



**STATEMENT
BY
CMSGT (RET) USAF JOHN R. "DOC" MCCAUSLIN
CHIEF EXECUTIVE OFFICER
AIR FORCE SERGEANTS ASSOCIATION**

**FOR THE JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES
ON VETERANS' AFFAIRS**

**FY 2014 PRIORITIES FOR THE 113TH
CONGRESS**

March 6, 2013

**AIR FORCE SERGEANTS ASSOCIATION
5211 Auth Road, Suitland, Maryland 20746
(800) 638-0594 or (301) 899-3500
E-mail: staff@hqafsa.org Home Page: www.hqafsa.org**

**** *AFSA – Your Global Voice for more than 50 Years***

CURRICULUM VITAE

CMSgt (Ret.) USAF John McCauslin was elected as the Air Force Sergeants Association (AFSA) International President during the Association's International Convention in Dallas, Texas, in August 2005. He was reelected International President during the 2006, 2007, and 2008 Professional Airmen's Conferences. He resigned his elected office in early January 2009. On 1 June 2009, he became the Chief Executive Officer replacing the retiring incumbent. Chief McCauslin joined AFSA in 1977 as a lifetime member and has been active within the organization. He was elected to his first term as the AFSA International Trustee, Retired/Veterans Affairs in 2003.

He enlisted in the US Air Force in June 1955. After basic training, he was first assigned to Gunter AFB, Alabama, where he underwent medical training. Later in his career he became the Command Senior Enlisted Advisor, Fifth Air Force, Yokota AB, Japan, followed by Command Senior Enlisted Advisor to Commander In Chief to the United States Air Forces Europe, Ramstein AB, Germany, where he retired after 32 years of service.

Chief McCauslin's educational background includes both military and civilian achievements. The Chief obtained a Bachelor of Arts degree in History and Sociology from Chaminade University, Hawaii, in 1976. He also achieved a Masters of Arts degree in Management/Supervision and Education from Central Michigan University in 1978.

Following Chief McCauslin's retirement from the Air Force in 1987, he was the AFSA Special Assistant to the Executive Director and subsequently, Chief Field Operations for the Air Force Association (AFA). After his retirement, he followed his passion for volunteerism to enhance the quality of life for our Air Force members and their families.

His awards and decorations consist of a Legion of Merit, a Bronze Star Medal with one oak leaf cluster, a Meritorious Service Medal with two oak leaf clusters, an Air Force Commendation Medal with one oak leaf cluster, an Air Force Outstanding Unit Award, a Vietnam Campaign Medal, a Republic of Korea Service Medal, an Air Force Marksmanship Ribbon, and the State of Virginia Meritorious Service Award. In addition, he is the recipient of the Outstanding AFSA Division Award for Division 16, Outstanding Young Men of America, Outstanding Jaycee President and Outstanding Parent/Teachers President.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Air Force Sergeants Association (AFSA) does not currently receive, nor has the association ever received, any federal money for grants or contracts. All of the Association's activities and services are accomplished completely free of any federal funding.

Chairmen Sanders and Miller, on behalf of the 110,000 plus members of the Air Force Sergeants Association, I thank you for this opportunity to offer the views of our members on the FY 2014 priorities for the First Session of the 113th Congress. This hearing will address issues critical to those who have served and are serving our Nation.

For more than 50 years, the Air Force Sergeants Association has proudly represented active duty, guard, reserve, retired, and Veteran enlisted Air Force members and their families. Your continuing effort toward improving the quality of their lives has made a real difference and our members are grateful. In this statement, I have listed several specific goals that we hope this Committee will pursue for FY 2014 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 come from of military families.

It is important that this Committee view America's Veterans as a vital National resource and treasure 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:* Our Nation's all-volunteer force has served with great pride and distinction. 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 in some of the most hostile or remote locations. After writing a blank check to their country, payable up to their life, all Veterans should be afforded favorable chances to excel upon returning to the civilian sector.

2. *Most Veterans Are Enlisted Members:* According to the VA's vetpop2011 product, there were 22.3 million Veterans as of September 30, 2012. Of them, only 1.4 million (6 percent) are officers and 20.9 million (94 percent) are enlisted. While on active service, there is an obvious need for differentials between ranks in order to execute the unique missions of the military. Aside from the obvious (such as pay), additional differences

include education, training, fellowships and other opportunities. We should factor in the unique circumstances of enlisted Veterans, especially in the area of service member and their family's needs once they have completed their tour of service to our country.

3. *Decisions on Veterans' Funding 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.

4. *Remember that the Guard and Reservists are Full-fledged Veterans Too!* AFSA strongly supports pending legislation to identify all Guardsmen and Reservists as 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 that served in Iraq were 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, are well overdue for review and updates.

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, and reluctant recognition of illnesses caused by conditions during past conflicts. We applaud past decisions of your Committees toward reinforcing a commitment to unconditional care after service, and encourage you to do the same in the future.

6. *Taking Care of Families:* Taking care of families is as essential as taking care of our Veterans. This is especially true for family members who now serve as the primary caregivers of ill or injured Veterans. By taking care of these family members, we honor a commitment made by our country to our Veterans and military members.

