OFFICIAL STATEMENT OF

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

LEGISLATIVE PRIORITIES FOR THE FIRST SESSION OF THE 114TH CONGRESS

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CURRICULUM VITAE

Chief Master Sgt. (Retired) Robert L. Frank is the Chief Executive Officer of the Air Force Sergeants Association. He oversees the daily operations, advocacy efforts, outreach and support on behalf of the Association's 110,000 dues-paying members world-wide. Mr. Frank served 26 years in the United States Air Force at numerous stateside and overseas locations. His last duty assignment was on the Air Staff as the First Sergeant Special Duty Manager in the Office of the Chief Master Sergeant of the Air Force. While there he led, established policy, and provided guidance for more than 2,500 Regular Air Force, Air National Guard and Air Force Reserve First Sergeants. Before joining the Air Force Sergeants Association, Mr. Frank served as the Veteran Outreach Specialist with the Consumer Financial Protection Bureau's Office of Servicemember Affairs where he established a new position and Veteran engagement strategy for this startup government agency. He assumed his current position at AFSA on May 26, 2014.

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.

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Chairmen Isakson and Chairmen Miller, on behalf of the Air Force Sergeants Association (AFSA), I thank you for this opportunity to offer the views of our members on legislative priorities for the First Session of the 114th Congress, specifically the decisions that have to be made as we move toward Fiscal Year 2016.

AFSA is a 110,000 member-strong, federally chartered, worldwide Veterans and military service association representing the quality-of-life interests of current and past enlisted Airmen as well as their families. We are in a unique position to have a good understanding of the views of enlisted servicemembers as half of our membership is currently wearing a military uniform, and half are retirees or Veterans. Our members are well-aware of issues that impact Veterans as they are proud to hold that status while in uniform—and are well aware that they will be impacted by your decisions today and in the future. We have chapters at almost every Air Force base around the world, as well as a variety of retiree/Veteran chapters. As such, we have the pulse of our members and regularly receive feedback on a variety of important issues. The matters addressed by these Committees are closely watched and appreciated by our members: those who join the military and put their lives at risk to serve the national interests of our people.

This statement is intended to look forward, not to detail the shortfalls of the Department of Veterans Affairs or the actual and potential collateral damage to Veterans caused by misdirected priorities. All of the members of these Committees are all-too aware of those failings. Nor do we intend to reiterate the strong communication our members have provided to us and to their elected officials as these issues have transpired. In this testimony, we have also made an effort to avoid the restatement of data and statistics with which these Committees are already familiar. However, in looking forward, in this statement we will point toward key issues as we see them, and a few recommendations of our Association about the need to alter current paradigms that we hope will be considered in your important deliberations on how this very large Department should best operate in the future.

We are extremely proud to represent enlisted Veterans and their families. About 90 percent of this nation's military Veterans are enlisted personnel. In making its policy and funding decisions, we contend this Congress and the VA should factor in the unique circumstances of enlisted Veterans (some of which we will point out in this statement).

For nearly 54 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. 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.

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The Independent Budget (IB). From the outset, we want to state that AFSA concurs with funding levels recommended by "The Independent Budget--Veterans Agenda for the 114th Congress," a document jointly authored by the VFW, AMVETS, DAV, and PVA. I understand you are already aware of these recommendations, so I will not comment on them here. We endorse the IB because we believe this careful review of Veterans programs reflects a realistic assessment of the resources VA will need for the coming fiscal year. I'm confident you will give the recommendations contained in this document the consideration they deserve.

Advance Funding for VA Programs. We recognize the hard work of both Committees in supporting advance appropriations for VA benefit programs. In 2009, Congress sent to the White House the "Veterans Health Care Budget Reform and Transparency Act," which ensured that Veterans' health care programs would be funded in advance. Because of the work of many of you on this, during the government shutdown of 2013 VA medical facilities were able to continue operating due to advanced funding.

Last year, these Committees once again led the way in supporting advance funding of Veterans benefit programs so the payment of disability compensation, survivor pensions, and educational assistance continue should there be another political gridlock. We thank you for your efforts.

