

Master Chief Joseph L. Barnes, USN (Ret.), National Executive Director, Fleet Reserve Association

Statement of the Fleet Reserve Association
on its
2009 Legislative Goals

Presented to the:

U.S. House of Representatives and
United States Senate
Veterans' Affairs Committees

By

Master Chief Joseph L. Barnes, USN (Ret.)
National Executive Director
Fleet Reserve Association

12 March 2009

THE FRA

The Fleet Reserve Association (FRA) is the oldest and largest organization serving the men and women in the active, Reserve, and retired components 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 (NVS/O) and has a seat as a national representative on the VAVS National Advisory Committee (NAC). FRA testifies regularly before the House and Senate Veterans' Affairs Committees and Appropriations Subcommittees.

In addition to FRA's National Veterans Service Officer representing veterans throughout the claims process and before the Board of Veteran's Appeals, 196 FRA Shipmates provided volunteer support at 33 VA facilities throughout the country in 2008, enabling FRA to achieve VAVS "Service Member" status. Members of the Ladies 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 the newest 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 major participant in The Military Coalition (TMC), a group of 35 nationally-known military and veterans organizations representing the concerns of over five million collective members. In addition, FRA staff members serve in a number of TMC leadership roles.

FRA celebrated its 84th anniversary on 11 November 2008. Over eight decades of dedication to its members has resulted in legislation enhancing quality of life programs for Sea Services personnel, retirees, veterans and their families.

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 not received any federal grant or contract during the current fiscal year or either of the two previous fiscal years.

INTRODUCTION

Distinguished Chairmen, Ranking Members and other Members of both Committees, FRA's membership appreciates this opportunity to present the Association's FY 2010 legislative goals. Our membership extends sincere gratitude for the concern, active interest and progress to date generated by the Committees in protecting, improving, and enhancing benefits that are truly deserved by our Nation's veterans. FRA welcomed the additional money added the economic stimulus bill (HR 1) that will fund VA hospital construction. FRA wants to extend its appreciation to the Senate Democratic Steering and Outreach Committee for inviting FRA's National President, Donald Mucke to participate in a discussion last week with Senate Democrats on veteran's issues. The Association also appreciates the opportunity to participate in the House Veterans' Affairs Committee round table discussion in February. As stated in the cover letter to the House Veterans' Affairs Committee with the Association's recommendations, an overriding FRA priority is ensuring that wounded troops, their families and the survivors of those killed in action are cared for by a grateful Nation.

CARE FOR WOUNDED WARRIORS IMPROVING

The FRA is encouraged by the improved willingness of the Department of Defense (DoD) and the Department of Veterans Affairs (VA) to enhance cooperation in working to help our wounded warriors. For example, DoD is working with the VA to expand a pilot program that simplifies the

current disability evaluation process for wounded, injured and ill service members. The Disability Evaluation System (DES) pilot program is aimed at assisting wounded service members obtain faster access to TRICARE and other health care and VA benefits by developing a single medical examination used by both DoD and VA, with a single source disability evaluation done by VA and accepted by DoD. The pilot, implemented in the National Capitol Region in November 2007, is slated to expand to 19 additional installations through June 1, 2009. FRA has strongly supported a streamlined and seamless disability evaluation process and supported the legislative effort to create the pilot program. More than 700 service members have participated in the pilot program.

The pilot was initiated at the Washington D.C. VA Medical Center and at three Military Treatment Facilities in the National Capitol Region - Malcolm Grow Medical Center at Andrews Air Force Base, Md., Walter Reed Army Medical Center in Washington, D.C., and National Naval Medical Center in Bethesda, Md. Recently 19 more installations have been added to the study, including Fort Carson, Colo., Naval Medical Center San Diego, Calif., and Elmendorf Air Force Base, Alaska.

The FY 2008 Defense Authorization Act established a comprehensive policy on the care and management of wounded service members in order to facilitate and enhance their care, rehabilitation, physical evaluation, transition from DoD care to the VA, and transition from military service to civilian life.

Although DoD and VA have made great progress in sharing information and resources, much more is needed, particularly with regard to access standards, to truly provide a "seamless transition" from military service to veteran status. The Special Oversight Committee (SOC) is important to this process and FRA believes it should be made permanent. It is significant that Secretary of Defense Robert Gates and Secretary of Veterans Affairs Eric Shinseki are co-chairing the SOC until the appropriate deputy secretaries appointments in each department have been confirmed. FRA advocates that a truly seamless transition can not be implemented and maintained without the oversight of a permanent joint VA/DoD agency that is staffed by both DoD and VA personnel.

