

Patrick Corbett, GySgt, USMC (Ret) National President Of THE RETIRED ENLISTED ASSOCIATION

TESTIMONY OF

Patrick Corbett, GySgt, USMC (Ret)

National President

Of

THE RETIRED ENLISTED ASSOCIATION

Before a

JOINT HEARING

Of the

HOUSE and SENATE VETERANS AFFAIRS COMMITTEES

On

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DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Retired Enlisted Association does not currently receive, nor has it received during the current fiscal year or either of the two previous years any federal money for grants or contracts. All the Association's activities and services are accomplished completely free of any federal funding.

Chairmen Akaka and Filner, Ranking members Craig and Buyer and distinguished members of both Committees: It is an honor for me to speak before this Joint Committee hearing about the concerns and needs of the America's veterans, their families and survivors.

The Retired Enlisted Association is a Veterans Service Organization founded over 40 years ago to represent the needs and points of view of enlisted men and women who have dedicated their careers to serving in all the branches of the United States Armed Services: active duty, National Guard and Reserves, as well as the members who are doing so today.

At this time hundreds of thousands of enlisted members of the military are serving in War Zones or in areas that could turn into War Zones at the strike of a match. They are risking both life and limb to preserve our Nation's liberties and independence. When they return home they must be treated with both the honor and practical help that they have earned and deserve. And their families and survivors deserve the help, support and protection that their spouses and the United States' population expect.

In the last few weeks the Country has grown concerned about how our wounded and disabled are being cared for and treated. Many articles in mainstream publications and media outlets have shown miserable conditions for patients in the Army's Walter Reed; in VA Hospitals and Clinics

and most recently in the Armed Forces Retirement Home (AFRH) here in DC. Of course the members of your two Committees Congress have always been concerned about the preparations and help veterans and retirees receive to help them re enter civilian life whether they have been injured or not. There are many areas where critical improvements are waiting to be made. TREA hopes that these critical needs can be dealt with during this session of Congress.

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VA CLAIMS BACKLOG AND IMPROVEMENT

This has been a perennial concern and worry. Now it may very well be the most urgent problem facing the VA. In the last several years the VA's disability claims backlog has not substantially improved. And this was before the recent increase in claims caused by the human cost of waging the War on Terrorism. According to the GAO and the VA itself it is taking the VA an average of 127 to 177 days to process a claim for compensation or pension (instead of an average of 89.5 days in the private sector) and 657 days to process an appeal! This is an average increase of 16 days between fiscal years 2003 and 2006. The number of pending rating related claims increased by almost half during the same period reaching 378,000 claims up from 254,000 claims. (A rating related claims are primarily original claims for disability compensation or reopened claims that are normally reopened when veterans believe that their service connected disabilities have worsened) In FY06 approximately 806,000 rating-related cases were filed. The average case has been taking almost half a year. This is already far too long. And clearly many more claims are coming.

Due to great improvements in battlefield medicine our troops are suffering the lowest death rate in the history of warfare. This is a great thing and an amazing accomplishment. However, it means that more and more service members are returning home with serious, multiple injuries that will be difficult to adjudicate. The number of rating related claims filed with the VA has continued to increase. In FY2000 579,000 claims were filed and as has been previously noted by the end of FY06 806,000 claims were filed. The claims must be decided quickly and correctly so that these veterans and their families can start to put together their future lives. These cases are becoming more and more complicated. Desperate people are anxiously waiting so they can know how they can move on with their lives. The decisions are slow in coming and often wrong. There has not been the consistency of outcomes throughout the Country that is essential for any fair judicial system. The VA must improve the quality and consistency of internal training of its decision makers throughout the nation. The VA has stated that it is developing a plan to monitor consistency of decisions across regional offices. We appreciate their efforts. However more work needs to be done to correct these problems.

The House's FY07 Supplemental includes money to create 757 new positions in the VA to handle the case load. The President's proposed FY08 NDAA includes money for 450 new positions to process these claims. This request would fund 8,320 "full time equivalent employees working in "compensation and pensions". This would be a 6% increase of personnel from FY06. That is a good first step but many more may be needed. TREA hopes that whatever the Supplemental looks like the Senate will include a similar increase of positions in the Supplemental and, of course, that Congress will include the necessary funding in the FY08 NDAA. With more new adjudicators the need for more and better training and consistency grows. And the requirement that the basis of decisions

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becomes consistent and predictable becomes even more urgent. TREA is sure that all members of this Committee are extremely concerned about this continuing back log and inconsistency of decision making. Hopefully, correcting this problem will remain a top priority of the VA. TREA urges Congress and most particularly your Committees to focus the need for more adjudicators at the VA as well as the necessity of requiring systemic improvements to the adjudication system. Changes must be made to improve the speed, accuracy and consistency of the fact finding.