Sequestration. Like our partner Associations represented here today, we remain concerned how this continuing budgetary chopping block approach that is sequestration will affect the availability of Veterans' benefits now and in the future. Although the VA's budget is largely protected, sequestration can impact other Veterans-related programs 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 is subject to reductions, and this could affect VA's transition support services. Likewise, cuts to the Department of Housing and Urban Development may result in a reduction of the vouchers 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 travesty if sequestration undermined the efforts made thus far. *We hope our Nation's leaders can find alternatives to sequestration today that help control the budget deficit without adversely affecting current or previously serving Veterans.*

Our members have made it clear they just want to see a solution that works. They are frustrated that our nation's defense, their quality-of-life benefits, their retirement programs, and some aspects of Veterans programs are lumped in with all other areas of the Federal budget--on the same chopping block. They have told us it speaks of national priorities that reflect non-support for those willing to die to defend this nation. They are uncertain of their futures and the consistent protection of the well-being of their families.

We urge these Committees as a whole and the individual members to pursue a serious dialogue on our national priorities. Military members pay a great price and sacrifice much for this nation—they fulfil their part of the bargain. The Air Force Sergeants Association maintains that, of all citizens, current and past military members and their families deserve a *written guarantee* of the obligations this nation has to them. Please solve the sequestration damage and work to provide servicemembers, Veterans, and their families the certainty they deserve.

VA HEALTH CARE MATTERS

Veterans Choice Program. In August 2014, with the leadership of these Committees, Congress passed the "Veterans Access, Choice, and Accountability Act of 2014" (VACAA). Your work on this act has given the VA the capability to make significant progress toward satisfying the health care needs of Veterans. Rightfully so, Congress included in this $17 billion bill the Veterans' Choice Program (funding $10 billion), as a 3-year pilot program, which allows Veterans who live more than 40 miles from a VA

medical facility or who have to wait more than 30 days for an appointment to seek health care from non-VA providers in their local communities (with VA funding that care). By early November 2014, Veterans began receiving "Veterans Choice Cards" with a cover letter emphasizing that this was a temporary benefit and that ". . . It is important to know that the Choice Card does not provide guaranteed health care coverage or an unlimited medical benefit. In fact, before your Choice Card for this new benefit can be used, your eligibility must be verified and you must receive advance authorization from VA. . ."

Not long after the program was announced and the cards were received, we began receiving communication from our members the program was being implemented in ways that would discourage or prevent Veterans needing this program from using it. We heard from members that their calls to VA centers were being met with a lack of awareness of the program and they were hearing from their VA officials statements like "We don't do that here." Some Veterans were telling us they were being dismissed or treated disrespectfully when inquiring about the program. Frankly, it seemed to us that the very culture that had led to this program was committed to discourage or deny its use.

One implementation design feature of the Choice Program that sent a very negative message to Veterans was the fact the 40-miles standard for using a non-VA facility was "as the crow flies." In some rural communities, for which this program was intended, the commute to a VA facility (by road) in considerably longer than a straight (geodesic) line. Another problem was that the VA implemented the program so that a Veteran could be excluded from use of the Choice Program if there was <u>any</u> VA facility within 40 miles—even if that facility did not have the health care services being sought by the Veteran.

In the United States military, when probing the meaning of an order, there is a guiding principle called "spirit and intent." In this case, many Veterans couldn't avoid the conclusion that the Administration was intentionally violating the spirit and intent of Congress on this program, and that the VA leadership really didn't want the program to work.

To compound the problem, amid these rumblings and a sense among Veterans the program was being managed to fail, the President introduced his FY 2016 Budget Plan which sought to divert a significant amount of funds from the VACAA, despite the fact that this 3-year program was only in its infancy. Secretary McDonald said that since so few Veterans had taken advantage of the program to date, it was appropriate to allow him to divert funds to other programs.

Without going further into this, the AFSA requests these Committees take the following actions regarding the Veterans Choice Program.

- *Immediately direct the VA to apply a common-sense interpretation of the 40-mile standard, factoring in actual commuting distance to a VA facility—and measure*

the distance to a VA facility that can actually provide the care the Veteran is seeking. (It has been widely reported Secretary McDonald has indicated he feels funds appropriated by Congress are not going to be used within the VACAA program. If he's right, there is no reason not to implement a common-sense, expanded definition of the 40-mile standard that might somewhat increase the cost of the program.)