Further improvements were enacted last year with the "Veterans Benefits Improvement Act" (S. 3023), that includes claims processing improvements, compensation enhancements, employment and education assistance, housing benefits, and a wide array of other benefits for veterans. The measure was sponsored by the distinguished Chairman of the Senate Veterans' Affairs Committee Hawaii Senator Daniel Akaka, and includes:

- Claims Assistance: Simplification of letters to veterans claiming disabilities, clarifying the information and evidence needed to substantiate a claim.
- Veterans Housing: Improvements to VA home loan refinancing options and an extended increase in the maximum loan guaranty amount.
- Improving Access to the Court System: Increased number of judges on the U.S. Court of Appeals for Veterans Claims to decide the large number of backlogged cases filed and expanded judicial review of actions concerning VA's rating schedule.
- Employment Rights: More timely Department of Labor investigations of potential violations of veterans' employment rights.

Although these and other reforms are improvements, the fact remains that the VA disability process and the VA health care system is still overwhelmed. A two-front war, a lengthy occupation and repeated deployments for many service members has put a strain on the DoD/VA medical system that treats our wounded warriors. The system is being strained not only by volume but by the complexity of injuries and the military has shown that it is woefully inadequate in recognizing and treating cases of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD), even though more than 3,900 new mental health employees have been hired since 2005 - bringing our total number to more than 17,000. Soaring medical costs, decades of inadequate appropriations and increasing demand for medical services have severely hampered timely access to quality health care for our Nation's sick and disabled veterans.

FRA is especially grateful for the inclusion of the Wounded Warrior assistance provisions as part of the FY 2008 National Defense Authorization Act, and for the Congressional oversight and funding to ensure prompt implementation. The Association concurs with the recent Government Accountability Office (GAO) reports that recommend that:

- DoD and VA must establish criteria for evaluating their joint pilot disability evaluation system and determine if it should be widely implemented (GAO - 08 - 1137); and
- DoD and VA should give priority to fully establish the Joint Interagency Program to implement electronic medical records; (GAO - 08 - 1158T).

Maintaining an effective support system between DoD and VA to ensure seamless transition and quality services for wounded personnel, particularly those suffering from Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injuries (TBI) is important to our membership. De-stigmatizing these and other mental health conditions is needed to allow for early diagnosis and key initiatives for improved diagnosis should include mental health assessment for all service members returning from the combat zone, outreach and family support efforts and counseling. Reducing or preventing combat impact on mental health is an important effort. Studies show PTSD and depression affect large numbers of troops. Last year's RAND study entitled, "Invisible Wounds of War: Psychological and Cognitive Injuries, their Consequences, and Services to Assist Recovery" documented that about one in five OEF/OIF veterans suffer from PTSD or major depression and another 10 percent experience some level of TBI. The report stressed that if the government fails to invest in essential immediate treatment, it will face very large alternative costs in the years ahead as a result of homelessness, unemployment, underemployment and lost tax revenue.

Congress has done the right thing by establishing the Center of Excellence for Psychological Health and Traumatic Brain Injury. In addition, the Defense Centers of Excellence (DCoE) is a collaborative effort with VA and DoD toward optimizing psychological health and traumatic brain injury (TBI) treatment for wounded warriors. Further, FRA believes that the VA Polytrauma Transitional Rehabilitation Program (PTRP) is an essential and very important resource with regard to support for wounded warriors. Currently PTRP has four VA outpatient and residential programs that provide comprehensive, post-acute cognitive retraining and community re-entry rehabilitation to TBI patients. The initial program lasts an average of ten months, but continues as long as the patient is making significant progress. Most rehabilitation treatment takes place in a group setting; however, all patients receive one-on-one therapy as

needed. DoD and the VA are working to expand the number of qualified mental health providers to meet the explosive growth in requirements.

The Association is cautiously optimistic regarding recent research on new training intended to reduce post-combat psychological distress. Service members who returned from Iraq and participated in "Battlemind Training," reported fewer sleep problems, and there were less-severe PTSD symptoms, compared with service members who had received either no post-deployment mental health training or a briefing about stress, according to research psychologists with the Walter Reed Army Institute of Research.

Continued funding of research is clearly needed to combat PTSD and TBI, the two signature injuries of the War on Terror.

FRA also recommends that the Committees authorize help for family members who are caregivers. While the VA provides severely disabled veterans a modest allowance for aid and attendance, it is payable to the veteran, not to the caregiver. Further, it is authorized only for spouses, but caregivers are often parents, siblings or other loved ones.

FRA believes the government has an obligation to provide reasonable compensation, benefits and training for such caregivers, who abandoned careers to care for a family member who has become a disabled veteran.