ANNUAL FUNDING OF VETERANS PROGRAMS

Annual Funding: The Administration has not yet submitted its FY 2014 Budget request so unlike past years we cannot comment on the Administration's proposal which I am told may be another month in coming. However, I want to make it clear that

AFSA concurs with funding levels recommended by The Independent Budget (IB), a document co-authored by the VFW, AMVETS, Disabled American Veterans, and Paralyzed Veterans of America. I understand you are already aware of these recommendations so I will only briefly comment on them. AFSA endorses the IB because we believe this careful review of Veterans programs reflects a more realistic assessment of the resources VA will need for the coming fiscal year.

This year's Independent Budget recommends the following:

- \$58.8 billion total for health care for FY 2014—\$1.3 billion more than what the Administration recommended (\$57.5 billion) in the FY 2014 advance appropriation last year
- \$2.4 billion for the Veterans Benefits Administration—approximately \$226 million more than the expected FY 2013 appropriated level
- \$2.25 billion for all construction programs—approximately \$900 million more than the expected FY 2013 appropriated level and well below the true funding needs of construction projects that the VA must undertake
- \$611 million for medical and prosthetic research, which is approximately \$28 million more than the expected FY 2013 appropriated level; and
- For the first time, the Independent Budget includes an advance appropriation recommendation for health care for FY 2015, recommending \$61.6 billion.

As in past years, I'm confident you will give the recommendations of the Independent Budget the consideration they deserve. We appreciate that because thousands of service members will be released by DoD in the coming months for budget reasons and as we draw down in Afghanistan, it is important to realize that many of them will soon turn to the VA for their care! VA needs to be prepared to accept responsibility for their care. If the Department of Defense is forced to lower its end strength levels to cut personnel costs, VA funding must be raised accordingly to account for the large influx of new Veterans into their system. AFSA is very concerned with VA's ability to meet the needs of America's transitioning Veterans including employment initiatives to help our Veterans find jobs during these challenging economic times. We will monitor this transition very carefully, and trust the Members of these Committees will as well.

No patriot should be turned away or have their benefits delayed and it is imperative that VA is provided the full complement of resources to address this shift in the Nation's obligation. Equally important is the timeliness of VA funding for all VA programs.

AFSA thanks the Committees for your leadership and steadfast resolve to preserve and protect Veterans' health care and benefits. We are particularly grateful for the more recent establishment of the advance appropriations authority for VA health care funding. Advance Appropriations have allowed the VA to maintain robust health care services for our Nation's Veterans in this most difficult fiscal climate. We strongly support legislation introduced by House Chairman Jeff Miller and Ranking Member Mike Michaud to **fully fund the discretionary budget of the Veterans Affairs Department one full year in advance**. H.R. 813 would make it easier for VA to plan for key investments in

information technology, benefits claims processing and construction projects. It also would ensure that all VA services will have timely, predictable funding in an era where continuing resolutions and threats of government shutdowns are all too frequent.

Passing this legislation will ensure funding for Veterans programs do not become a casualty of the legislative paralysis we are experiencing lately. It is up to you, the members of these Committees, to protect the care and benefits our Veterans have earned for their service. The “*Putting Veterans Funding First Act of 2013*” is a common-sense approach to ensure arbitrary budget cuts don’t jeopardize the care and benefits America has promised our Veterans and I want to thank Mr. Miller and Michaud publicly for introducing this legislation. I hope the remainder of you will find it appropriate to support their efforts.

Sequestration: I want to touch briefly on the subject of sequestration. Like our partner Associations represented here today, we are concerned how this could affect the availability of Veterans’ benefits now and in the future. We were somewhat relieved with the White House Office of Management and Budget’s recent announcement that that the entire Veterans Affairs Department’s budget is exempt from sequestration, but feel it will take time before we understand sequestrations true impact on Veteran’s programs. The Administration cannot say with certainty that Veterans’ benefits won’t be affected because many of VA’s efforts are closely tied to those of other federal agencies who are subject to sequestration. For instance, the Department of Labor’s Veterans Employment and Training Service now see their budgets cut under sequestration and this could affect VA’s transition support services. Likewise, cuts to the Department of Housing and Urban Development will result in a reduction of vouchers that are used to house homeless Veterans. VA has made tremendous progress in lowering the number of homeless Veterans on our streets and it would be an absolute shame if sequestration undermined these herculean efforts by Secretary Shinseki. Last but not least, we are sincere in the hope that our Nations leaders can reach an agreement soon on a plan that helps control the budget deficit without adversely affecting those who serve in our military or our Veterans. Our members have made it clear they just want to see a solution that works, and they are frustrated because they want to be sure of what’s going to happen to themselves and their families. Please do all you can to help provide this certainty for them.

