

Charlie L. Flowers Air Force (Ret), National President, THE RETIRED ENLISTED ASSOCIATION

TESTIMONY OF

Charlie L. Flowers Air Force (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 Burr 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 45 years ago to represent the needs and points of view of enlisted men and women who have dedicated their lives and 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 over 100,000 enlisted members of the military are still 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, independence and security. When they return home they must be given 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 loved ones expected and the United States owes.

The members of your two Committees have always been concerned and knowledgeable about what services and programs are needed by veterans and retirees to help them re-enter civilian life. We are grateful that in the last several years enormous improvements have been made in many VA programs thanks to your dedication. But there are still additional actions needed to either make necessary improvements to programs or to make sure that the improvements that Congress have instituted in the last several years are permanently incorporated into the operation of the VA. TREA hopes that many of these critical needs can be dealt with during this session of Congress.

TWO-YEAR BUDGETARY AUTHORITY (ADVANCED APPROPRIATIONS)

First, TREA would like to join the many voices in support of S423 and HR 1016, "The Veterans Health Care Budget Reform and Transparency Act". These bills sponsored by Chairmen Akaka and Filner and co-sponsored by members on both sides of the aisle would authorize a 2 year budgetary authority for VA's health care appropriations. This would grant the VA the ability to make long term plans concerning their hospital and clinics needs. It would also allow them to confidently hire desperately needed medical personnel in the summer and fall when they are leaving school instead of waiting until the winter when many professionals have already been hired.

The GAO has focused on the disturbing growth of medical personnel vacancy rates in the VA medical system. As an example the vacancy rate for certified registered nurse anesthetists has grown to 13% nationwide. At 43 VA medical facilities the GAO studied 15 had 40% or more of these CRNA positions vacant. Hopefully, this change could make the hiring of skilled medical personnel easier. TREA is very grateful that the FY2009 VA budget was on time and dramatically larger than the FY2008 budget. However, in the last 22 years the VA budget has been late 19 years. Sometimes the delays have been short; other times long. Funding has often been both late and unpredictable. But the delays always cause a tentativeness that hurts the efficient structuring of a health care system. Advanced Appropriations in a two year cycle is an elegant solution to the problem. We hope this is the session of Congress when this idea is enacted.

TREA urges that The Veterans Health Care Reform and Transparency Act be passed and that a 2 year budgetary authority for the VA health care appropriations be adopted.

VA CLAIMS BACKLOG AND ADJUDICATION IMPROVEMENT

Even with last year's impressive work by Congress on this issue this is still, TREA believes, the most serious problem facing the VA today. As of October 3, 2008 there were 847,285 claims (initial claims, claims on appeal, and educational claims) in the VA! In its budget proposal the VA has predicted that it will make 942,700 disability decisions in 2009 and that approximately 100,000 of those decisions will be appealed. (The appeal rate on disability determinations have risen from the traditional 7% to currently somewhere between 11% and 14%) This growth is clearly caused, in part, by veterans' greater use of the VA than in the past. As of August of last year 945,000 OEF/OIF veterans have separated from the military and over 400,000 of those vets have sought VA medical care! Many of them are also submitting disability claims. Furthermore, disability claims have continued to grow more complex.

For example: with numerous claims including PTSD and TBI diagnosis, long term environmental exposures that cause numerous diseases long in the future, more complex combat injuries the claims themselves are getting more complicated as well as becoming more numerous. 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. But it does mean that the claims are complicated thus take more time to complete. So it important that the decisions are correct the first time. This can only be done with first rate training, updating and supervision. From 2000 to 2007 annual claims receipts grew by 45%!