TOP PRIORITY RECOMMENDATIONS

As stated in the FRA's response to HVAC Chairman Bob Filner's request for the Association's top five 2009 legislative proposals, the following key issues are cited as especially important to the Association's members. These issues were also referenced during the special House Veterans' Affairs Committee round table discussion in February. And as noted above, an overriding FRA priority is ensuring that wounded troops, their families and the survivors of those killed in action are cared for by a grateful Nation.

- 1) Improve VA Funding Process;
- 2) Improve Claims Processing;
- 3) Oppose Health Care Enrollment Fees for Lower Priority Group Veterans;
- 4) Ensure Full Implementation of Post 9/11 GI Bill by 1 August 2009; and
- 5) Eliminate Restrictions on Agent Orange Disability Claims by "Blue Water" Veterans who served in Vietnam.

1) Improve VA Funding Process: The enactment of the FY2009 VA budget is especially noteworthy because of the level of funding and because this marked the first time in 15 years that it has passed on time. FRA supports any initiatives to help ensure timely and full funding for VA health care to ensure access and care for all beneficiaries.

FRA also supports legislation to authorize advance appropriations for VA medical care by providing two fiscal-year budget authority, as addressed in Chairman Filner's legislation (H.R. 1016) and identical legislation (S. 423) sponsored by Senate Veterans' Affairs Committee, Chairman Daniel Akaka. FRA continues to support mandatory funding of the health care portion

of the VA budget. The budgetary process has become more and more politicized resulting in negative impacts on veterans who depend on the VA for all or part of their health care. A two-year funding authority would help avert the annual budget battles that delay essential appropriations.

FRA advocates the authorization of VA Medicare subvention. Unfortunately, Medicare-eligible veterans do not benefit from Medicare benefits if they seek care in VA hospitals. Authorizing the Centers for Medicare and Medicaid Services (CMMS) to reimburse VA for care provided to beneficiaries in VA health care facilities would help address funding challenges and benefit veterans, many of whom pay into Medicare for much of their lives. This issue is even more critical since the VA has begun to open up enrollment for some Priority Group 8 beneficiaries.

2) Improve Claims Processing: FRA is deeply concerned about the backlog of claims at the Department of Veterans Affairs and supports reform of the antiquated Veterans Benefits Administration (VBA) paper claims system. As of 21 February 2009 there were 402,986 disability rating cases pending, 671,808 claims and pension (C & P) cases pending, and 168,769 disability rating cases awaiting appeal.

It's critically important to process disability claims in a timely manner, and the VA must ensure a credible and effective system which includes appropriate and effective oversight to correct deficiencies as they become evident. Despite significant attention to this issue, problems associated with IT applications and inadequate capacity persist and the claims backlog continues. Utilizing new technology, ensuring adequate resources and staffing to expedite development and implementation of a "paperless" claims system are essential to addressing this challenge which is integral to a seamless transition process for beneficiaries. FRA congratulates the VA on the steps taken to incorporate the "paperless" claim folder for transitioning service members utilizing the Benefits Delivery Before Discharge (BDD) program, plus the pension consolidation effort leading to a totally electronic claims process for newly developed pension and DIC claims.

FRA agrees with Senate Ranking Member Richard Burr's comments at a recent Senate Veterans' Affairs Committee hearing when he recommended a "surge" to eliminate the growing backlog of disability claims at the VA.

The Association welcomes efforts by the Advisory Committee on Disability Compensation and believes it is necessary to periodically revise and adjust the VA schedule for disability ratings.

FRA is extremely concerned about allegations from an Office of Inspector General (OIG) report that found claims-related material placed in "shred bins" in Detroit, St. Petersburg, Waco, and St. Louis VA Regional Offices. In response, the Veterans Benefits Administration (VBA) has begun special temporary claims-handling procedures and has developed a plan to strengthen current policies and procedures to safeguard veteran's paper records. FRA urges the Committees to provide adequate oversight and safeguards to provide legitimacy to the claim adjudication process.

3) Oppose Health Care Enrollment Fees for Lower Priority Group Veterans: FRA continues its strong opposition to establishing a tiered enrollment fee structure for veterans in Priority Groups 7 and 8 within the VA Health Care System. Past proposals include fees based on annual family

income adjusted by region averaging approximately \$30,000 and above, along with an increase on pharmacy co-pays from \$8 to \$15 for Priority Group 7 and 8 beneficiaries. There are approximately 1.3 million veterans in these groups and FRA opposes shifting costs to them for care they've earned in service to our Nation. Although not under the oversight of the Committees, FRA continues its strong opposition to TRICARE fee increases for military retirees and believes there are other cost-saving options which must be implemented prior to adjusting fees for younger retirees. The Association strongly supports H.R. 816 sponsored by Representatives Chet Edwards (Texas) and Walter Jones (N.C.)