VETERANS HEALTH CARE

Integrated Electronic Health Record (iEHR): Secretary of Defense Panetta and Secretary of Veterans Affairs Eric Shinseki recently announced plans to ditch their two department’s efforts to develop a single, bi-directional electronic health record as they and many of their predecessors have pledged to do. Like many of you, we were very disappointed to learn of their decision. The two departments now plan to retain their respective systems but continue to exchange common medical data. We share Chairman Miller’s frustration on this issue!

Conceived as a simple goal to improve the care of Veterans, this is something seemingly well within the grasp of modern technology but instead has wasted \$1 billion taxpayer dollars. Now DoD and VA's action have veterans wondering why the two departments are throwing in the towel on this important endeavor.

This is not the first time the two departments have stepped back from an effort like this. Plans to create an iEHR go back to the mid 1980s at least. Numerous times the effort has been set aside usually followed by a new pledge, publically and with vigor, that the two Secretaries plan to "resolve this problem once and for all." At some point the superfluous hype begins to lose its meaning.

In the end it all boils down to leadership, or the lack thereof. If DoD and VA are truly committed to making the joint electronic health record a reality, we would have one by now. Civilian healthcare systems have one, why can't we?

An iEHR remains critical for continuity of health care, VA claims processing, transparency, and because of the enormous demand for mental health care and other medical services arising from the drawdown of forces in Afghanistan and scheduled cuts in our Armed Forces. *AFSA recommends the Committees' direct a comprehensive review of the accomplishments, current plans and future of the integrated Electronic Health Record project, and re-commit to the successful completion of an iEHR at the earliest practicable date.*

Suicide Prevention and Mental Health Services: The mental health and well-being of our courageous men and women who have served the Nation should be the highest priority for VA, and even one suicide is one too many. The tragic loss of Veterans who have served in the Armed Forces including members of the National Guard and Reserves to suicide is arguably the most challenging issue facing the VA. Although a report released by VA last month indicates that the percentage of Veterans who die by suicide has decreased slightly since 1999, the estimated total number of Veterans who have died by suicide has increased so clearly more effort is needed to break this trend.

We were very grateful for Congress including suicide prevention and resilience provisions in the FY 2013 National Defense Authorization Act (NDAA). We thank the former Chair of the Senate Veterans Affairs Committee, Senator Patty Murray (D-WA) for her tireless efforts on this issue.

However, the provisions in Senator Murray's "Mental Health Care Access Act of 2012" adopted for currently serving women and men were not considered for the VA health system. Nor has action been taken on the provisions that specifically direct the VA to "develop and implement a comprehensive set of measures to evaluate mental health care services furnished by the Department of Veterans Affairs. These include measures to assess the timeliness of the furnishing of mental health care by the Department; the satisfaction of patients who receive mental health care services provided by VA; and the capacity of VA to furnish to furnish mental health care.

VA is currently engaged in a commendable, aggressive hiring campaign to expand access to mental health services with 1,600 new clinical staff, 300 new administrative staff, and is in the process of hiring and training 800 peer-to-peer specialists who will work as members of mental health teams. We strongly support these efforts.

VA's 24/7 suicide prevention hotline has proved to be effective by extending the Department's reach to more at-risk Veterans. I'm told the phones never stop ringing and in its five-plus years of existence, the crisis line has fielded more than 750,000 calls and more importantly has helped save some 26,000 callers on the brink of taking their own lives. Staffing at the center has grown from 13 to 300, and some, but not all, of the counselors are Veterans. The number of phone lines has increased from 3 to 30 but not all of the callers are Veterans. Besides handling calls from or about Veterans, the crisis line fields calls from Active Duty service members serving all around the world. These facts alone lend evidence of the scope of the problem the department faces.

Despite the success of the hotline, we remain concerned that outreach efforts like this and community coordination efforts need to be increased and targeted at providing care and services when and where Veterans need it—not necessarily when and where the VA says they need it as was noted at a recent House Veterans' Affairs Committee hearing on mental health. AFSA urges the Committees to continue to support funds to expand VA's mental health capacity, and to improve oversight, accountability and responsiveness in the areas of access, timeliness, quality, delivery, and follow-on care and information. Witnesses at a recent mental health hearing reported that it's time for change and VA simply cannot continue to do "business as usual." The Department must aggressively pursue outside assistance to be certain that every Veteran needing mental-cognitive services is not just handed over to a system, but handed over to an actual person who will arrange for short and long-term mental health care. Any expert in the field of mental health could tell you how crucial this live hand-off is for a Veteran contemplating taking his or her own life.

Expansion efforts and funds should include marketing and outreach to encourage enrollment of eligible Veterans, with particular emphasis on rural Veterans and high risk populations. Further, we recommend the Committees review and adopt pertinent provisions for suicide prevention and resilience as enacted for the actively serving force in Sections 579 through 583 of the FY 2013 NDAA to enhance the Department's support to Veterans. We support the rapid expansion of partnerships between the VA and outside mental health care providers like those in TRICARE networks and state-level programs. VA should pursue new ways to deliver mental health services, including establishing protocols with DoD to seamlessly transfer high risk service members with mental health or drug or alcohol abuse conditions directly (live hand-off) to a designated VA or partner provider prior to discharge from the military to ensure continuity of care. We ask that you to support additional funding for collaborative, mid-long-term research between DoD and VA on mental health care, and encourage you to conduct an oversight hearing to assess the effectiveness of implementation of Executive Order 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families" and determine other actions that may be

needed. Again, one suicide is too many. We need to do all we can to ensure the mental well-being of our Veterans before we can ever hope to curb the tragedy of Veterans taking their own lives.

