



Statement of the
Fleet Reserve Association
on its
2019 Legislative Goals

Presented to the:

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

By

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The FRA

The Fleet Reserve Association (FRA) is the oldest and largest organization serving enlisted men and women in the active, Reserve, and retired communities plus veterans of the Navy, Marine Corps, and Coast Guard. The Association is Congressionally Chartered, recognized by the Department of Veterans Affairs (VA) and entrusted to serve all veterans who seek its help.

FRA was started in 1924 and its name is derived from the Navy's program for personnel transferring to the Fleet Reserve or Fleet Marine Corps Reserve after 20 or more years of active duty, but less than 30 years for retirement purposes. During the required period of service in the Fleet Reserve, assigned personnel earn retainer pay and are subject to recall by the Secretary of the Navy.

The Association testifies regularly before the House and Senate Veterans' Affairs Committees, and the Association is actively involved in the Veterans Affairs Voluntary Services (VAVS) program. A member of the National Headquarters' staff serves as FRA's National Veterans Service Officer (NVSO) and as a representative on the VAVS National Advisory Committee (NAC). FRA's VSOs oversees the Association's Veterans Service Officer program and represents veterans throughout the claims process and before the Board of Veteran's Appeals.

In 2016, FRA membership overwhelmingly approved the establishment of the Fleet Reserve Association Veterans Service Foundation (VSF). The main strategy for the VSF is to improve and grow the FRA Veterans Service Officers (VSO) program. The newly formed foundation has a 501(c) (3) tax exempt status and nearly 800 accredited service officers with FRA.

The VSF is sponsoring the Healthy, Wealthy and Wise conference in Norfolk Va. in September 2019. The conference will provide subject matter experts in Aging, Health and Financial advice. There will also be a VSO training track. The audience will be those employees at the federal and state or local level who administer and navigate the VA, DoD and other agencies, providing veterans and active duty help.

FRA became a member of the Veterans Day National Committee in August 2007, joining 24 other nationally recognized Veterans Service Organizations (VSO) on this important committee that coordinates National Veterans' Day ceremonies at Arlington National Cemetery. The Association is a leading organization in The Military Coalition (TMC), a group of 33 nationally recognized military and veteran's organizations collectively representing the concerns of over five million members. FRA senior staff members also serve in a number of TMC leadership positions.

The Association's motto is "Loyalty, Protection, and Service."

Certification of Non-Receipt of Federal Funds

Pursuant to the requirements of House Rule XI, the Fleet Reserve Association has not received any federal grant or contract during the current fiscal year or either of the two previous fiscal years.

FY 2020 VA Budget

Submission of the Administration's FY 2020 budget request has been delayed. FRA supports initiatives to help ensure adequate funding for the Department of Veterans Affairs (VA), with special attention for VA health care to ensure access and care for all beneficiaries.

“Of the \$180 billion VA spent in 2017, the department paid disability compensation of \$73 billion to 4.5 million veterans with service-connected disabilities. VA spent a little less, \$69 billion, on medical care for more than 6 million veteran patients and medical research. Substantially less, \$14 billion was spent on the next largest set of programs, which provide education and vocational rehabilitation benefits for about 1 million veterans and their dependents, and the remainder paid for other programs and administrative costs.”¹

The VA is widely recognized for its effective medical and prosthetic research program and FRA continues to strongly support adequate funding for medical research and for the needs of the disabled veteran.

Agent Orange/Blue Water Navy Reform

As we submit this testimony it is still unclear how the recent court litigation will impact Blue Water Vietnam veterans. The *Gray v McDonald* case pending before the U.S. Supreme Court pertains to VA's exclusion of Da Nang Harbor from the definition of “inland waterways.” The US Court of Appeals for the Federal Circuit in Washington DC has ruled in favor of Agent Orange/Blue Water Navy veterans in *Procopio v Wilkie*. The petitioner argued on behalf of Blue Water Veterans saying that Navy veteran, Mr. Procopio, who never stepped foot on land in Vietnam, was exposed to Agent Orange during his military service off the coast of the Republic of Vietnam. Due to this exposure, he developed medical conditions consistent with other veterans who served on land, and were exposed to Agent Orange and should be entitled to a presumptive category, and thereby eligible for benefits.