- *Commit to continue this "test" program until its conclusion with full Congressional support.*
- *After the 3-year program is concluded, seriously consider if it is appropriate to make the Veterans' Choice Program permanent for those Veterans residing 40 or more miles (commuting distance) from a health care procedure-capable VA facility.* The 30-day appointment wait standard possibly can be corrected by the VA through staff changes, better practices, etc. However, the 40-mile distance disadvantage can only be overcome through new construction or, in a very few cases, by shifted missions and services. It must be remembered Secretary McDonald is already recommending the closure of facilities considered "excess infrastructure"—not building new ones. For that reason, we believe these Committees should direct a close examination toward the possibility of changing the paradigm of a "brick and mortar facilities-only" system of satisfying the health care needs of Veterans to the "combined use of brick and mortar facilities and use of non-VA care providers (funded by the VA)" for certain locations. We must emphasize our intent is that non-VA care should be viewed as supplementing/complementing in-house VA care--not replacing it. We must ensure the VA continues to be responsible for the care provided to this nation's Veterans, and responsible for the coordination and execution of payment for any "outsourced" care.
- *Strongly encourage the VA to carry out the Choice Program with the spirit and intent of Congress—letting Veterans know this is a program <u>their</u> Department of Veterans Affairs is implementing with enthusiasm and with an intention to make the program succeed.*
- *Direct the Congressional Budget Office (CBO) to do a cost-benefit-savings analysis of the Choice Program considering the overall impact of this program, especially considering the savings that result in avoiding travel reimbursement, the avoided cost of VA resources for Choice Veterans, and the availability of VA providers to care for other Veterans with more appointments now available.*
- *Streamline numerous VA programs – currently there are too many conflicting and/or competing options with different reimbursement levels as well as different provider requirements. These variances create confusion with non-VA (aka community) providers, VAMC staff, contractors and in the end the Veterans. Consolidation or efficiencies should be explored.*

The bottom line—this is not about political philosophies—it is about caring for this Nation's Veterans. It should not be viewed as a burden on the VA, nor should Veterans

be treated like they are "trying to get away with something." The Choice Program should be presented as a positive program providing needed health care services for those who served this nation.

Women Veterans' Health Care. With the percentage of Veterans entering the VA system being increasingly women, it is essential this agency adjust to the demographic shift. The unique health care needs of women must be held as a strong focus item by the Veterans Health Administration. According to VA projections, the Veteran population will decline to slightly more than 14 million by 2040. However, during the same timeframe, the overall percentage of women Veterans will increase from 10 to 18 percent. This growing presence of women Veterans in VA health care facilities highlights that women Veterans is the fastest-growing group of those needing care. This fact further emphasizes the need for further transformation in the type of services and programs the department offers to ensure they can address their unique needs.

Since 2002, about 300,000 women have served in the conflicts in Iraq and Afghanistan. The undeniable growing presence of female Veterans makes it abundantly clear the VA must be prepared to care for these patriots who equally shoulder the burden of war. As VA officials would testify, current military service and the presence of women in harm's way equally subjects them to the maladies of war.

While we must applaud the work and outreach the VA has done in the women's health care arena, more needs to be done—particularly at some locations. We have seen the marked growth in the VA's efforts in the areas of prosthetic services, the provision of pregnancy/maternity-related items, and the focus on the mental health care of female Veterans. Like their male counterparts, female Veterans need a full range of services with the unique regard for gender-specific requirements.

We urge these Committees to continue making it a point to support funding for comprehensive primary care (including gender-specific care) and clinical services for female Veterans at all VA facilities; and for comprehensive staff and provider training on the care of female Veterans. So too, funding must be considered for the research needed to continue to provide for this important group of Veterans.

Because of the prevalence of improvised explosive devices as a weapon of war, female Veterans also suffer equally from spinal cord, reproductive, and urinary tract injuries. Like male Veterans, the ravages of war can have a devastating impact on the ability to conceive children.

This Association also urges these Committees to support the treatment of infertility conditions incorporated in the elements of S. 469, the "Women Veterans and Families Health Services Act of 2015," sponsored by Senator Murray of Washington state—this should include a program allowing in vitro fertilization. Sen. Murray's legislation would enable the Department to utilize assisted reproductive technologies, provide Veterans

non-assisted options like adoption, and authorize VA to provide fertility treatment and services to non-Veteran spouses—and it would expand the Childcare Pilot Program to every VA medical center to allow Veterans the time to get the health care they require.

Military Sexual Trauma. Military sexual assaults—both reported and unreported—are a travesty impacting those who serve this nation. The victims include both male and female servicemembers. *We urge these Committees to ensure all VA medical facilities include professional staffing to screen, diagnose, and treat Veterans who have been such victims. Ensure funding is provided within the VA system so requisite training is also provided. Finally, we request these Committees continue to ensure the support, training, and resources are available to ensure fair adjudication of disability claims relative to military sexual assault.*

Suicide Prevention and Mental Health Services. Like the members of these Committees, AFSA applauds the passage of the "Clay Hunt Suicide Prevention for American Veterans Act" and its signature into law on 12 February 2015. This new law promises a major step toward preventing this extremely serious problem among Veterans and those still serving. The law requires third-party evaluations of VA's mental health care and suicide prevention programs, creates a centralized website with resources and information for veterans about the range of mental health services available from the VA, and requires collaboration on suicide prevention efforts between VA and non-profit mental health organizations. It is imperative Congress provide the funding to ensure this new law is effectively implemented.