Wounded Warriors: Thousands of service members have been wounded in action over the past twelve years. Thousands of others have suffered service-connected illness and injuries in related support actions. As a Nation, we have no greater responsibility than to care for our warriors now suffering from the maladies of war. We are pleased high levels of funding for Wounded Warrior care and hope this trend never wanes. Continued emphasis and funding is needed for VA programs that address Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD), the two “signature injuries” of the most current conflicts. Oftentimes TBI and PTSD do not produce visible signs until long after the battle is over. Nor are they easy to treat. There is no “one size fits all” treatment and VA must research and ensure a variety of effective ones are readily available. At the same time, greater numbers of Veterans are returning from the battlefield with significant visual and auditory-impairments. We are concerned that VA may not have adequate resources to address the influx of Veterans with auditory and visual disabilities, and believe this area of care merits further study by these Committees.

Care for Women Veterans: We applaud the actions of your Committees in recent years for championing women Veteran issues! The unique health care requirements of women Veterans must be addressed with a sense of higher urgency from Congress. According to a recent VA Fact Sheet, more than 1.8 of the Nations 22.2 million Veterans are women. Currently, women make up more than 19 percent of the active duty Air Force and approximately 21 percent of the Air Force Reserve. We currently have more than 214,000 women serving in the DoD today, many of whom served in Iraq and Afghanistan. Of those who have served, VA estimates that more than 40 percent have already enrolled for healthcare, a percentage that is expected to double in the next 20 years. They too, suffer from the same effects of battle as many of their fellow male service members; such as PTSD, TBI, and Wounded Warrior issues that come with wearing the uniform. While these and many other conditions are indiscriminate of sex, the fact remains that there are needs unique to females in and after service. As the number of women Veteran’s increases, VA must not only be funded accordingly to meet their specific health care needs, but program developments must also match the shifting demographic.

Defense Centers of Excellence: VA should actively support the efforts of many Defense Centers of Excellence (DCOE) which have been created to address specific areas of military related medicine. Their participation with each of the individual DCOE’s will contribute to the diagnosis and treatment of the many types of severe injuries Veterans are experiencing as a result of the conflicts in Iraq and Afghanistan.

Family Caregivers: Thanks to the past work of the Committees, catastrophically disabled OEF/OIF veterans whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities.

Spouses who are full-time caregivers are precluded from earning a retirement or Social Security benefits in their own right. However, when the veteran dies, the widow(er)'s income is reduced to the same Dependency and Indemnity compensation rate that other surviving spouses of veterans receive when the death was service connected. The percentage of replacement income can be as little as 15 percent whereas the income replacement of other federal survivor benefit plans is closer to 50 percent. To ensure fairness, AFSA recommends the Committees increase the income replacement rate for widow(er) s of catastrophically disabled veterans to a more appropriate level.

At the same time, AFSA strongly supports the full expansion of the caregiver program to include Veterans of other engagements. There should be no distinction in the sacrifices made by a severely disabled Veteran or their family, regardless of where or when they served. The service of our Veterans from previous wars must be honored similarly, and we encourage Congress to pass legislation that expands caregiver benefits to Veterans of all eras.

Support the judicious use of VA-DoD sharing arrangements: AFSA supports 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. It makes no sense to order a full physical exam on your retirement from the military and then within 30 days, the VA orders its own complete physical exam with most of the same exotic and expensive exams. The decision to end that duplication process represents a good, common-sense approach that should eliminate problems of inconsistency, save time, and take care of Veterans in a timely manner. Initiatives like this will save funding dollars. However, AFSA recommends that these Committees 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 clinic with ambulatory care services 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 follow-through is lacking. 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 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 elderly Veterans' access to VA health care and enhance access for many Veterans.

Other Healthcare Issues: Other Veteran's health-care issues not addressed in this statement but included in our Associations top priorities are:

- **Limit user fees and prescription co-pay increases at VA medical facilities**
- **Require the VA to accept licensed civilian medical/dental provider prescriptions**
- **Pursue the VA to have chiropractic care where possible**

GENERAL VETERANS ISSUES

Disability Claims and Backlog: As the saying goes the biggest house in the room is the room for improvement and nowhere in VA does this adage hold more truth than in the area of claims processing. When I addressed the Committees last March there were 1.4 million total claims pending (initial, secondary, appeals, education, pension, etc.). Today that figure is closer to two million and this lack of progress just goes to show that throwing more money and people at a problem doesn't always guarantee success.

