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STATEMENT

BY

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FOR THE JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES
ON VETERANS' AFFAIRS
FY 2011 PRIORITIES OF THE DEPARTMENT OF
VETERANS' AFFAIRS
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AIR FORCE SERGEANTS ASSOCIATION

Mr. Chairmen and distinguished committee members, on behalf of the 120,000 _ members of the Air Force Sergeants Association, thank you for this opportunity to offer the views of our members on the FY 2011 priorities of the Department of Veterans' Affairs. This hearing will address issues critical to those serving and who have served our nation. AFSA represents active duty, Guard, Reserve, retired, and veteran enlisted Air Force members and their families. Your continuing efforts toward improving the quality of their lives make a real difference, and our members are grateful. In this statement, I will list several specific goals that we hope this committee will pursue for FY 2011 on behalf of current and past enlisted members and their families. The content of this statement reflects the views of our members as they have communicated them to us. As always, we are prepared to present more details and to discuss these issues with your staffs.

How a nation fulfills its obligations to those who serve reflects its greatness. Since 1973 with the inception of the all volunteer force, we have continued to meet our objectives in recruiting. It is evident that today's treatment of the military influences our ability to recruit future service members, since a significant percentage of those wearing the uniform today were once members of military families. The following examples are initiatives that can be done to further enhance the quality of military service members lives. We must ensure that they are given the proper environment for a quality education by Department of Defense Educational Activity by replacing or renovating 106 of the 192 schools by 2015. Reducing family separation tours by establishing accompanied tours in places like the Republic of Korea. Continuing to increase the resources devoted to institutionalizing service member and family support programs across DoD. People observe how the service member is taken care of during service and after they have served. At a recent military health system (MHS) summit, our current Joint Chiefs of Staff (JCS) Chairman was quoted, "Do not underestimate the absolute critical aspect of family health care in our operations and readiness of forces". - Admiral Mullen, Chairman, JCS. Simply speaking, if we want to keep good people in the military, it is important that our country live up to the commitments made to our veterans--the role models for today's force--and tomorrow's.

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

GUIDING PRINCIPLES

1. Veterans Have Earned a Solid Transition From Their Military Service Back Into Society. This country owes its veterans dignified, transitional, and recovery assistance. This help should be provided simply because they faithfully served in the most lethal of - professions.
2. Most Veterans Are Enlisted Members. Enlisted veterans served with great pride and distinction. Our volunteer force has deployed over 3.3 million servicemembers and over 800,000 have deployed more than once during the last nine years. 45,000 of those who have deployed have Traumatic Brain Injuries (TBI). 700,000 children of our servicemembers have had one parent deployed during their lifetime (ADM Mullen, Chairman, JCS, 2010 MHS Conference, MD). We should factor in the unique circumstances of enlisted veterans, especially in the area of the needs of the servicemember and their families once they have completed their tour of service to our country
3. Decisions on Veterans' Funding Primarily Should be Based on Merit. Funding for military veterans must, of course, be based on fiscal reality and prudence. However, Congress and, in turn, the VA must never make determinations simply because "the money is just not there" or because there are now "too many" veterans. Funding for veterans' programs should be viewed as a national obligation—a "must pay" situation. If congress can vote, fund, and send our servicemembers to war; they need to facilitate, fund, and provide care for those who have returned with service connected disabilities.
4. Remember that Reservists are Full-fledged Veterans. In Iraq, Afghanistan, and around the world, reserve component members are valiantly serving their nation, ready to sacrifice their lives if necessary. Since September 11, 2001, record numbers have been called up and continue to support operations. Nearly half of U.S. forces serving in Iraq are guardsmen and reservists. Without question, enlisted guard and reserve members are full-time players as part of the "Total Force." Differences between reserve component members and the full-time force, in terms of VA programs or availability of services, need to be critically examined.
5. The VA Must Openly Assume the Responsibility for Treatment of the Maladies of War. We are grateful for VA decisions in recent years that show a greater willingness to judge in favor of the service member. The VA focus on health care conditions caused by battle should be on presumption and correction, not on initial refutation, delay, and denial. It is important that the decision to send troops into harm's way also involves an absolute commitment to care for any healthcare condition that may have resulted from that service. Many veterans call and write to this Association about our government's denial, waffling, then reluctant recognition of illnesses caused by conditions during past conflicts. We applaud past decisions of these committees toward reinforcing a commitment to unconditional care after service, and encourage the committee to do the same in the future.