Rather than focus efforts on cost-shifting to beneficiaries, the VA should look at other cost-saving measures. The VHA should focus on improving wellness systems, such as "My HealtheVet" expanding on outreach to work on prevention, early, effective interventions, and innovative methods of motivating beneficiaries toward healthy life styles. These measures could result in substantial savings for the VHA in the coming years.

4) Ensure Full Implementation of Post 9/11 GI Bill by 1 August 2009: The Association is grateful for the enactment of the Post 9/11/2001 GI Bill last year. FRA thanks the House Veterans' Affairs Subcommittee on Economic Opportunity for scheduling hearings and providing oversight on the implementation of the Post 9/11 GI Bill and urges the Committees to monitor implementation during the run up to and following 1 August 2009. The Association understands that funding for this new program will be mandatory, thus eliminating the year-to-year uncertainty about adequate resources.

We now have three separate programs for education benefits. The Reserve and active duty MGIB laws should be combined under Title 38 with the benefit ratio restored for the approximately 50 percent which was established at the Reserve program's inception and to further maintain intended proportionality in the future. Further the Committees should strive to ensure that Reserve Component college students do not lose their enrollment status due to extend tours of duty.

Recently retired service members who meet eligibility requirements have expressed frustration that they are unable to transfer their benefits. They don't understand why a recent retiree with 20 or more years of service can not transfer their education benefits but current active duty personnel with only 10 years of service are authorized to transfer their benefits under the new legislation.

Further, the current law does not allow Post 9/11 benefits for disabled veterans participating in the VA's Vocational, Rehabilitation, and Employment (VR&E) program. Unfortunately the educational benefits for the VR&E program are not as robust as the Post 9/11 GI Bill. FRA is monitoring developments in the Advisory Committee on Disability Compensation that is reviewing the VR&E program and benefits.

FRA supports Chairman Filner's legislation (H.R. 950) allowing veterans taking distance learning courses to receive a housing stipend, under the Post-9/11 G.I. Bill. The new law, which is set to go into effect on August 1, 2009, offers a housing allowance to eligible veterans. Under current law, the housing allowance is payable to veterans who are not on active duty, who are attending school at least half-time, and who are enrolled in at least one course at an on-site

facility. Chairman Filner 's legislation waives the requirement that a student must take at least one class on-site in order to receive the housing stipend. The housing stipend would continue to be determined by the zip code of the school. In some cases it may be essential that a disabled veteran has to take classes online and these veterans should not be penalized because they have chosen to take classes online.

5) Eliminate Restrictions on Agent Orange Disability Claims by "Blue Water" Veterans who served in Vietnam: FRA appreciates and supports Chairman Filner's leadership on legislation that seeks to reverse the VA's policy that prevents "blue water" military retirees and veterans from claiming disability benefits for diseases associated with exposure to Agent Orange, and is disappointed that the VA recently announced final action on claims affected by the ongoing legal case of Haas v. Peake, a court case related to Agent Orange exposure for Vietnam veterans. This issue is especially important to members of the FRA because many Navy veterans who served off the coast of Vietnam ("blue water" veterans), now have health problems commonly associated with herbicide exposure, but have endured lengthy legal struggles to prove these problems are service-related. The "Agent Orange Equity Act" (H.R. 6562) was introduced in the 110th Congress in response to a recent court ruling that the VA's definition of "service in the Republic of Vietnam" (which includes only those who set foot in, served on inland waterways or put into port in Vietnam) should remain the standard for proving exposure. This definition, used by VA for more than a decade, excludes veterans who served off the coast of Vietnam and this legislation (H.R. 6562) would allow those who served in the surrounding waters off the coast of Vietnam and in the skies above to file a claim for exposure to Agent Orange. FRA hopes that with a new Administration and a new Secretary of Veterans Affairs that the VA will re-examine its position on this issue.

VA 2010 BUDGET OUTLINE

The Administration's FY 2010 budget outline includes a sizeable increase in the Department of Veterans Affairs' discretionary funding totaling \$55.9 billion, which is about \$5.5 billion more than the current funding level. The President's budget outline is in line with the FRA-supported, Independent Budget for FY 2010 and includes additional funding to allow more Priority Group 8 veterans to enroll in the VA health care system, and targets access issues, especially for rural veterans. FRA supports the new Administration's effort to provide more funding for services to rural area veterans and supports lifting the "temporary" ban on enrolling in Priority Group 8 veterans initiated in 2003, and is encouraged that VA has begun to open up enrollment for some of these beneficiaries. The temporary ban has denied more than 260,000 veterans health care at the VA. FRA believes that our Nation made a commitment to all veterans for their past service and that the enrollment freeze sends the wrong message to our service personnel serving in harm's way in Iraq and Afghanistan.