The Association is not waiting on the courts and is grateful to the House Veterans Affairs Committee efforts last year to pass Agent Orange reform. The bill (H.R. 299) passed the House unanimously (382-0). Reps Dr. Phil Roe (TN) now Ranking Member, and the new Chairman Mark Takano (CA) should be applauded for their rapid introduction of reform legislation this year. FRA supports the “Blue Water Navy Vietnam Veterans Act” introduced in the House

¹ CBO “Possible Higher Spending Paths for Veterans' Benefits” December 2018.

(H.R. 299 & HR 208) that would clarify that service members serving off the coast of the Republic of Vietnam during the Vietnam conflict have a presumption for filing disability claims with the VA for ailments associated with exposure to the Agent Orange herbicide. FRA believes Congress should recognize that the so-called “Blue water” veterans were exposed to Agent Orange herbicide and authorize presumptive status for VA disability claims associated with this exposure. Presumption of service connection exists for Vietnam veterans who served in country, on land and inland waterways. Enactment of this legislation will bring a degree of justice to tens of thousands of Navy personnel who have been denied service connection by the VA since 2002. FRA also wants to thank Sen. Kirsten Gillibrand (NY) for sponsoring the Senate bill last year. We also want to thank the 221 House sponsors of the current legislation and the 330 House co-sponsors, and 53 Senate co-sponsors from last year.

If the bill is enacted these service members will no longer have to prove direct exposure to Agent Orange, and they will receive expedited consideration for VA benefits if they are afflicted with any of the health conditions associated with exposure to this defoliant. From 1964-1975 more than 500,000 service members were deployed off the coast of Vietnam and may have been exposed to Agent Orange, a herbicide used in Vietnam. Past VA policy (1991-2001) allowed service members to file claims if they received the Vietnam Service Medal or Vietnam Campaign Medal. But VA implemented a “boots on the ground” limitation on obtaining an Agent Orange presumption connection.

The herbicide was used to destroy foliage on river shore used by the Viet Cong to hide in and shoot at ships passing by. The chemical got into rivers that ran out to sea. Ships used water for bathing and drinking. It has been proven that desalinization process for water intensified toxicity of the small amounts of herbicide in water.

Mental Health/Suicide

The association was concerned to hear that the VA did not spend all its appropriated money to combat suicide in FY 2018. Secretary Wilkie said in testimony before the House Appropriations, Military Construction and Veterans Affairs Subcommittee on February 26, 2019 that the three biggest challenges for VA are: Mental Health, Suicide and veteran homelessness. The VA reports that 20 veterans a day commit suicide. Because of this statistic FRA gives this issue a high priority. The VA Secretary noted that 14 out of the 20 veterans who die by suicide are not in the VA health care system. FRA believes that effective mental health care for veterans is of paramount importance to reducing VA suicide. FRA applauds the House passing the FRA-supported “Veterans' Access to Child Care Act” (H.R. 840), introduced by Rep. Julia Brownley (CA), that would make VA’s pilot program for child care a permanent program at VA for veterans who are receiving regular mental health services and other intensive health care services

from VA. The Association believes that improved access to mental health care will reduce veteran suicide.

Association last year welcomed President Donald Trump's Executive Order titled, "Supporting Our Veterans during Their Transition from Uniformed Service to Civilian Life." The Order directs the Departments of Defense (DoD), Veterans Affairs (VA) and Homeland Security (DHS) to develop a plan to ensure that all new veterans receive mental health care for at least one year following their separation from service.

The three agencies were directed to work together to develop a joint action plan to ensure that new veterans who currently do not qualify for enrollment in healthcare — primarily due to lack of verified service connection related to the medical issue at hand — will receive treatment and access to services for mental health care for one year following their separation from service.