6. Taking Care of Our Military Families. AFSA led the effort on the Office of Community Support for Military Families with Special Needs being added under the Office of the Under Secretary of Defense for Personnel and Readiness, which came into effect under the FY2010 National Defense Authorization Act. AFSA played a significant role in ensuring AF leaders were keenly aware of the limitations of the current AF program, - how successful the Army has been with their program, and how a DOD level office _ would add renewed focus and vigor into an important program affecting many of our enlisted members and their families. We must ensure that these programs remain consistent and that the funding is there for these programs in the future. We need to ensure that once service members choose to retire or separate from the service that there are programs to take care of their families after their dedicated service to our nation. There also needs to be a provision allowing additional household goods weight for shipment of special needs equipment for their exceptional needs family member whether they're moving to their next duty station or making their final move after retiring or separating. For example, an E-6 had to pay \$7,000.00 out of his own pocket to transport Exceptional Family Member goods for a Permanent Change of Station (PCS), because it exceeded his allotted weight allowance for his house hold goods.

EDUCATION PROGRAMS

There's no escaping the fact that college costs are rising. As the gap between the cost of an education and value of the MGIB widened, the significance of the benefit became less apparent. For that reason, the Post 9-11 GI Bill is a giant step forward. However, we must make sure that the new Post-9111 GI Bill stays current at all times, so that this benefit will not lose its effectiveness when it comes to recruiting this nation's finest young men and women into service. As a member of The Military Coalition and the Partnership for Veterans' Education, we strongly recommend you make the remaining technical corrections to the Post-9/11 GI Bill. Examples that stand out are active duty not receiving the \$1,000.00 annual book stipend, Title 32 credit for Guard and Reserve service, and BAH for those veterans or retirees taking on-line college courses full time.

VA MEDICAL CARE

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

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

Seek Proactive Cost-saving Approaches.

The VA regularly throws away medication a patient needs when the patient is discharged. There are over 300 medications that are eligible to be reissued for outpatient use. If the VA began relabeling patient medications for outpatient use, they would save the patient money on prescriptions and would save the VA the cost of the wasted medication. The VA would also be saving the taxpayers from 2010-2014 in excess of 14.5 million dollars (OMB: President's FY2011 Budget). This is an excellent example of how the VA can enhance the care provided to veterans at a modest cost through using new, common-sense approaches!

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

Support Judicious VA-DoD Sharing Arrangements. We support the judicious use of VA-DoD sharing arrangements involving network inclusion in the DoD health care program, especially when it includes consolidating physical examinations at the time of separation. The decision to begin this process represents a good, common-sense approach that should eliminate problems of inconsistency, save time, and take care of veterans in a timely manner. In that sense, such initiatives will actually save funding dollars. AFSA recommends that the committee closely monitor the collaboration process to ensure these sharing projects actually improve access and quality of care for eligible beneficiaries. DoD beneficiary participation in VA facilities must never endanger the scope or availability of care for traditional VA patients, nor should any VA-DoD sharing arrangement jeopardize access and/or treatment of DoD health services beneficiaries. One example of a successful joint sharing arrangement is the new clinic with ambulatory care services being built in Colorado Springs, Colorado. This will aid the large number of veterans remaining in the area and support the increases in Colorado Springs as a result of BRAC initiatives. The VA and DoD each have a lengthy and comprehensive history of agreeing to work on such projects, but have yet to follow-through on most of them. "We urge these committees to encourage joint VA-DoD efforts, but ask you to exercise close oversight to ensure such arrangements are implemented properly."

Support State Veterans Homes. One hundred and forty state-run veterans' homes serve about 32,000 former service-members. These homes are a good federal investment since the states provide funding for two-thirds of total operating costs. We urge these committees to take a close look at the required level of support to protect these important national assets and further, to consider them as opportunities to provide high quality care for our nation's veterans while simultaneously minimizing the cost of providing that care and having a positive impact on homelessness. With current military activities, our nation will bear the burden of a generation of

service-members who have been inflicted with severe disabilities who will need a health care environment in which to live. In recognizing this, we must be prepared to fund, build, and maintain significantly more facilities than we have today. Unfortunately, many families will have to make the difficult decision to place their loved one in a veterans' home. It is absolutely necessary that our nation's leaders ensure there is room for them and quality care available. We must plan now--not later. We must determine funding now, start building now, and become proactive in our approach to provide long-term care for the next 50 to 75 years for this generation of service members. Unfortunately, the recently released State Home Construction Grant Program Priority List indicates a backlog of \$405 million in Priority One and \$946 million for all projects. Consequently, the \$250 million we received in FY 2010 through appropriated and stimulus funds is seriously inadequate, given the number of applications waiting funding. We desperately need to address this funding shortage in the FY 2011 budget and work to provide the maximum amount of funding needed to complete the required construction projects to provide quality care for our veterans (Armed Forces Veterans Homes Foundation). AFSA also recommends enactment of HR 4241 to properly take care of over 33,000 veterans that are in State Veterans homes across the country.