To their credit, VA processed over one million claims last year but it has been unable to catch up to the rising demand. With the prospect of thousands of service members being forced to separate as a result of budget cuts, this problem is likely to get worse before its gets better. Frankly that disturbs me because for many Veterans, association with the VA begins with the claims process. AFSA supports a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process. I don't profess to be an expert here, but I am aware larger VSOs have already made recommendations to these Committees in this area—changes my organization can and will support. One suggestion I do have lies in the area of the accuracy of claims processing because we should be focused on the "quality" of claims, not just the "quantity." I'm told the accuracy rate of completed claims at some regional facilities barely eclipses 50 percent where others reach upwards of 90 percent or more. The latter facilities clearly have a winning model and we should benchmark this process across all facilities. Instead of throwing more resources (money, people) at facilities with less than satisfactory ratings, we should bolster the capacity at facilities with high performance ratings then shift some of the workload there.

Transition Assistance Program: The "VOW To Hire Heroes Act" made the Transition Assistance Program, or TAP as it's commonly referred to, mandatory for service members. This interagency workshop is coordinated by the Departments of Defense, Labor and Veterans Affairs to help them secure meaningful employment at the end of their service. We appreciate the efforts of your committees to make sure all separating members receive this important transition benefit. At the same time, AFSA is concerned that the content of TAP has changed very little in the last 25 years. We

understand the Department of Labor plans to unveil a new program in the near future, and we encourage Members of Congress to ensure it provides Veterans with information and tools that are current, relevant and useful for successful transition into the civilian sector. We hope the new program will place greater emphasis on the participation of military spouses because they too play a key role in the successful transition of the entire military family.

Policy Consistency: We appreciate your Committees' efforts 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. Please continue to resist any effort that limits Priority 8 Veterans who deserve to have the VA option available to them.

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 your 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 and "Keep America's Promise to America's Military "

State Veterans Homes: The State Veterans Home program has proven itself to be the most cost-effective source of high quality long-term health care services for the Nation's Veterans who need skilled nursing, domiciliary, adult day health care and other specialized programs to meet their needs. The cost of providing care at these facilities is roughly half of what it cost for VA. Last year these Committees were instrumental in passing the "Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012" which authorized the VA to enter into contracts or agreements with State homes, to pay for nursing home care provided to certain Veterans with service-connected disabilities. This provision was authored by Ranking Member Michaud and Chairman Miller and on behalf of the thousands of Veterans residing in these homes I thank you for this important quality of life change.

Additional savings are possible by allowing similar reimbursement of adult day health care services at State Veteran Homes. Adult day care is integral part of the continuum of care for our Veterans and this change would help to preserve their individual choice and independence. Currently only three states have adult day health care programs within their facilities but plans are in the works at other state homes to provide this care in the future. The VA is already reimbursing community nursing homes for adult day health care to service-connected disabled Veterans Nationally and the department has established a prevailing rate for skilled nursing care at all State Veterans Homes. Therefore we recommend that the VA reimburse all State Veterans Homes providing adult day health care at 65 percent of the prevailing rate for a daily visit. And we urge

the Veterans Administration to include adult day health care under the existing VA-SVH provider agreements thereby providing full cost of care to Veterans with service-connected disabilities. The long overdue regulation in this area is hampering State Veterans Homes from full implementation. Why does it take the VA nearly 4 years to write a regulation?

On a related matter, every state operates at least one State Veterans Home, and more are planned or projected annually to meet a growing demand of long term care programs and facilities for American's elderly, sick and disabled Veterans. Subchapter III of Chapter 81, Title 38, United States Code, authorizes the State Extended Care Facilities Grant Program, funded by VA through congressional appropriations, to assist the States through grants for construction of new State Veterans Homes and for significant renovations of existing facilities, at a cost not to exceed 65 percent of the total cost of any such project proposed by a State and approved by the Secretary of Veterans Affairs. Currently there are \$322 million in Priority One projects and \$752 million total in grant applications waiting funding, but last year the Administration requested \$85 million for that program. It doesn't take a rocket scientist to figure out at that rate we won't get the state home program where it needs to be at that rate. Again, it is difficult to make a recommendation in the absence of a FY 2014 Budget Proposal so this Association simply asks that you consider providing a greater level of funding for the program in FY 2014—at least \$100 million in order for the Department of Veterans Affairs and several states to help reduce the structural backlog of worthwhile projects.

Protect VA Disability Compensation: Despite being clearly stated in law, Veterans' disability compensation has become an easy target 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." Once a rare occurrence, we hear this is happening with increasing frequency. Now is the time to consider enactment of a specific probation to preclude the award of VA disability dollars to former spouses or third parties during civil proceedings.

Homeless Veterans: Fighting in a war can be a harrowing experience, but imagine coming back and not being able to find a home. Although flawless counts are impossible to come by, the U.S. Department of Housing and Urban Development (HUD) estimates that 62,619 Veterans are homeless on any given night—down from about 67,500 one year ago. Over the course of a year, approximately twice that number may experience homelessness. Only 7 percent of the general population can claim Veteran status, but nearly 13 percent of the homeless adult populations are Veterans. Of particular concern are homeless Veterans that have young children because we understand their numbers are increasing. Another at risk group are younger vets—those who have served in Iraq and Afghanistan because unemployment rates in this group are much higher than the National average. Now we learn of homeless female Veterans to add to the woes.

