,000 Guard and Reserve members already have served multiple tours of active duty in the last five years and tours often stretch to 15 months or longer.

In this context, MOAA believes it's imperative to regularly review and update, as necessary, the laws, procedures and resources for ensuring the reemployment rights of reservists under the USERRA.

In its most recent Report, "Military Personnel: Federal Agencies Have Taken Actions to Address Servicemembers' Employment Rights, but a Single Entity Needs to Maintain Visibility to Improve Focus on Overall Program Results" (GAO-08-254T, 8 November 2007), the GAO noted that:

- No single agency is accountable for overseeing the USERRA complaint resolution process
- Required reports to Congress on USERRA complaints do not include informal complaints data from the Employer Support of the Guard and Reserve (ESGR) network of ombudsmen
- USERRA information outreach and servicemember reporting of employer information has improved
- The four Federal agencies responsible for USERRA complaints do not systematically track disability-related complaints. Disability-related complaints and other complaints are not distinguished

MOAA agrees with the GAO's recommendation that Congress should establish in law "a single entity accountable for maintaining visibility over the entire USERRA complaint resolution process." Support passage of H.R. 1632.

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.

René A. Campos, CDR, US Navy (Ret)
Deputy Director, Government Relations, Military Officers Association of America (MOAA)