The DoD, VA and DHS have expanded mental health programs and other resources for new veterans for a year following departure from uniformed service, including eliminating prior time limits and:

- Expanding peer community outreach and group sessions in the VA Whole Health initiative from 18 Whole Health Flagship facilities to all facilities. Whole Health includes wellness and establishing individual health goals;
- Extending the DoD's "Be There Peer Support Call and Outreach Center" services to provide peer support for veterans in the year following separation from service; and
- Expanding the DoD's Military One Source, which offers resources to active duty members, to include services to separating service members to one year beyond separation.

FRA's 2019 legislative agenda includes ensuring adequate funding for DoD and VA health care resource sharing in delivering seamless, cost effective, quality services to personnel wounded in combat and other veterans and their families. This Executive Order has provided clear guidance to further ensure our veterans and their families know that we are focusing on ways to improve their ability to move forward and achieve their goals in life after service.

VA Choice Reform

FRA appreciates both the House and Senate Veterans Affairs Committees holding a joint oversight hearing on the VA's implementation VA MISSION Act. The VA MISSION Act (S. 2372) was signed into law by President Trump on June 6, 2018 (P. L. 115-182). The Independent Budget (IB) for Veterans Service Organizations (VSO) determined that the implementation of the VA MISSION Act (P.L. 115-182) rises above every other policy priority

for the next two years (116th Congress). FRA is a supporter of the IB and believes the VA's first priority must be to ensure all veterans, currently waiting for treatment, are provided timely access to care. The IB is co-authored by Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA) and Veterans of Foreign Wars (VFW). The IB has served as a guide for funding the Department of Veterans Affairs (VA) for 32 years.

In FRA online survey of veterans (January/February 2019) found that more than 88 percent see the quality of VA healthcare as “Very Important” (the highest rating), and more than 76 percent see access to VA health care benefits as “Very Important.”

The Act will consolidate VA's existing community care programs into one cohesive program. It would modernize VA's medical claims processing system to ensure that community providers can expect to be paid on time for the care they provide to veterans on the VA's behalf. It would further require the VA to conduct periodic local capacity and market assessments. These would identify how gaps in care can be addressed through improvements to both internal and external capacity, standardize rates the VA pays to community providers and authorize the VA to enter into provider agreements for needed care, when contracts are not achievable.

Caregiver Expansion

The VA MISSION Act mentioned above also expands the VA Caregiver program to include all catastrophically disabled veterans. The previous caregiver law only applied to veterans disabled or wounded on or after September 11, 2001. This expansion was part of FRA's 2018 Legislative Agenda. The program will provide a monthly stipend to caregivers, and health care benefits for the caregiver. The new law will provide training for caregivers, and up to 30 days of respite care.

A 2014 RAND study commissioned by the Elizabeth Dole Foundation estimates the services these caregivers provide save our nation \$13.6 billion annually, yet these caregivers too often pay a price, suffering physical and emotional stress and illnesses; difficulty maintaining employment; financial, legal and family strains; and isolation.

These military caregivers shoulder the everyday responsibilities of providing care to those who suffered the emotional and physical tolls of war. These dedicated individuals make many sacrifices to care for their loved ones, and they deserve our support.

Post 911 GI Bill

The VA has had difficulty paying housing benefits under the Post-911 GI Bill in a timely manner. Many student veterans did not get their housing stipends for September and October last year. The VA claims the problem currently stems from an IT problem caused by changes to the

law when President Trump signed the Forever GI Act in 2017. New standards for calculating housing stipends were to be implemented on August 1, 2018, but it caused “severe critical errors” during testing that “resulted in incorrect payments.”

The agency claims that in some cases a few veterans have been paid too much but most have received too little or nothing at all. The VA is as late as two months on payments, forcing potentially thousands of former service members into financial difficulty. One frustrated student veteran said “You can count on us to serve, but we can’t count on the VA to make a deadline.”