The Department of Veterans Affairs is taking decisive action to end Veteran homelessness by 2015 and it is clear their efforts are having a positive effect on this

problem. Thanks to your efforts, the department has the resources it needs to provide numerous opportunities for Veterans to return to employment which is an important element in preventing homelessness. Compensated Work Therapy (CWT) is comprised of three unique programs which assist homeless Veterans in returning to competitive employment: Sheltered Workshop, Transitional Work, and Supported Employment. Veterans in CWT are paid at least the federal or state minimum wage, whichever is the higher. The Homeless Veteran Supported Employment Program (HVSEP) provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness. Formerly homeless Veterans who have been trained as Vocational Rehabilitation Specialists (VRSs) provide these services.

In terms of providing direct housing support, VA's Homeless Providers Grant and Per Diem Program provides grants and per diem payments (as funding is available) to help public and nonprofit organizations establish and operate supportive housing and service centers for homeless Veterans. This important partnership goes far in reducing the number of homeless vets on our streets each night. The HUD-VA Supportive Housing (VASH) Program is a joint effort between the Department of Housing and Urban Development and VA. HUD has allocated nearly 38,000 "Housing Choice" Section 8 vouchers across the country. These vouchers allow Veterans and their families to live in market rate rental units while VA provides case management services. The Acquired Property Sales for Homeless Providers Program makes all VA foreclosed properties available for sale to homeless provider organizations—at a 20 to 50 percent discount—to shelter homeless Veterans. And the Supportive Services for Veteran Families (SSVF) Program provides grants and technical assistance to community-based, nonprofit organizations to help Veterans and their families stay in their homes.

VA's Health Care for Homeless Veterans (HCHV) Program offers outreach, exams, treatment, referrals, and case management to Veterans who are homeless and dealing with mental health issues, including substance use. Offered at 135 facilities nationwide, this program and others like it are helping to meet the healthcare needs of our homeless Veterans. More can be done and will be needed if we truly hope to eradicate the Nations homeless program once and for all.

Legitimate, Sincere Veterans Preference: Commendable moves in recent years by VA and the Department of Labor have enhanced the job preferences available to Veterans. However, 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 your 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.

Additionally we hope these Committees will look at ways how the additional 5 Veterans preference points given to disabled Veterans can be extended to those who are clearly

eligible, but do not yet have a completed claim by VA. Wounded Warriors aside, if a military member stood before you, absent an arm as a result of their military service, why on God's green earth do they need to fill out paperwork to prove there are a disabled Vet and entitled to the full 10 points? Current statutes require a determination by VA before the additional points can be given. With claims processing taking years to complete, that's an awful long time to make someone wait for the addition consideration. It's unnecessary and this simple action would complement the work of the Administration and these Committees to enhance employment opportunities for our Veterans.

Concurrent Receipt: AFSA continues its advocacy for legislation that provides concurrent receipt of military retired pay and Veterans' disability compensation for all disabled retirees without offset. Under current statutes, retirees with 50 percent or greater disabilities will receive their full retired pay and VA disability in FY 2014. We were pleased with language Congress approved in the FY 2013 National Defense Authorization Act that fixed a long-standing glitch in the current statutory formula that underpaid (and in some cases eliminated any payment) of Combat-Related Special Compensation for combat-disabled military retirees. Congress should now focus on eliminating this unjust offset for Veterans with lesser disabilities and in particular, individuals who were medically retired with less than 20 years of service due to a service-connected illness or injury. They are not treated equally! Currently 3 bills have been introduced in the 113th Congress to address this issue. They are: H.R. 303, H.R. 333, and S. 234 by Representative Gus Bilirakis (R-FL), Representative Sanford Bishop (D-GA), and Senate Majority Leader Harry Reid (D-NV) respectively. I understand the issue of concurrent receipt actually falls under the purview of the Armed Services Committees, but it is so closely linked with the efforts of these Committees, I urge you to support it as well.

Veterans Status for Certain Reserve Component Members: AFSA supports full Veteran status for Reserve component members with 20 years or more of service, who do not otherwise qualify for Veterans status under current law. Due to military funding and accounting protocols, many reservists performed operational missions during their careers but the orders purposely were issued under other than Title 10 authority to comply with funding and accounting protocols. Ironically, these career reservists have earned specified veterans' benefits, but they can't claim that they are veterans—at least not by the letter of the law.

In October 2011 the House passed H.R. 1025, which was introduced by Representative Tim Walz (D-MN) to address this issue but the Senate did not approve that bill or its companion measure introduced by Senator Mark Pryor (D-AR). Representative Walz has reintroduced his legislation; H.R. 679. Passing this bill will not cost a penny; it does not extend any benefit to these individuals that they have not already earned. It simply bestows upon them the honorarium of being called a veteran. The House is likely to pass the bill again this year so I urge the Senate to take a hard look at this legislation and stop denying these individuals the dignity of being called a veteran.