VA HEALTH CARE

VA health care is in many ways one of the glories of the federal government. Last year the VA provided health care to over 5.5 million veterans of the 7.7 million veterans enrolled at the VA. The quality of care has become better and better and the VA's specialty health care services- spinal cord injuries, prosthetics and treatment for the blind are among the best in the world. We are grateful for the improvements that the last several years have seen. But we are very concerned about the recent reports that have come out about substandard maintenance at some facilities and overwork and system strain throughout the country. TREA believes that many of these problems have been caused in part by the years of insufficient funding that has compelled the VA's administrations to rob Peter to pay Paul and keep the health care system running. Living with a Continuing Resolution (even with the authority to transfer from other accounts) must be placing serious strains on the system at this time. Things are not being presently dealt with that will need to be corrected later this fiscal year or in FY08. The Administration's request for \$36.55 billion for health care (including \$2.35 billion in expected collections) is a great improvement in proposed funding and a good starting point. Indeed the Independent Budget recommends \$36.3 billion for funding VA health care! However, we believe that recent changes in circumstances make it necessary for your Committees to look again at further increasing these figures. Of course, we have serious continuing doubts concerning the VA's ability to make the level of collections projected. With the best of intentions they never have. Additionally, it is clear from recent reports that more money is needed for maintenance and to lower wait times. The Administration has a stated goal for this year of scheduling 96% of primary care and 95% of specialty care appointments within 30 days of desired date. If this goal is met it would surely be a great improvement of what is happening now. But it is still too long. The delays all our Veterans are facing must be corrected. TREA hopes and expects that your Committees will make sure that this critical problem is dealt with and corrected.

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TREA was displeased (but not really surprised) that the Administration once again proposed increases in pharmacy co-pays (from \$8 to \$15 for a 30 day prescription) and an enrollment fee (from 0 to \$750 a year) for presently enrolled Veterans in Categories 7 and 8. While they have changed the enrollment fee proposal to be a 4 tiered annual enrollment fee our objections are still the same. We hope that Congress will once again reject these proposals. These draconian proposals would put a great financial strain on Veterans who are on fixed, limited incomes at a time when they are least able to pay for it. The Veterans in VA Categories 7 and 8 are made up primarily of Veterans, including many Military Retirees, who are elderly and living on fixed incomes. They have come to depend on the VA for affordable and first class health care. Some members of Congress may wish that they did not create this program. But you did and now

numerous elderly heroes rely and depend on it. And once again this year the savings the Administration is expecting from this proposal is not from the money collected but rather from forcing enrollees in Categories 7 and 8 to drop their enrollments. This is not a proper way to save money

Furthermore TREA is very doubtful that an enrollment fee would have the result the Administration wants and expects. Rather we expect that it would put greater strain and demands on the system. At this time there are no access standards applying to 7 and 8 (like there are for Service Connected treatments and on the DOD side in TRICARE Prime). It is really functioning as a space available system. If a substantial fee was imposed we believe it would be likely to cause a huge push for the VA to comply with access standards. After all they would be paying for coverage and should be guaranteed some treatment. Rather than easing the pressures on the VA an enrollment fee would make the pressure of Categories 7 and 8 much worse.

TREA believes firmly that the VA must continue to focus on the health care that is being provided for all those veterans coming home from Iraq, Afghanistan and that sufficient planning, coordination and money must be provided to guarantee the best care in the world for our veterans from both the VA and DOD. Once again we must focus this year on the need to have a seamless transition from DOD to the VA. (please see below) This coordination is clearly crucial to provide for our heroes' needs as well as for VA's future fiscal planning. TREA hopes and expects that Congress will carefully oversee the future funding levels (and necessary increases) and coordination of care among these many crucial programs. We also hope that you will focus on the 2 year qualification for healthcare that all returning veterans from Iraq and Afghanistan are entitled to have at the VA. This is a very important program that has not been getting the study and publicity it deserves. It provides all our veterans the care they may need today as they return to the civilian world as well as giving the federal government the chance to keep an eye on any illnesses or medical conditions that may unexpectedly develop in the future. Indeed, some

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members of Congress wish to lengthen the covered period. If handled correctly it could provide our Government with warnings of illnesses and conditions similar to Gulf War Syndrome and Agent Orange effects that occurred in previous wars but took years for us to recognize as War caused conditions.