FRA was thankful that Congress passed and the President signed into law the Servicemembers Improved Transition Through Reforms for Ensuring Progress (SIT-REP) Act (S.3777) sponsored by Sens. Mark Boozman (Ark.) and Elizabeth Warren (Mass.). The bill would ensure student veterans are not forced to endure additional financial burdens and are not denied access to school facilities due to delayed processing of G.I. Bill benefit payments. This legislation will do the following:

- Prohibit a college, university, or training program from adopting a policy in which it imposes a late fee on eligible student veterans, denies them access to school facilities (such as classrooms and libraries); or requires them to take out additional loans due to a delayed G.I. Bill benefit payment from the VA to the school;
- In the event of a delay by the VA in issuing a G.I. Bill benefit payment directly to a school, it prohibits the school from imposing late fees on student veterans and denying them access to school facilities for up to 90 days after the school certifies tuition and fees. This provision would apply only to benefits that are paid directly to the school;
- Require the VA to distribute G.I. Bill payments to the school within 60 days from when the school certifies tuition and fees for the student;
- Mandate a report from the VA to Congress twice a year with a summary of any cases in which delayed G.I. Bill disbursements occurred and an explanation for the delays.

FRA will monitor the implementation of this legislation and support sufficient funding for technical execution of all provisions of the ‘Forever GI Bill’. The Association will work to improve education benefit programs for veterans, and survivors of disabled or deceased veterans.

Veterans Health Care Reform

Veteran’s health care includes significant challenges. “For example, an estimated 25% of veterans are diabetic; nearly triple the national average of 9.4%. The Veterans Health Administration reports that military veterans also are more likely to be diagnosed with chronic conditions associated with diabetes, including hypertension, chronic obstructive pulmonary

disease (COPD) and heart disease.”² According to numerous sources 30 percent of all VA medical appointments are now held in the community rather than in VA medical facilities. The law now allows authorized veterans to access “walk-in care” a limited number of times each year at clinics with VA contracts.

VA is also working to expand and improve telehealth programs targeted at rural and underserved areas of the country. VA is developing a Request for Proposal (RFP) for provider networks that could be used with VA choice programs. VA is also doing market area assessments of capacity to develop integrated networks. The VA MISSION Act requires completion by August 1, 2019.

Appeals Process Reform

The VA has begun implementing the FRA-supported Veterans Appeals Improvement and Modernization Act (H.R. 2288 – Public Law 115-55) that was enacted in August of 2017. The enacted law sponsored by Rep. Mike Bost (IL), created three "lanes" for veterans' appeals:

- Local Higher Level Review Lane where an adjudicator reviews the same evidence considered by the original claims processor;
- New Evidence Lane where the veteran could submit new evidence for review and have a hearing; and
- Board Lane where jurisdiction for the appeal would transfer immediately to the Board of Veterans' Appeals.

The lanes were established November 1, 2018. It would also allow some veterans, already going through the appeals process, to opt into the new system. FRA is thankful for the House and Senate committees oversight hearings that kept pressure on the VA bureaucracy to implement the law in a timely manner.

The new law provides the VA Secretary the authority to test the new system prior to full implementation and would allow some veterans already going through the appeals process to opt into the new system. It would also require VA to provide a comprehensive plan for processing legacy appeals (appeals filed before the effective date of the bill). “The Modernization Act is the most significant statutory change affecting VA disability compensation appeals in decades.”³

VA appeals backlog in 2013, some veterans had waited years for a decision and more than 610,000 claims remained unfinished. To tackle the backlog -- defined as cases that weren't decided within 125 days -- the VA hired new employees, instituted mandatory overtime and introduced new processing systems. Still, the problem persisted with an average wait time for a

² Express Script Inc. e-newsletter 11/9/18

³ Testimony statement, Thomas Bowman, VA Deputy Secretary submitted for HVAC Jan. 30, 2018 hearing

decision reaching up to three years and the number of backlogged appeals climbing to roughly 300,000 by 2017. That is when AMA was enacted.

The VA announced December 2018 that President Trump approved the appointment of four new Veterans Law Judges to VA's Board of Veterans' Appeals.