TREA was very pleased with Congress' decision last year to authorize the hiring of 2000 additional claims worker for this fiscal year. This should be a huge help. But it will only be a help if the VA hires good candidates that are then trained and supervised properly. The VA must put into place a system that has a nationwide claims management program so that decisions are correct and consistent throughout the country. This will require an upgrade in both the IT support and consistent updated training of ever changing rules and regulations. Presently, over 75% of VA claims are for disability compensation. The present backlog translates to a 6 month wait before an initial disability determination. While a veteran is waiting for a decision he or she must continue to keep body and soul together; as well as support a family and hopefully start a new life or continue a productive one. It is crucial for all returning veterans, as well as those who served in the past, to have their claims quickly and correctly adjudicated. It is also critical for the faith of all Americans in our system that this problem finally be solved. There has not been the consistency of outcomes throughout the Country that is essential for a system of adjudication to be fair and to be seen to be fair. 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. TREA knows that all members of your Committees 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 make sure that the newly hired adjudicators are of the highest caliber.

TREA urges that all adjudicators are paid at a sufficient level and trained adequately to reduce the present chronic turnover in these positions.

TREA urges that the VA be required to create uniform standards and procedures so that the decisions are correct and consistent throughout the country

TREA urges that the VA be required to update the technical and IT support for claims adjudication throughout the system.

VA HEALTH CARE

Before speaking of any health care goals for this year on behalf of TREA I wish to stop and thank you, once again, for the FY 2009 VA health care budget. In the last few years the budget has grown yearly until it has reached \$43 billion. The increases show that Congress recognizes the huge job the VA has in running this system. All of us also acknowledge the vast improvements in quality of care the VA has achieved in the last several years. Last year the VA provided health care to over 5.5 million veterans of the 7.7 million veterans enrolled at the VA. It does that by running 153 medical centers and 730+ outpatient clinics. This system structure is providing both amazing growth and increasing convenience for those who served and protected our country. 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. Additionally, the VA provides superb medical training for most of the Medical Doctors in this country.

But we all know that more is going to be asked of the system this year. When the economy is

down as much as ours now is it is expected that more people who are presently enrolled in the VA will look towards it for his or her care.

Additionally, another group of people will soon be looking for medical care at the VA. TREA is very grateful that Congress has appropriated \$375 million to start to reopen enrollment at the VA for Priority Group 8 veterans. Priority Group 8 enrollment has been closed since 2003. Since that time TREA, along with many of our fellow VSOs have urged its reopening. We are very grateful for this first step but it is urgent in these tough economic times that the enrollment start as soon as possible and that as many qualified veterans as possible be included.

We are still very concerned about reports of substandard maintenance at some VA facilities, as well as overworked staff and system strain throughout the country. As we have said above TREA believes that many of these problems could be alleviated by adopting the proposed 2 year budgetary authority for the VA medical care budget. Again, this will allow real advanced planning and predictability. With over 40% of those veterans returning from OEF/OIF taking advantage of the open access VA health care program ever more advanced planning is necessary. If the vet enrolls in the program and uses it he or she will continue to qualify for future VA healthcare in the future so here is another group of beneficiaries who are not likely to decrease in the future. Under this newly proposed budgetary system this necessary planning can be accomplished.

Additionally, TREA hopes that some of the stimulus package money for "shovel ready" building projects can still be directed at VA facilities.

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 and 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 in order 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.

As TREA has said before, it is clear that we will continue to see substantial increase in the necessity of mental health services (both outpatient and in-patient) for Veterans returning from the War. We also think it is wise to provide counseling services for families of returning veterans. There will also be a growing need to enlarge the programs that the VA has wisely created to provide counseling for the Veterans families. The VA will need to become even more expert treating both Traumatic Brain Injuries (TBI) and Post Traumatic Stress Disorder (PTSD).

And for older Veterans there will be growing need for nursing home care. The VA may be thinking-"We will think about the nursing home problem later we have too much on our plate now"; but they cannot delay. The demographics of many of our elderly veterans will not let them. And the financial losses that many American families are experiencing will naturally cause them to look to VA and State programs for help in caring for their loved ones. The VA's partnership and support with state veteran nursing homes is one step forward. But more must be done. The per diem paid by the VA should be studied. And 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 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 support legislation to allow the VA to become a Medicare provider.