Without question, the mental health of our courageous men and women who have served the Nation should be the highest priority for VA, and even one suicide is too many. The increasing loss of Veterans to suicide is arguably the most challenging issue facing the VA, but we must strive toward honest information about the nature and extent of the problem.

Confusing data about Veteran suicide is published with great regularity, and some of it appears to be a deliberate skewing of the facts. For instance, a myth exists that most Veterans who commit suicide are younger Veterans, but current data shows the average age of male Veterans who took their own lives was 59.6 years of age; consistent with the national percentage of non-Veteran men of that age, according to VA data. Veteran suicide is a national tragedy made worse by the fact the vast majority of Veterans taking their own lives are not enrolled in VA health care. The department estimates that over one million uninsured Veterans *could qualify* for VA health care; because they don't know, or are provided misinformation, they may forego a lifetime of earned care and benefits.

If we hope to make meaningful progress in preventing Veteran suicide, this problem must be addressed nationally, not just in VA.

In recent years VA has launched a number of initiatives to raise awareness among Veterans. The VA's 24/7 suicide prevention hotline has proven to be effective by extending the department's reach to more at-risk Veterans. The department's media campaign has provided access to the National Suicide Crisis Line number to Americans nationwide, and suicide prevention coordinator outreach work has touched many community members, VA employees, and employee families. Vet centers, created by the work of these Committees, deliver psychiatric care in local communities and, coupled with peer support initiatives, each of these programs are making a difference.

While we believe "Clay Hunt" was a great step in the right direction, more needs to be done. VA should continuously 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. *Congress must continue to enable the expansion of VA and DoD suicide awareness and prevention programs to increase awareness and access and capitalize on peer support programs.* Simply put, we must continue to fight this plague and ensure that those who leave military service for psychological conditions are fully accommodated within the VA health care system.

Integrated Electronic Health Record (iEHR). For several years, Congress provided a great deal of funding to have DoD and the VA jointly develop an iEHR that would follow a member throughout his/her military years and throughout that individual's life as a Veteran. We believe 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, as well as scheduled cuts in our Armed Forces.

Many pledges have been made in this regard to you and the American people. Unfortunately this goal remains elusive. Conceived as a simple goal to improve the care of Veterans, this is something seemingly well within the grasp of modern technology but over the past several years has consumed billions in taxpayer dollars. Last year, DoD and VA announced they were abandoning their joint effort, choosing instead to "strike out on their own." This action left Veterans wondering why the two departments were throwing in the towel on this important endeavor; and how the "meaningless" expenditure could be justified. 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 this effort has been set aside usually followed by a new pledge, publically and with vigor, that the two Secretaries will "resolve this problem once and for all." Eventually the superfluous hype begins to lose its meaning and it is time for action.

In the end, it all boils down to leadership and accountability--or the lack thereof. If DoD and VA were truly committed to making the joint iEHR a reality, we would have one by

now. Civilian health care systems have one, why can't we?

AFSA recommends these Committees continue to press both departments for a comprehensive review of the accomplishments, current plans and future of the integrated Electronic Health Record project, and urge them (DoD and VA) to re-commit to the successful completion of an iEHR at the earliest practicable date. If they don't, we recommend that Congress have an independent entity look at resources available and requirements to be satisfied in the DoD and VA health care and claims systems and develop a usable common iEHR system. Congress would then direct implementation throughout both agencies.

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 these Committees closely monitor the collaboration process to ensure these sharing projects actually improve access and quality of care for eligible beneficiaries. A word of caution, 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. The VA and DoD each have a lengthy and comprehensive history of agreeing to work on such projects, but follow-through is sometimes 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-Medicare Subvention. With a large percentage 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. *We urge these Committees to carefully study and consider supporting VA-Medicare Subvention.*

Wounded Warriors. Thousands of service members have been wounded in action over the past 14 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 with high

levels of funding support 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 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. *We are also 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.*

Other Health Care 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*

SUPPORTING VETERANS' CAREGIVERS

Thanks to the past work of these 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 surviving widow'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 widows 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 severely disabled Veterans or their families, regardless of where or when they served.