“Bringing on additional judges means the Board will be better staffed to conduct hearings and decide appeals properly in a timely manner,” said VA Secretary Robert Wilkie. “Combined with procedural changes under the Veterans Appeals Improvement and Modernization Act and the hiring of more than 200 additional board attorneys, this translates into better and faster service for veterans.”

In fiscal year 2018, the Board issued an historic 85,288 decisions to veterans—61.6 percent more than 2017. Expanding the roster of Veterans Law Judges will allow the Board to continue issuing more decisions for veterans, as VA prepares for full implementation of the AMA. This law transforms a complex appeals process into one that is simplified, timely and transparent by providing veterans with increased choice and control. The AMA was legislation supported by FRA and was scheduled to go into effect February 2019.

Disability Claims Backlog

FRA urges Congress to pass legislation that requires VA be held accountable for achieving the VA's stated goal to achieve an operational state for VA in which no claim is pending over 125 days and all claims have an accuracy rate of 98 percent or higher. As of February 16, 2019 there are 349,681 claims pending and of those 79,681 pending disability claims that are backlogged (pending over 125 days) and that claims adjudication accuracy is over 95 percent.⁴ Based on information from last year the backlog claims has not changed much (Nearly 78,600 claims) but accuracy has improved from a year ago (83 percent). The backlog peaked at about 611,000 cases in March 2013 and was down as low as 70,000 cases in fall of 2015, when VA officials announced that zeroing out the backlog completely was likely impossible and could unnecessarily rush some cases.

Burn Pits Accountability

Reps. Tulsi Gabbard (Hi) and Brian Mast (Fla.), Iraq and Afghanistan veterans, respectively and Sen. Klobuchar (MN) have introduced the FRA-supported “Burn Pits Accountability Act” (H.R. 663/S.191). The legislation directs DoD to provide service members in Iraq and Afghanistan to

⁴ Veterans Benefits Administration Reports, Feb. 19, 2019, Department of Veterans Affairs

have periodic health assessments during deployment and during military separations an evaluation of whether or not a service member has been exposed to open burn pits or toxic airborne chemicals. If they report being exposed, they will be enrolled in the Burn Pit Registry unless they opt out.

The bill seeks to address the widespread exposures of service members to airborne toxins from burn pits during post-9/11 deployments, a problem experienced by many veterans who served in Iraq and Afghanistan. These toxic exposures could potentially impact millions, and many post-9/11 veterans believe this could be "their Agent Orange issue of their generation."

The VA estimates 3.5 million veterans are eligible to register in the VA's Airborne Hazards and Open Burn Pit Registry, which tracks exposures to airborne toxins. Veterans have expressed deep concerns that these exposures could result in cancer, respiratory issues, and birth defects.

Oversight of VA IT

The Association believes Congressional oversight of ongoing implementation of VA technology upgrades is vital to ensuring improvements to the system. FRA wants to ensure adequate funding for Department of Defense (DoD) and Department of Veterans' Affairs (VA) health care resource sharing in delivering seamless, cost effective, quality services to personnel wounded in combat and other veterans and their families.

VA Secretary Shulkin in June 2017 announced that the VA will dramatically reform his agency's Electronic Health Record (EHR) system by replacing the old antiquated system with same system used by the DoD. This change is a shift from the VA's previous plan to develop its own system to digitize records. It will bring the agencies closer to sharing veterans' health information in an effort to solve a problem that has plagued the two departments for decades.

Some members of Congress have expressed concern about the cost. While the EHR modernization effort is necessary, it is very expensive. The most recent estimate is more than \$16 billion over 10 years. In addition some legislators have expressed concern that full implementation could take as long as a decade. A Senator at an oversight hearing (Sen. MilCon/VA-Feb. 2019) expressed concern that the system could be out-of-date by the time it is fully implemented. The cost and the long time for implementation notwithstanding FRA believes there is tremendous opportunity with the two departments using the same EHR.