FRA also appreciates the budget outline referencing concurrent receipt of disability compensation and retirement pay for highly disabled veterans who are medically retired from the service. Full concurrent receipt is a long standing legislative priority for FRA.

While the Association supports the current VHA efforts to recoup any or all costs from a veteran's insurance carrier for non-service-connected injuries or illnesses, FRA would not support an Administration effort to allow VHA to demand for payment the cost of care of a

disability or injury that occurred during military service to a veteran's insurance carrier. The Association advocates that it is the exclusive obligation of the VA to care for the service-connected injuries and illnesses of veterans.

MEDICAL AND PROSTHETIC RESEARCH

FRA advocates that VA's research should focus on improving treatments for conditions that are unique to veterans. Medical and prosthetic research is one of the most successful aspects of all VA medical programs. The Association appreciated the FY 2009 appropriation of \$510 million for this vital research and calls on the distinguished Committees to ensure that FY 2010 funding levels remain predictable and stable taking into account rising administrative and medical costs. Adequate funding of VA Medical and Prosthetic Research is paramount to ensure that the VA can continue providing state of the art prostheses and world class medical care for our wounded warriors.

NATIONAL CEMETERY ADMINISTRATION

The National Cemetery Administration (NCA) has undergone many changes since its inception in 1862. Currently, the NCA maintains almost 2.8 million gravesites at 125 national cemeteries and 33 additional installations in 39 states, the District of Columbia, and Puerto Rico.

The VA estimates that about 24 million veterans are alive today. They include veterans from World War I, World War II, the Korean War, the Vietnam War, the Gulf War, and the Global War on Terrorism, 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 increase from 105,000 in 2008 to 115,000 in 2009.

There has been serious erosion in the value of burial allowance benefits over the years. While these benefits were never intended to cover the full cost of burial, they now pay for only a small fraction of what they covered in 1973, when the Federal government first started paying burial benefits. Both of these Committees are urged to consider significantly increasing the current burial allowance of \$300.

FRA is grateful to Congress for authorizing and funding new cemetery sites and supports the Administration's goal of increasing the number of cemeteries from the current 125 to 141 by 2010. In that year the veterans population will begin to decline, and the NCA needs funding for new cemeteries in order to meet the expected demand over the next several decades.

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.

VOTING

The Association is concerned about the opportunity for service members wounded in OIF/OEF to vote. Wounded warriors, who are in rehabilitation or treatment for their injuries at a VA facility far from their place of residency, must have an opportunity to vote via absentee ballot if they will be unable to vote in their home of record on Election Day. The service member must request an absentee ballot and in response the home town election official mails an unmarked absentee ballot to him/her when the final ballot is available. After receiving the ballot, the service member mails back the signed completed ballot to the local election official to be tabulated.

FRA is working with the Pew Charitable Trusts and other organizations to streamline the voting process for the military, with a special focus on service members stationed overseas. The Association urges these Committees be mindful of this issue and support efforts to lower any barriers to voting for injured or wounded service members to ensure them the opportunity to vote in future elections.

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 made last year on expanding Combat-Related Special Compensation for Chapter 61 retirees and for disabled military retirees deemed "individual unemployable" (IU) who had disability ratings of less than 100 percent. 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 FY 2009. Additionally those with CRDP and less than 50 percent disability rating should also receive full military retired pay and VA disability compensation without any offset.

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 draft proposals sent to the House and Senate Armed Services Committees from the Pentagon for a second consecutive year would be a significant first step in reforming this act if enacted into law.

The USFSPA was enacted 25 years ago; the result of Congressional maneuvering that denied the opposition an opportunity to express its position in open public hearings. With one exception, only private and public entities favoring the proposal were permitted to testify before the Senate Manpower and Personnel Subcommittee. Since then, Congress has made 23 amendments to the

Act: 18 benefiting former spouses. All but two of the amendments were adopted without public hearings, discussions, or debate. Since adoption, opponents of the USFSPA and/or many of its inequitable provisions have had opportunities to voice concern to a Congressional panel. 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

Distinguished Chairmen. In closing, allow me to again 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 Legislative Team stands ready to meet with you, other members of the Committees or their staffs at any time, to work together to improve benefits and entitlements for all veterans.

###