In the coming year the VA should increase the number and size of the "polytrauma centers" dealing with the large numbers of severely and multiple injured veterans who are returning home and looking to the VA for hope in their future lives. There are presently 4 of these centers but we may very well need more as the War on Terror continues. As TREA has said before it is clear that next year (and into the future) will see a substantial increase in the necessity of mental health services (both outpatient and in patient) for Veterans returning from the War. There will also be a growing need to increase the programs that the VA has wisely created to provide counseling for the Veterans families.

And for older Veterans there will be growing need for nursing home care. We know that the VA may indeed think we will think about the nursing home problem later but they cannot delay. The demographics of many of our elderly veterans will not let them. While providing care for elderly veterans the VA should be allowed to do what all other qualified American providers are allowed to do: collect from Medicare. These Veterans have paid for the Medicare coverage throughout their careers. The VA should be allowed to become a Medicare provider and collect appropriate

fees. We hope that next year will be the time when this may finally happen.

TREA is concerned that the budgetary calculations have not been sufficiently increased to reflect the increased needs. We are depending on your Committees expertise to assure that sufficient funds have been requested and will be provided. We all realize that more needs to be done.

TREA urges Congress to exercise your oversight to make sure that VA's crucial healthcare programs are adequately funded throughout the next budgetary year.

TREA urges Congress to reject the Administration's proposal to increase VA pharmacy co-pays and create a yearly enrollment fee for Veterans presently enrolled in Categories 7 and 8.

TREA urges Congress to sponsor improvements in VA health care including more funding for the Polytrauma Centers and other essential program.

TREA urges Congress to support legislation to allow the VA to become a Medicare provider.

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DOD-VA COLLABORATION/SEAMLESS TRANSITION

The Country has recently become aware of the difficulties that service members are experiencing when going from the status of a member of the military to that of veteran. It is obvious that much of the media do not understand the jurisdiction of DOD and VA over these matters (The VA is presently being blamed in the press for conditions in the Army's Walter Reed MTF and the Armed Forces Retirement Home) but this confusion shows a basic truth: there must be a clean, swift and invisible handoff between DOD and the VA. TREA, along with the rest of America's citizenry is concerned that we obviously have not created the seamless transition our troops need going from DOD to the VA. This is another area where this Committee's oversight function is critical. The much praised VA electronic health record program must be able to speak to DOD's new ALHTA electronic health record program. Both Departments must create an electronic health care record that all TRICARE and VA health care patients can carry with them wherever they are throughout the world for their entire lives. (and not place paper medical files on the stretchers with injured service members being evacuated out of war zones as is still going on today.). And while doing so the VA must continue to focus on IT improvements and security. While making these necessary changes we must never forget the security breach the VA suffered last year and must make sure that sufficient safeguards are put and kept in place. DOD and the VA need to stand up throughout the country a single separation exam. This would be a boon to the Veteran, the VA and DOD. And it should help the VA in improving the speed and accuracy of determining VA claims. Years have gone by and still only partial implementation has occurred. Now is the time Congress should insist that the Government improve the hand off from DOD to the VA for the future.

TREA hopes your Committees will continue to monitor the necessary improvements in the programs supporting the transition Service member's from DOD's to the VA's jurisdiction.

IMPROVEMENTS IN THE MONTGOMERY GI BILL (MGIB)

TREA hopes that the members of the Veterans Affairs Committees will support "The Total Force Montgomery GI Bill" HR1102 and S644 and transfer jurisdiction of the Montgomery GI Bill for Reserve and National Guard from Article 10 (DOD and the Armed Services Committees) to Article 38 (the jurisdiction of the VA and your Committees.) This would be a great structural

and practical improvement in the program.