Retirement Benefits: Last year the Administration's FY 2013 budget proposal called for higher TRICARE fees, the establishment of new ones and the creation of a BRAC-like panel that will review current military compensation and recommend changes (most likely reductions) for Congress to consider. The President, some Members of Congress and many senior civilian leaders repeatedly said they will "not balance the budget on the backs of Veterans."

With roughly 20 percent of Congress having served in the military, the Legislative Branch far exceeds the National average in that only 1 percent of US Citizens have served in the military. Unfortunately that means that 80 percent of Congress and 99 percent of the Nation don't understand one subtle, but ever so important nuance of military service.

A Veteran is someone who has dedicated their life to their country.

A military retiree is a Veteran who has dedicated a lifetime.

A military retiree should be treated as a National treasure and senior military leaders often speak of the importance of "keeping the faith" with military members - particularly where **earned** benefits are concerned. Benefits like retired pay and healthcare. Right now, Airmen are asking "Where is the faith?" And they are looking to you, the Members of Congress, to provide that answer. A large portion of the success of the all-volunteer force can be directly attributed to the benefits we provide military members in return for their service and sacrifice, regardless of length. It will only serve to undermine long-term retention and readiness when current service men and women hear the talk of how their predecessors...the Veterans, the military retirees, the National treasures...might get treated by their country instead of fulfilling their promised benefits.

Stolen Valor of 2013: Those who serve our country in uniform take a solemn vow to protect this nation and put their lives on the line so we can continue to enjoy the freedoms we have today. They deserve our honor; our respect, our support and our prayers but they do not deserve to have their service and sacrifice devalued and desecrated by impostors. Too many in this country wrongfully claim military service or high military honors in order to garner unearned benefits like a job, a donation, political favors or a scholarship for their children. H.R. 258 by Representative Joe Heck (R-NV) and S. 210 by Senator Dean Heller (R-NV) will help keep these scammers in check by making it illegal to benefit by lying about military service or detract from an honored veteran's accomplishments.

POW/MIAs: AFSA remains committed to provide the fullest possible accounting of missing military members from all past and future military actions, and promotes international compliance in recovery efforts. We urge the members of these Committees to fully support and fund the efforts of the Joint POW/MIA Accounting Command (JPAC), a joint task force within DoD whose mission is to account for Americans who are listed as Prisoners Of War (POW), or Missing in Action (MIA).

Full accounting of those Missing in Action is not just a term for us, it is a commitment to the memory of those missing in action and their families. We, as a Nation, owe these families our very best efforts to account for all missing members of our Armed Forces.

SUPPORT OF SURVIVORS

SBP/DIC Offset: With current military deployments and increasing casualties, it is imperative that we plan to properly take care of those who may be left behind if a military member makes the ultimate sacrifice. We commend these Committees for previous legislation, which allowed retention of Dependency and Indemnity Compensation (DIC), 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.

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. AFSA has SBP-DIC offset repeal as their #1 focus item for survivors! We want to thank Congressman Joe Wilson, (R-SC) for introducing H.R. 32 in the 113th Congress which addresses this issue as well as the 70 cosponsors who have already endorsed this effort. I'm told Senator Bill Nelson (D-FL) plans to reintroduce a Senate companion bill soon and I urge the members of the Senate to cosponsor that bill as well.

Special Survivor Indemnity Allowance: The fiscal year 2008 NDAA (Public Law 110-181) created the Special Survivor Indemnity Allowance (SSIA) for surviving spouses' whose military Survivor Benefit Plan (SBP) annuities were being offset, in whole or in part, by Dependency and Indemnity Compensation (DIC) which are paid by the Department of Veterans Affairs. It also applies to the widows of members who died on active duty whose SBP annuity is partially or fully offset by their DIC. Congress approved this legislation in lieu of repealing the SBP/DIC offset.

SSIA began as a \$50 monthly payment on October 1, 2008, and was scheduled to increase by \$10 each year through 2013 when the benefit expired. In 2009, a provision in the Family Smoking Prevention and Tobacco Control Act (Public Law No: 111-31) extended the allowance another five years and increased projected monthly rates. Provisions in the House version of FY 2012 NDAA would have extended the benefit through 2021, and raise monthly rates slightly through FY 2017, but the provision was dropped in Joint Conference. Needless to say we were disappointed with this action and continue to call on Members of Congress to eliminate this unjust offset altogether.

CHAMPVA Dental Plan Participation: AFSA supports a plan that allows Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program. The proposal, which is modeled on the TRICARE Retiree Dental Plan, would have no PAYGO offset requirement since it would be fully funded by enrollees' premiums.

Final Paycheck: Finally, it is time to end the government's practice of electronically withdrawing the last paycheck of military retirees upon their death. Automatically withdrawing these funds can inadvertently cause essential payments to bounce and place great financial strain on a beneficiary already faced with the prospect of additional costs associated with their loved one's death. In the 112th Congress Congressman Walter Jones, (R-NC) introduced H.R. 493, the "Military Retiree Survivor Comfort Act," which would allow survivors to retain the full month's retired pay for any month the retiree was alive for at least 24 hours. To offset the cost associated with his proposal, a provision of the bill would delay the first Survivor Benefit Plan (SBP) annuity payment until the month after the retiree dies. Congress passed a similar law in 1996 allowing surviving spouses to retain Veterans disability and VA pension payments issued for the month of the Veteran's death. AFSA strongly believes military retired pay should be treated no differently.