VA THIRD PARTY INSURANCE COLLECTION PROPOSAL

TREA strongly opposes a recent budget proposal to require the VA to collect 3rd party payment for service disabled care. The proposal would require the VA bill veterans' private health insurance plans (if they have them) for care that the VA provides treating the veteran's service connected disabilities. This would fundamentally change the relationship between service connected disabled veterans and the VA.

At the present time the VA can bill a civilian insurance plan for non service connected services they provide to a veteran. (The VA has recently greatly improved their collections efforts). But it is a defining obligation of the VA to provide the necessary health care to a veteran for a condition caused by his or her service to our country. This proposal would have our Federal Government turn its back on that fundamental duty: "to care for he who has borne the battle...".

The proposal would also do serious practical as well as symbolic harm to the veteran. If a potential employer would know that the care for a serious service connected injury or condition would be the responsibility of the company's health insurance plan rather than the VA he or she would find ways not to hire the veteran. It also could put great pressure on a civilian insurance plan's life time cap for the veteran and his or her family. This is an idea that should not reach the light of day.

TREA strongly urges you to refuse to implement the proposal to have the VA collect payments from Veterans' civilian health care plans for services provided by them for service connected disabilities.

DOD-VA COLLABORATION/SEAMLESS TRANSITION

TREA is very grateful to Congress for the passage of the "wounded warrior" legislation and is watching closely its implementation. We hope that a permanent and independent DoD/ VA Interagency Program will be established to oversee the implementation of the many necessary programs. Among the numerous Commissions' recommendations and reports concerning seamless transition that have been issued in the last 2 years TREA believes the most crucial recommendation is to insure that the Department of Veterans' Affairs has the sole authority to rank service connected disabilities for military disability retirements and separations. This would not take away any power from DoD for determining who is fit for duty. What it would do is finally create a consistent disability rating for disabled veterans from all the Branches of Service. It would assure that all disabled veterans would be treated fairly and consistently. And it would be seen to be fair and consistent. We also urge that there be an automatic enrollment into the VA's health care system when a servicemember is being medically separated or retired.

TREA hopes that this is the year that we finally have a single separation physical between DoD and the VA and that finally we finish the development of a "bi-directional" (information can be added in either direction) electronic medical record throughout DoD and the VA. 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.). Your Committees' interest and supervision has been crucial to getting as far as we have. With your continued interest and expertise we can move forward.

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

IMPROVEMENTS IN EDUCATION BENEFITS

We must again start another section with thanks to Congress and especially your Committees for the enormous strides we made last year on this issue. The "Post 9/11 Veterans Educational Assistance Act of 2008" is one of the greatest veterans benefits enacted since World War II. When it stands up in August numerous veterans will have a benefit that can (with their hard work) guarantee them a four year college education. Additionally last year's 20% increase in MGIB education benefits has already been a huge benefit for hundreds of thousand veterans. Thank you so much.

TREA now urges you to take additional critical steps. The first is obvious, your Committees, must closely oversee the implementation of the program. There are literally hundreds, it not thousands, of moving parts in the Webb GI Bill. It will be tremendously difficult to implement correctly. And we, along with you, will be closely watching the VA to see how they accomplish this herculean task.

We also strongly urge you include the "Survivors and Dependents Education Program" (DEA) under 38 USC Chapter 35 in last year's improvement. Specifically we call for these benefits to be increased the 20% that the MGIB benefits were increased. The Chapter 35 program should also include both a housing allowance and book a stipend. It is also vitally important that the program for survivors and dependents finally be connected with the MGIB and the Webb GI bill so that future enacted improvements in those programs will automatically be applied to Chapter 35. Otherwise we will need to continue to revisit the Survivor's program a year or two after an educational benefit is implemented in either of those 2 programs. TREA also strongly urges Congress to allow Widows or Widowers who are also active duty servicemembers to use their DEA benefits without being forced to separate from the active service.