The Montgomery GI Bill is one of the most important benefits that this Nation provides

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to all our Veterans. It serves as a crucial recruiting tool and as a way for patriotic, disciplined and intelligent men and women to move up in the civilian world. Unfortunately, your many improvements to the Montgomery GI Bill have not been reflected in the Selected Reserve Program. In the last several years the Active Duty, the National Guard and Reserves units have been operationally integrated to implement the "Total Force Policy". The Total Force Policy functioning in our War in Iraq and Afghanistan has resulted in huge additional burdens being placed on our Guard and Reserve members. Massive call ups of the Guard and Reserve have resulted and the plans of our Military show that the future will hold similar expectations. It is time to properly coordinate the two programs. Needed modifications and improvements could then be made in tandem in both programs. These improvement should include increasing the monetary benefit (as you have for the Active Duty plan) and allowing Guard and Reserve members to be allowed to continue using their benefits after they leave the Guard and Reserves. Since 9/11 the role the Guard and Reserve plays in our National Defense has changed dramatically and we should recognize that fact.

Additionally, with the increased pace of call ups and our increasing reliance on the Guard and Reserve (a reliance that TREA doubts will change in the foreseeable future) the benefit itself should be readjusted and increased. Your Committees have both the focus and the expertise necessary to properly coordinate the two programs.

It is also important for Congress to correct the growing benefit gap between the Active Duty Montgomery GI Bill and the National Guard and Reserve Montgomery GI Bill as soon as possible. For the first 15 years of the "Reserve MGIB Program- Chapter 1606 of Article 10 of the USC- members who joined for at least six years received 47 cents in education benefits for every dollar the active duty member received. However the ratio between the two programs started to drop as changes in the active duty program were not reflected in the reserve program. The present ratio has now dropped to 29 cents per dollar. This drop has occurred while the demands on the reserves have grown. As soon as the NG and R program is under your jurisdiction we hope that your Committees will quickly move to correct this inequity. When looking at the substantive benefits on the Active Duty's MGIB TREA, along with our fellow members of the Partnership for Veterans Education, is calling for the Montgomery GI Bill to cover the average costs of a four year education at a State University. The Department of Education study indicated that at the present time the MGIB benefit for full time study covers approximately 81% of the cost for tuition room and board at the average public four-year college or university. If something is not done the percentage is sure to decline further. A benchmark assuring this relationship would

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prevent the erosion of the benefit while not calling on Congress to again and again take up the issue. When hundreds of thousand of members of the military are stationed throughout the world fighting the War on Terror this would show our gratitude as a Nation and would make a huge improvements in these Service members' lives when they return home. Again, it would be a

wonderful recruitment tool at this difficult time. The original GI Bill after World War II transformed the Nation. This change would also improve the future for the entire Nation, not just the Service members and their families who it will directly help. We also urge this Committee to broaden the types of education programs that can be paid for by the MGIB. This is a new world this is a new world where a great deal of critical higher education is presented in non-four year degree programs. These changes would reflect the changes that have taken place in America's Education System.

TREA also hopes that at long last Congress will end the \$1,200 MGIB enrollment fee. When a new recruit enters the military he or she is required to pay \$1,200 from their pay to establish future eligibility to the GI Bill's education benefits. This is being required when they are in basic training and have a great many concerns and worries. If they make the wrong decision they can never correct it. They cannot enroll later. Many low ranking recruits feel tricked that they are required to remit a large portion of their pay to reserve this future benefit. We want all those who serve honorably to have this benefit. It is time that we abolish this burdensome requirement. TREA urges the Committees to support HR 1102 and S644 and move the SR Montgomery GI Bill under its jurisdiction in Title 38.

TREA urges that the SR MGIB benefit be readjusted to both reflect the improvements in the Active Duty MGIB program and to reflect the added duties and burdens that are being placed on the Reserve Components.

TREA urges the Committees to move toward having the Active Duty Montgomery GI Bill cover the costs of a four (4) year Public University education.

TREA urges the Committees to repeal the \$1200 Montgomery GI Bill Enrollment Fee.

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SURVIVORS BENEFITS

Everyday during this war on terror, wives, husbands, children, and more parents are becoming survivors of our service members. We are losing members of the military every day. (Indeed even in peace time we lose an average of 1,500 Service members a year on active duty. The military is always a very dangerous avocation.) As Lincoln memorably told us in his Second Inaugural Address we, as a Nation, have a duty to take care of his "widow and orphan." In the last few years we have made real improvements in the benefits and help we provide for the families who are suffering terrible loses in the present war. We wish to thank Congress once again for these improvements. However, there is one serious failing that has again and again fallen through the cracks.

We hope that in the 110th Congress we can finally end the SBP/DIC offset. In the Senate Senator Bill Nelson of Florida is again leading the fight. His S935 would end this unfair offset (as well as move up the paid up provisions of SBP- more on that below). TREA is well aware that that the Armed Services Committees have jurisdiction over this policy question. (After all the VA is making its DIC payments.) However, with your acknowledged expertise and knowledge in this area we hope that you can persuade your colleagues to finally correct this injustice.