Care for Women Veterans. We applaud the actions of the committees along with legislators like Representative Stephanie Herseth-Sandlin for championing women veteran's health care issues in recent years. The unique health care challenges faced by women veterans must be met with a sense of higher urgency from Congress. By next year, the VA estimates that women veterans will comprise well over 10 percent of the veteran population (includes women from all military services, Reserve, Guard components). During Desert Storm 41,000 women served in theater during the operational period (according to the Women In Military Service For America Memorial Foundation). Currently, women make up more than 19 percent of the active duty Air Force and approximately 21 percent of the reserve Air Force (Air Force Personnel Center). As of September 30, 2009 we currently have 471,079 women in uniform, (from all military services) many of which have already returned from service in Iraq and Afghanistan. They too suffer from the same effects of battle as many of their fellow male servicemembers; such as PTSD, TBI, and Wounded Warrior issues that come with wearing the uniform. As the number of women veterans increases, the VA must be funded to increasingly provide the resources and legal authority to care for female- specific health care needs. We have been transitioning over the years away from the large male population of previous wars and conflicts and we must absolutely make sure that we do not neglect the needs of these women who have volunteered to serve our country.

GENERAL ISSUES

Speedier Claims Processing and Improved Accuracy. For many veterans, association with the VA begins with the claims process. Proposed increases in funding and manpower mentioned in the Administration's budget plan are admirable. However, we urge these committees to ensure good, sound use of the funding to address the claims backlog that as of February 22, 2009 is listed at 919,196 cases (VA Monday Morning Report). The key to sustained improvements in claims processing rests primarily on adequate funding to attract and retain a high-quality workforce of claims workers, in sufficient numbers, who are supported by full investment in information management and technology. This agency is facing a mass exodus of experience once the baby-boomer generation retires from federal service over the next five years. Keep in mind it takes two years for a claims adjudicator to reach his/her full potential. It is becoming

more and more apparent that this particular section of the agency needs additional, consistent funding consideration to overcome this growing backlog. Steps have been taken this fiscal year to hire 1200 new claims adjusters to reduce the backlog and the eventual goal of processing a claim in 120 days by 2012 is a great step forward by the VA. Additionally, proper training impacts the quality and consistency of claims decisions. An infusion of funding specifically for this purpose could save the agency millions--if not more--as errors in processing claims and the subsequent appeals they generate are reduced. Much of the past success of this agency can be directly

attributed to the funding and support of your committee. The time to take a closer look has been long overdue, and we applaud you for your diligence. The steps the VA is taking to improve the backlog on the Post-9/11 GI Bill benefits roll-out (now listed at only 11,654) will take care of the problems that were dealt with in the fall of 2009. Our hope is that these steps will be implemented according to the time-lines laid out by the VA and that it will run smoothly so that Veterans who are attending school will receive their benefits on time.

"Seamless" Transferable Medical Records. The record numbers of veterans being generated by the wars in Afghanistan and Iraq underscore the importance of accelerating DoD and VA plans to seamlessly transfer medical information and records between the two federal departments. A lifetime DoD-VA service medical record could help veterans obtain early, accurate, and fair VA disability ratings, save the Department of Veterans Affairs funding, and facilitate pre- and post-deployment research that could advance standards of care. Additional savings would be realized by preventing the "doubling" of diagnostic testing which currently occurs when VA runs similar testing (MRIs/X-rays, etc) to validate DoD findings. We were pleased when the two departments agreed to work together to resolve this issue, and the work of these committees on this matter have not gone unnoticed. However, more than "agreement" needs to be accomplished. There is still a lot of work to make it a reality. The technology exists to accomplish the goal of a seamless record, and we urge these committees to assume an even greater, more aggressive oversight role and facilitate implementation of this important document as quickly as possible. The implementation of the Virtual Lifetime Electronic Record by 2012 will be long overdue and a welcomed step in the 21st century.

Wounded Warrior Care, As a nation we have no greater responsibility than to our wound warriors and their families. Major strides are continually being made and this FY2011 budget has continued to show the increasing support by providing the additional 1000 personnel for Wounded Warrior Support projects. This will help the continuing implementation of a military health system enterprise wide approach to prioritize the necessary modernization of treatment facilities and continue to establish Centers of Excellence for the prevention, diagnosis, and treatment of the various severe injuries we are experiencing in today's and future wars. Other areas for improvement include efforts to continue to grow programs such as the Soldier Family Assistance centers, the Marine Corps Wounded Warrior Regimental Headquarters and Wounded Warrior Battalions, increasing the number of Air Force Recovery Care Coordinators and expanding the Navy's Safe harbor program. Continuing to establish a single Disability Evaluation System that creates a simpler, faster, and more consistent process of determining whether wounded, ill, or injured service members may continue their military service or should transition to veteran status. Overall, we must ensure that we establish policies, processes, and create programs aimed at ensuring continuity in mental health care and counseling services for

military personnel as they transition from one duty station to another or transition from military to veteran care. We must continue to build on family care compensation for those service members who have a family member taking care of them as they recover from catastrophic medical conditions. We must find every avenue possible to adequately compensate them as our service member recovers from their injuries.