CEMETERIES

National Cemeteries: VA's National Cemetery Administration (NCA) is responsible for providing final honors to many of our Nation Veterans. Thanks to your efforts, many expansion projects and construction projects have been completed, are underway or are being planned to ensure everyone who served this Nation in uniform has a final resting place. However we urge your continued oversight of the system to ensure the Nations solemn obligations in this area are maintained.

Clark Veterans Cemetery: We applaud the recent passage of legislation authored by Senator Kelly Ayotte (R-NH) that authorizes the restoration of the Veterans Cemetery at former Clark Air Force Base in the Philippines and places it under the care of the American Battlefields Monuments Commission (ABMC). This cemetery was established in 1948 by moving remains and head stones of over 7,000 graves from several older U.S. military base cemeteries located throughout the Philippines to include Fort McKinley in Manila, Sangley Point Naval Station and two cemeteries located on Fort Stotsenberg. Over 5,000 alone were disinterred from the old Fort McKinley cemetery to make room for a new World War II American Military Cemetery and Memorial on the same site, forever linking the Clark and new Manila Cemetery. The Air Force continued military burials at Clark until November 1991. The CVC then fell into disrepair with overgrown vegetation, vandalism, ash damage and looting. In 1994 the local VFW Post restored the cemetery as best they could and began a program of maintenance as well as burial of our Veterans. Today, over 8,600 American Veterans and their families are interred, Veterans who served in every war since the Civil War, to include the Iraq War. For years it was an abandoned and forgotten American Military Cemetery with over a hundred years of history as rich as any other of our Nation's military cemeteries. I know the very recent funding and responsibility changes will fix the problems and I applaud Chairman Miller and Vice Chair Bilirakis for going to the Clark Cemetery during the recent congressional recess to assess the problems there first-hand.

EDUCATION

Post 9/11 GI Bill: Arguably the best piece of legislation ever passed by Congress in recent times and thanks to the efforts of many of you here, the Post-9/11 GI Bill (Chapter 33) is providing unprecedented educational opportunities for thousands of men and women who served in uniform since 9/11 and many of their family members. Last year VA provided educational benefits to nearly a million students with more than half of the recipients receiving their education via the Post-9/11 GI Bill.

We are especially grateful for the bi-partisan and bi-cameral effort that resulted in final passage of H.R.4057, the “Improving Transparency of Education Opportunities for Veterans Act of 2012.” This important legislation directs access to upgraded information resources for Veterans so they make smart choices about their education, improves reporting on outcomes and strengthens oversight of all institutions receiving GI Bill funding. Each of these will go far in ensuring the best stewardship of our tax dollars.

AFSA asks the Committees to consider other potential improvements to the Post 9/11 GI Bill these include:

- Authorizing in-state tuition rates for all non-resident student Veterans enrolled in public colleges and universities;
- Allowing use of Post 9/11 benefits to cover costs required in the pursuit of a degree;
- Expanding the VetSuccess On Campus program so that more Veterans can get benefit from academic and career counseling support;
- Amending the educational counseling provisions in Chapter 36, 38 U.S.C. to mandate such counseling via appropriate means, including modern technologies, and permit Veterans to opt out of the program;
- Raising the \$6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments; and
- Requiring all programs receiving funding under the GI Bill be “Title IV” eligible. In other words, post-secondary academic programs should be required to meet Department of Education accreditation and other requirements

Providing in-state tuition rates at federally supported State universities and colleges—regardless of residency requirements, is an important goal for AFSA due to the mobile nature of the military.

Education Benefits for Survivors and Dependents: VA’s Survivors & Dependents Assistance (DEA) Program (Chapter 35) provides education and training opportunities to the spouse and eligible children of certain Veterans. Whereas most VA educational programs increased payment rates in recent years, the DEA program has not. As a result, the value of this benefit continues to erode as college costs continue to climb. Congress should boost these rates to closely match the current cost of a four-year public university.

CONCLUSION

Chairman Sanders, Chairman Miller, 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 2014 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 must be prioritized, the degree of difficulty deciding what can be addressed, and what cannot, grows significantly. However, AFSA contends it is of paramount importance for a Nation to provide quality health care and top-notch benefits in exchange for the devotion, sacrifice, and service of military members during their prime adult working years, 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 the work the House and Senate Veterans' Affairs Committees do is among the most important on the Hill. Year after year, these two Committees have illustrated the value of non-political cooperation with the full focus of your efforts on the well-being of those who have served and are serving this Nation. On behalf of all AFSA members, we appreciate your efforts and as always, we stand ready to support you in matters of mutual concern.

The Air Force Sergeants Association looks forward to working with you in this first Session of the 113th Congress.

Respectfully submitted this 6th day of March, 2013

(End)