There are two groups of widows (and widowers) who are harmed by this offset. The first group are those whose spouses who died on active duty and the second group are those whose spouses died of service connected disabilities or injuries. Both groups should be relieved of this burden.

This offset takes a dollar from the SBP payment for every dollar the widow receives from DIC. Each payment covers a different purpose and should be treated separately. The DIC is a special indemnity (compensation or insurance) payment that is paid by the Department of Veterans Affairs (VA) to the survivor when the servicemember's service causes his or her death. It is a flat rate payment of \$1067 for the surviving spouse and \$265 for each surviving child. The SPB annuity, paid by the Department of Defense reflects the longevity of the service of the military member. It is ordinarily calculated at 55% of retired pay. Military retirees who elect SPB pay a portion of their retired pay to ensure that their family has a guaranteed income should the retiree die. If that retiree dies due to a service connected disability, their survivor becomes eligible for DIC. This unfair treatment has existed long before Operation Enduring Freedom and should be corrected for all those affected.

The recent improvements in survivor benefits focused on those families who lost service members since the beginning of Operation Enduring Freedom. The survivor benefits included in the Veterans Improvement Act of 2004 (P.L. 108-454), is an increase to Dependency and Indemnity Compensation (DIC), an extension of education benefits from 10 to 20 years for the survivors of those killed on active duty, and a provision of an additional \$250 monthly to surviving spouses with children under the DIC program for a

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two year transition period. Public Law 109-163 (the FY 2006 National Defense Authorization Act) increased the amount of the death gratuity presented to survivors of those killed on active duty to \$100,000, increased the maximum amount of the Servicemembers Group Life Insurance payment to \$400,000 and enhanced medical benefits for surviving dependent children. Most of these benefit enhancements only apply to the survivors of those whose deaths occurred on or after October 7, 2001. The survivors of those who died on active duty before October 7, 2001 are not eligible for these enhanced benefits.

TREA has heard some Congressional members and staff believe that this problem has been solved by the increases in the death gratuity and the increases in SGLI. This is not true for either group of widows. 94% of the more than 61,000 survivors affected by the SBP/DIC have received no benefit from those recent changes. The vast majority of the affected survivors received far smaller payments - as little as \$50,000 in SGLI or \$3,000 as a death gratuity. Many of them (indeed any survivor of a Service member who died or retired as a E-6 or lower) are eligible for a payment of only \$1067 per month. There are only approximately 4,000 SBP/DIC -eligibles whose sponsors died on active duty since 10/7/01.

But the recent widows who have received these improvements clearly also deserve an end of the offset. This is what Congress intended when it included all active duty deaths in the SBP program 4 years ago. You wanted them to have the SBP benefit they needed to start their economic life again. You did not intend this to be a hollow benefit. For your goal to be accomplished this offset must end.

The 57,000 survivors who have not been helped by the recent substantial improvements in the SGLI payments and the amount of the death gratuity are the survivors of a service disabled

retired member of the uniformed services. At this time the SBP annuity he or she has paid for is offset dollar for dollar for the DIC survivor benefits paid through the VA, This puts a disabled retiree in a very unfortunate position. If he or she is leaving the service with a disability it is only wise for him or her to enroll in the Survivor Benefit Plan (indeed he may very well not be insurable in the private sector). After all he or she may die from a cause that has nothing to do with his or her military service. But if he or she does die of his service connected diagnosis then again his survivor loses dollar for dollar for what the DIC pays. This is neither fair nor good public policy.

SBP is a purchased annuity, an earned employee benefit. This is a retirement plan. As stated above it takes into account longevity of service. The vast percentage of the effected families served a full career in the military (because we all know that the whole family is part of a service member's career.) This is part of the retirement package. Even the name of the Dependency Indemnity Compensation's (DIC) name makes clear that it was

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created for a very different reason. It is an indemnity program to compensate a family for the loss of a loved one due to his or her military service. Again, they are different programs created to fill different purposes and needs. The survivor does receive a pro-rated share of the paid SBP premiums back without interest and taxable in a lump sum. But that cannot make up for the cost and difficulty paying those premiums all those years of retirement caused. If a disabled veteran earns a civilian pension as a federal civil servant the family will never lose either their survivor payment or their DIC to any offset. The service member did what he could to provide for his spouse. This is behavior the Federal Government wishes to encourage. This offset makes his attempts a failure. The offset should be abolished. Again, in the Senate S935 would end this unfair offset. We are sure that there will be bills in the House to make the same corrections. TREA hopes that the members of both VA Committees will support the bills