Women's Veterans Issues

FRA welcomes Rep. Mark Takano (Calif.), the new chairman of the House Veterans' Affairs Committee, creating a new congressional task force to address barriers that women veterans face

when trying to obtain Department of Veterans Affairs (VA) benefits and health care. The Association works to increase access to gender-specific medical and mental health care to meet unique needs of women service members and transitioning women veterans. Congresswoman Julia Brownley (Calif.) has been selected to serve as Chairman of the task force.

Today, women serve in the Reserve Component at a rate of 17 percent which is 3 percent higher than that of the active duty military. Women are serving in combat conditions right alongside their male counterparts, which raises a whole new set of issues for these veterans. That is why FRA supports the “Deborah Sampson Act” that was recently introduced in the Senate, sponsored by Sens. John Boozman (Ark.), and Jon Tester (Mt.) and introduced in the House, sponsored by Rep. Julia Brownley (CA) that seeks to improve and expand VA's programs and services for women veterans. Major provisions of the bill include the following:

- Empowers women veterans by expanding peer-to-peer counseling, group counseling and call centers for women veterans;
- Improves the quality of care for infant children of women veterans by increasing the number of days of maternity care VA facilities can provide and authorizing medically-necessary transportation for newborns;
- Eliminates barriers to care by increasing the number of gender-specific providers and coordinators in VA facilities, training clinicians, and retrofitting VA facilities to enhance privacy and improve the environment of care for women veterans;
- Provides support services for women veterans seeking legal assistance, and authorizes additional grants for organizations supporting low-income women veterans; and
- Improves the collection and analysis of data regarding women veterans, and expands outreach by centralizing all information for women veterans in one easily accessible place on the VA website.

Further FRA is supporting The “Servicemember and Veterans' Empowerment and Support Act” that expands the definition of Military Sexual Trauma to ensure service members and veterans who experience online sexual harassment can access VA counseling and benefits. It also codifies a lower burden of proof so more survivors are eligible for trauma and mental health care related to MST, even if they didn't feel comfortable reporting the event to their chain of command while in service.

The Association is thankful to Senators Jon Tester (Mt.), Lisa Murkowski (Alaska) and Congresswoman Chellie Pingree (Me) for introducing their bipartisan bill to improve resources and care for survivors of military sexual trauma (MST).

Homeless Veterans

The Department of Housing and Urban Development (HUD) recently released its 2018 annual report on homelessness. HUD's Annual Homeless Assessment Report finds the total number of reported veterans experiencing homelessness in 2018 decreased 5.4 percent compared to the previous year, falling to nearly half of the number of homeless veterans reported in 2010. Each year, thousands of local communities around the country conduct one-night 'Point-in-Time' estimates of the number of persons experiencing homelessness—in emergency shelters, transitional housing programs and in unsheltered locations. The estimate finds 37,878 veterans experienced homelessness in January 2018, compared to 40,020 reported in January 2017.

In announcing the latest annual estimate, HUD Secretary Ben Carson and U.S. Department of Veteran Affairs (VA) Secretary Robert Wilkie noted that all local communities are reporting reductions in the number of veterans in their shelter systems and on their streets. "We owe it to our veterans to make certain they have a place to call home," said HUD Secretary Carson. "We've made great strides in our efforts to end veteran homelessness, but we still have a lot of work to do to ensure those who wore our nation's uniform have access to stable housing."

"The reduction in homelessness among veterans announced today shows that the strategies we are using to help the most vulnerable veterans become stably housed are working," said VA Secretary Robert Wilkie. "This is good news for all veterans."

In 2010 the Department of Veterans Affairs (VA) established a goal of eliminating veteran's homelessness by 2015. That goal has not been achieved. The Department of Housing and Urban Development (HUD) and VA have a wide range of programs that prevent and end homelessness among veterans, including health care, housing solutions, job training and education. VA, the Department of Labor, and HUD programs for homeless veterans have reduced homelessness. Witnesses at the hearing agreed that such programs are highly successful in working toward a "functional zero" and in assuring veterans who overcome homelessness do not become homeless again.