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 still required to pay \$1,200 from their pay to establish future eligibility for the Montgomery GI Bill. He or she is being required to make this decision when they are in basic training and have a great many new concerns and worries. With the creation of the new Post 9/11 GI Bill the decision becomes even more difficult. Do I want to go to a 4 year college under the Post 9/11 GI Bill (and thus do not need to pay the \$1200) or will I want to have courses in training for a specific job or apprenticeship (and thus will need to be in the Montgomery GI Program.) If they make the wrong decision they can never correct it. They

cannot enroll later. All those who serve honorably to have this benefit. It is time that we abolish this burdensome requirement.

Last year's many education benefit improvements did not deal with the basic educational benefit for initially enlisting members of the National Guard and Reserve. Historically, the Ratio between MGIB benefits and their Selected Reserve MGIB (10 USC Chapter 1606) benefits was 100%/47%. But it has plummeted to 100%/24.9%!! It is 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. Again, the present ratio has now dropped to 24.9 cents per dollar. The military is dependent on the members of the Guard and Reserve to carry out their mission. They must be treated fairly. TREA urges you to reinstitute the 47% ration. That would raise the current \$329 per month to \$621-\$660 a month for full time study.

TREA also urges that that Congress include the Selected Reserve MGIB Program into the Montgomery GI Bill under 38 USC Chapter 30 so changes in the Montgomery GI Bill are immediately reflected in the Selected Reserve GI Bill.

TREA urges your Committees to carefully oversee the implementation of the historic "Post-9/11 Veterans Educational Assistance Act"

TREA urges that your Committees support improvements in the present Survivors and Dependents Educational Assistance Program (DEA) to reflect the improvements made last year in the MGIB as well as creating a housing and book stipend and connecting the Survivor program with the Active Duty education programs so that improvements either of the 2 active duty programs are immediately reflected in DEA.

TREA urges that the \$1200 enrollment fee for the Montgomery GI Bill be abolished.

TREA urges that the ratio of benefits between the MGIB and the Selected Reserve MGIB be returned to the original 100% to 47%

SURVIVORS BENEFITS

Every day during this war on terror, wives, husbands, children, and parents are becoming survivors of our service members. We are losing members of the military every week. (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 great improvements in the benefits and help we provide for the families who are suffering terrible loses in the present wars. TREA wishes to thank Congress once again for these improvements. However there is still work to be done most importantly with a serious failing that has again and again fallen through the cracks.

TREA is hopeful that this year the 111th Congress will finally end the SBP/DIC offset. Last week Senator Bill Nelson of Florida once again submitted a bill to end this unfair offset. S535 started with 9 original co-sponsors from both sides of the aisle. Five weeks earlier Representative Solomon Ortiz of Texas submitted his HR775 with Representative Henry Brown of South Carolina, a long time supporter of this proposal as one of the original co-sponsors. Its list of co-sponsors has grown to over 140 at this time. The Congressionally created Veterans Disability Benefits Commission recommended the immediate elimination of the SBP/DIC offset. TREA is

well aware that that the Armed Services Committees have primary jurisdiction over this policy question. (After all, the VA is making its DIC payments.) However, some changes in the VA statute would also have to be made to accomplish this goal. With your acknowledged expertise and knowledge in this area TREA hopes that you can lead your colleagues to finally correct this injustice.

Two years ago Congress provided a first tentative step in ending this unfair and unwise offset. You provided a \$50 a month payment for those widows/widowers who are affected by the offset. The credit will slowly increase throughout the years and then... disappear. No matter how well intended this payment was it does not solve the problem

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

The 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. Since 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.

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 affected 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 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 taxable pro-rated share of the paid SBP premiums back without interest 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, S535 and HR775 would completely end this unfair offset. We hope that this is the year when we correct this problem. TREA hopes that the members of both VA Committees will support the bills.