S935 also moves up the paid up provisions of SBP to October 1, 2007 At this time the paid in provisions will kick in on October 1, 2008 for those couples who have been paying into SBP for at least 30 years and whose Service member is at least 70 years old. However, the SBP program started in 1972 so there are numerous families who have been paying in for at least 35 years! These couples are clearly members of "our greatest generation." It would not be expensive to make this improvement, it is not an ongoing cost and it will make these couples much more comfortable for the next year. TREA hopes that you will support this small correction. Finally, we hope that you will all support Representative Gus Bilirakis' HR 704 and allow survivors to retain DIC if they remarry at the age of 55 or older. TREA is very grateful that he has taken on one of his father's causes. At this time the age for retention of DIC is 57. However the age to retain CHAMPVA upon remarriage is the normal federal program age of 55. The difference is because the two benefits were reinstated in different years and during different Congressional negotiations. There are no policy reasons for this awkward and unequal distinction and we hope that this year it can finally be corrected. TREA urges Congress to finally end the SBP/DIC dollar for dollar offset and move up the date when the paid up provision of SBP to October 1, 2007.

TREA urges Congress to support the passage of HR704 and allow surviving spouses to retain their DIC if they remarry after reaching the age of 55.

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THE NON-VETERAN MILITARY RETIREE

TREA is prone to saying that all Military Retirees are Veterans but that is not totally correct. You may not be aware that certain members of the Guard and Reserve with 20 or more years of honorable service do not qualify as veterans under the current law. This is an anomaly that we believe should be corrected. These Military Retirees should be allowed the honor of the designation of "veterans of the Armed Forces of the United States." They are indeed Military retirees and are eligible to active duty retiree benefits when they reach 60 years of age. However they are not veterans if they have not served at least 90 consecutive days on federal active duty. (Active Duty for training does not qualify a member for Veterans status) This is true although they were always required to be prepared to be activated during their 20 years or more of service. These dedicated members of the National Guard and Reserve qualify for some Veterans benefits. These include: (1) VA disability compensation and health care if he or she is injured and or disabled while performing inactive duty for training regardless of the length of time for service; (2) eligibility to participate in the VA home loan program if one serves for at least six years of honorable service; (3) VA burial and memorial benefits if the retiree is entitled to retired pay at the time of his or her death; and (4) eligibility to SGLI and VGLI.

The members who fit into this category by definition would not qualify for a VA disability rating and thus would not qualify for a disability payment or health care. They have had a full civilian career so the great majority would have assets and incomes above the VA Priority Group 8 means test, which has been closed to new applicants for more than four years. A few individuals in the non-disabled, non-veteran retiree cohort might qualify for VA health care as Priority Group 7 means-tested individuals. Extremely few might qualify for enrollment in Priority Group 5 as indigent veterans. Most would have civilian health care insurance and once they turned 60 they would qualify for TRICARE. So the change would not mean increased costs or increased benefits.

Rather, the non-retiree veterans are calling for this change not for benefits but for the recognition and honor. They wish to be termed "veterans of the Armed Forces of the United States". They volunteered to serve, served honorably, and were prepared to serve on active duty if called. TREA believes that career military service in the reserve forces of our nation should constitute qualification for veteran status under the law.

TREA urges Congress to modify Title 38 to define members of the Guard and Reserve who have served 20 or more years but who have not been activated for over 90 days as Veterans.

CONCLUSION

TREA wishes to that the Senate and House Committees on Veteran Affairs from once again holding these Joint Hearings. We and the VSOs are grateful for the opportunity to speak of our concerns and legislative goals. During War time the call on the VA is even greater than normal. During all times it is a crucial institution for helping to preserve our Nation's freedoms and helping those who protect us all from danger. TREA knows that it is a heavy burden to the members of both Committees to take on the oversight duties such a huge, far flung, and critical Department entail. We know that you will do all in your power to assure that adequate funding is provided for health care, that improvements are made in case adjudication and that the Veterans and their families and survivors who have given so much to preserve this Union are provided the help they need and deserve. Again thank you and I would be happy to try and answer any of your questions.