Increase Veterans Burial Benefits

The VA pays a higher level of burial benefits upon the death of a veteran who dies from a service-connected illness or disability and lesser burial benefits upon the death of a wartime veteran who dies from a non-service-connected illness or disability. The current VA burial expense payment is \$2,000 for a service-connected death and \$300 for a non-service connected death, along with a \$700 plot allowance. At its inception, the payout covered 72 percent of the funeral costs for a service-connected death, 22 percent for a non-service-connected death and 54 percent of the cost of a burial plot. Due to the dramatic increase in private sector funeral expenses, this benefit has been seriously eroded over the years. While these benefits were never intended to cover the full costs of burial, they now pay for only a small fraction of what they

covered in 1973 when the VA first started paying burial benefits. The VA should provide the resources needed to meet increasing private-sector costs of burial.

Congress should increase the plot allowance for all eligible veterans and expand the eligibility for the plot allowance for all veterans who might be eligible for burial in a national cemetery, not just those who served during wartime.

Conclusion

In closing, allow me again to express the sincere appreciation of the Association's membership for all that you and the members of both of the House and Senate Veterans' Affairs Committees and your outstanding staffs do for our Nation's veterans.

Our leadership and Legislative Team stand ready to work with the Committees and their staffs to improve benefits for all veterans who have served this great Nation.

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Robert Washington Sr. FRA National President

In September of 2018, Robert Washington Sr., of the Navy Department (Branch 181) won election to National President (NP) with Donna M. Jansky, of North Shore (Branch 31) securing the National Vice President position at the Fleet Reserve Association National Convention in San Antonio, TX. Washington is the first African-American to hold the NP position, and Jansky is the first woman to hold the NVP position. Both Shipmates have been very active with the association for decades. Washington was part of the National Headquarters staff from 1998-2017 and has been a member of the association since February 1988. His last position with FRA was Director Outreach Coordination/Legislative Program Healthcare Advisor.

He is a retired Senior Chief Yeoman. Before joining the FRA staff in 1998 he was the Navy's Senior Enlisted Advisor for the Defense Information Systems Agency in Arlington, Virginia. He enlisted in the United States Navy in December 1971, and served continuously until his transfer to the Fleet Reserve. During his career, he served aboard the *USS STRONG* (DD-758), *USS SIMONLAKE* (AS-33), HS-17 onboard *USS CORAL SEA*(CV-43), *USS MOUNT WHITNEY* (LCC-20), and was embarked in COMCARGRU FOUR staff, Norfolk, Virginia. He also served at the following shore duty command: Staff MINERON Twelve, Charleston, South Carolina; PSD, NTC, Orlando, Florida; PSD Crystal City, Arlington, Virginia; Bureau of Naval Personnel, Washington, DC; DISA, Arlington, Virginia. He is also a graduate of the Navy Senior Enlisted Academy, Newport, Rhode Island.

As Outreach Manager for the Association he was responsible for enhancing communications and awareness of the association to increase membership, and establishing contacts and build ongoing working relationships with Fleet, Force, CNO-Directed, Command and/or other active and reserve Master Chiefs and Sergeants Majors. As the Legislative Program Healthcare Advisor for FRA, he worked hand-in-hand with The Military Coalition (TMC) and Congress on healthcare issues involving active duty members, reservists, and military retirees and their family members. He tracked Healthcare policies and legislation and spoke at many active duty and retiree seminars. He also served as cochairman of TMC's Health Care Committee, and served on the Department of Defense Healthcare Initiatives Review Panel, and former chairman of the DoD Uniformed Formulary Beneficiary Advisory Panel.

He is a Past FRA Regional President East Coast Region, past President of Navy Department Branch 181, Fleet Reserve Association, Arlington, Virginia, and Past Chairman of the FRA Central Liaison Committee for the Northern Capitol Region. He was born in Charleston, South Carolina, and was raised and educated in that city. He and his wife, Debra, currently reside in Oxon Hill, Maryland. They have two sons and one daughter.