Directly under your jurisdiction is another improvement that we hope Congress can move on this year. The Dependency and Indemnity Compensation (DIC) payment is simply too low. Even

with the yearly COLA adjustment it provides approximately \$13,000 a year for a widow who has no minor children. This is not even subsistence for those who sacrificed so much for the safety and survival of our country. Most Federal Programs set survivor benefits at 55% of the retired pay. Setting the DIC payment as 55% of the 100% VA disability monthly payment would provide logic, fairness and a dignified life for those who gave so much. We hope that this is the year that a structured method of setting the amount of DIC payments can be placed into law.

Finally, we hope that you will all support Representative Gus Bilirakis' HR 809 and allow survivors to retain DIC if they remarry at the age of 55 or older. TREA is very grateful that has once again taken on this cause. At this time the age for retention of DIC is 57. Most federal survivor programs allow retention after remarriage of a survivor benefit if the survivor is at least 55 years old. Indeed, 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 completely end the SBP/DIC dollar for dollar offset.
TREA urges Congress to increase the basic DIC payment to reflect the normal ratio among indemnity programs throughout the federal government.
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.

THE NON-VETERAN MILITARY RETIREE

TREA often needs to explain that all Military Retirees are Veterans but all Veterans are not retirees. However, that is not totally correct. While it is true for the vast sum of Military retirees one group is left out. Guard and Reserve retirees who have served honorably for 20 or more years but have not been called up for at least 180 consecutive days of federal active duty do not qualify as veterans under the current law. (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. Indeed, they may have served a great deal of time under state orders- but they are not designated veterans. With the dramatic changes in how we are using the Guard and Reserve the percentage of retirees in this situation is dropping and will continue to drop. Still, this is an anomaly that needs to 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 receive active duty retiree benefits when they reach 60 years of age. They are qualified to receive military retirement pay after reaching 60 years of age. They qualify for TRICARE after reaching 60. They have unlimited use of the Commissaries and Exchanges during and after their service. (They have full use of the Commissaries/Exchanges when they are what we all call Grey Area Retirees before they turn 60 years old.) They are total Military Retirees. Additionally, these dedicated members of the National Guard and Reserve already qualify for some Veterans benefits. These include: (1) eligibility to participate in the VA home loan program if one serves for at least six years of

honorable service; (2) VA burial and memorial benefits if the retiree is entitled to retired pay at the time of his or her death; and (3) eligibility to SGLI and VGLI.

The members who fit into this situation 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 five 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 should not result in increased costs or increased benefits.

Until after 9-11-01, in many ways, members of the Guard and Reserve tended to be treated as stepchildren of the military. Now the nation has realized that its military cannot function without the Guard and Reserve. Thus, the simple step of recognizing the service of those who spend twenty years or more as meriting the distinction of being called a veteran is a major issue for them, one of pride and one of having their sacrifices recognized. After all, we now have a Total Force that includes the Guard and Reserve Components. They wear the same uniforms and earn the same medals and awards. Why are they not worthy of the honor of being called "veteran?"

These non-retiree veterans are calling for this change for the recognition and honor-- not any increase in benefits. 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 firmly believes that a career of 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 180 days as Veterans.

CONCLUSION

TREA wishes to thank the Senate and House Committees on Veteran Affairs for the honor of testifying before you once again. We are grateful for the opportunity to speak of our concerns and legislative goals. We are also grateful for the opportunity of working with you and your terrific staffs throughout the year. When in April we see more details of the Administration's proposed budget we hope to be of help to you with our further thoughts and suggestions. During this time of War the Nation is calling on the VA to take on more and more critical tasks. And they are doing so when the number of beneficiaries is getting larger and larger.

During all times the VA 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 for the members of both Committees to take on the oversight duties for such a huge, far flung, and

critical Government Department. We know that you will do all in your power to assure that once again adequate and timely 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. And this year we also hope that the appropriation process itself can be improved upon. Again thank you and I would be happy to try and answer any of your questions.