Legitimate, Sincere Veterans' Preference. In recent years, Congress has taken great strides toward making "Veterans' Preference" a reality. We have seen commendable moves in recent Congresses involving the VA and the Department of Labor to enhance the job preferences available to veterans. We need to ensure that OPM guidelines that allow selective hiring practices within the federal government are removed. Some veteran applications are never even considered for employment in the federal government, due to allowed restrictive qualification wording and narrowed hiring practices. We continue to urge these committees to support any improvement that will put "teeth" into such programs so that those who have served have a "leg up" when transitioning back into the civilian workforce. One example of giving veterans a preference is the recently created Civilian Expeditionary Workforce (CEW), by meeting the goals of DoD and the administration, we can at the same time hire qualified veterans who have already gained the experience from the vast deployments in previous years who are willing to serve their country in this capacity as a full time government employee.

Homeless Veterans. The VA has estimated that 25% of all homeless individuals in the U.S. are veterans. That is an absolute shame! We must continue to support the efforts of Secretary Shinseki and his goal to end homelessness within the next five years. Many communities are assisting and we must be able to support them with the appropriate funding to resolve this issue.

Award Full Veterans Benefit Status to Guard and Reserve Members. It is long overdue that we recognize those servicemembers in the Guard and Reserve who have sustained a commitment to readiness as veterans after 20 years of honorable service to our country. Certain Guard and Reserve members that complete 20 years of qualifying service for a reserve (non-regular) retirement have never been called to active duty service during their careers. At age 60, they are entitled to start receiving their reserve military retired pay, government health care, and other benefits of service including some veterans' benefits. But, current statutes deny them full standing as a "veteran" of the armed forces and as a result they are not entitled to ALL veteran benefits. Our goal, along with our TMC partners, is to support pending legislation that will include in the definition(s) of 'veteran' retirees of the Guard/Reserve components who have completed 20 years or more of qualifying service, but are not considered to be veterans under the current statutory definitions.

Support of Survivors. AFSA commends this committee for previous legislation, which allowed retention of Dependency and Indemnity Compensation, burial entitlements, and VA home loan eligibility for surviving spouses who remarry after age 57. However, we strongly recommend the age-57 DIC remarriage provision be reduced to age 55 to make it consistent with all other federal survivor benefit programs. H.R. 809, introduced by Rep. Gus Bilirakis, would make this important change in law. We also endorse the view that surviving spouses with military Survivor Benefit Plan (SBP) annuities should be able to concurrently receive earned SBP benefits and DIC payments related to their sponsor's service-connected death. We would like to thank the 319

members of Congress for Co-sponsoring H.R. 775 and the 54 Senators who have co-sponsored S. 535. We have also asked Speaker Pelosi to call for a vote on H.R. 775!

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

Provide a Written Guarantee. Many veterans are frustrated and disappointed because existing programs they thought they could depend on have been altered or eliminated due to changing budget philosophies. That has created a perception among service members and veterans that the covenant between the nation and the military member is one-sided--with the military member/veteran always honoring his/her obligation, and hoping that the government does not change the law or the benefits upon which they depend. We urge these committees to support a guarantee in writing of benefits to which veterans are legally entitled by virtue of their service. This would demonstrate that the government is prepared to be honest and consistent with its obligation to its service members.

Mr. Chairmen, in conclusion, I want to thank you again for this opportunity to express - the views of our members on these important issues as you consider the FY 2011 _ budget. We realize that those charged as caretakers of the taxpayers' money must budget wisely and make decisions based on many factors. As tax dollars dwindle, the degree of difficulty deciding what can be addressed, and what cannot, grows significantly. However, AFSA contends that it is of paramount importance for a nation to provide quality healthcare and top-notch benefits in exchange for the devotion, sacrifice, and service of military members, particularly while the nation remains at war. So too, must those making the decisions take into consideration the decisions of the past, the trust of those who are impacted, and the negative consequences upon those who have based their trust in our government. We sincerely believe that the work done by these committees is among the most important on the Hill. On behalf of all AFSA members, we appreciate your efforts and, as always, are ready to support you in matters of mutual concern. Lastly I would like to recognize those active duty United States Air Force enlisted members present here today for this very important joint hearing of which the outcome could affect their lives forever. It is an honor to have them here today. They have sworn an oath to defend this nation; all they ask is that the VA takes care of them if they become disabled while protecting this countries 315 million citizens from enemies foreign and domestic.