The service of our Veterans from previous wars, and the sacrifices of <u>their</u> caregivers, must be honored similarly, and we encourage Congress to pass legislation that expands caregiver benefits to Veterans of all eras. One of our members wrote to us,

"Just one year ago, [my sister] moved back in with my dad to become his full time caretaker. My dad is 100 percent, service-connected disabled. He has esophageal cancer, potentially service-connected to his Agent Orange exposure.

It isn't easy to be a caretaker for anyone, and even more difficult when the person you are caretaking is your parent. When that person also has a debilitating mental health disorder, like PTSD, the task is even more complicated. And when the health provider for that person is the Veteran's Affairs Health Program, the work of caretaking is especially challenging. My sister is a very good caretaker and my dad trusts only her to care for him.

My sister takes on this responsibility with rarely a complaint. She knows that if she weren't there to take care of him, we would have no choice but to put him in the Veteran's Convalescent Home. She knows that her contribution to our family means that I can keep my job and her nephews, my two sons, will not have their lives interrupted by my absence or the premature death of their "Grandpa Santa," as they call him. Still, she takes on this responsibility at a great sacrifice to her physical health, her mental health and her current and future work opportunities. The years she has spent as the caretaker of my parents will be time out of the workforce, not earning a wage, not paying into social security and accumulating a lifetime stress load that doctors say contributes to an early death. When my father dies, she will have a hole in her job history that will make it even more difficult to find work, even though she will have gained expertise that would be valuable in the very field that she has working in: caregiving.

My sister and other caregivers of disabled veterans should be paid for their work. Disabled veterans should not be forced into institutions when they can live in their own homes with the help of a caretaker. *Paying caretakers is not only the more humane way to treat disabled veterans and their families, it also supports America's bottom line because in-home caregivers reduce the costs of institutionalization. . .*"

This is just one example from among those of many selfless family members--caregivers who are carrying out a sacred mission in support of those impacted by their military service.

In 2010, Congress enacted the "Caregivers and Veterans Omnibus Health Services act which became Public Law 111-163. This law sought to provide comprehensive support for Veterans injured on or after 9/11. It is time to expand support for caregivers to all military service periods.

While the Congressional Budget Office (CBO) has indicated such an expansion will be expensive, *we ask these Committees to have the CBO do a cost-benefit-savings analysis considering the overall impact of this program, especially considering the savings resulting from comparing in-home caregiving versus care in a state-supported nursing home.*

For example, although CBO estimates such an expansion to the Veterans of all military service periods might cost up to $33,000 per primary caregiver per year on average, it does not weigh that against the accrued savings. VA, local community-based, and state-run nursing homes providing care to Veterans cost the American taxpayer considerably more. So, as indicated in the excerpt above, "*Paying caretakers is not only the more humane way to treat disabled veterans and their families, it also supports America's bottom line because in-home caregivers reduce the costs of institutionalization. . .*"

MILITARY-TO-VETERAN TRANSITION ASSISTANCE

As the members of these Committees know (and caused to happen), transition assistance training is now mandatory for those who leave military service. This is necessary to ensure the transition into society is as smooth as possible, and these Veterans are aware of and understand the programs available to them. The goal is to allow them to capitalize on the unique training and work ethic that came with their military careers. Transition assistance training rightfully includes employment, education, health care, how to obtain disability benefits, and available mental health services. The overall goal is to make them productive citizens. The curricula of these programs must be kept current and allow Veterans to exploit opportunities available to them. *We urge these Committees to fully support and work to fund these programs.* These programs should also steer those transitioning toward the ways they can use TAP resources in the future, after separation. Training provided to staff can make VA Centers the go-to places for Veterans to seek such support.

Of particular importance to enlisted Veterans, we want to emphasize the licensing and credentialing of Veterans, allowing Veterans to convert their military skills into civilian occupations. It must be remembered that enlisted (noncommissioned) members are far more likely to have gotten training in and served in non-transferable skill fields.

Accordingly, *Congress should ensure the Departments of Veterans Affairs and Defense work collaboratively to find ways to allow these military members to be successful and employable when they move into Veteran status.* While they are still in service, DoD should afford these servicemembers opportunities to get properly credentialed and provide education so that these soon-to-be Veterans understand the proper procedures/processes to make that happen.

For military members with health care job backgrounds, *we urge this Congress to support H.R. 1247, the "Improving Veterans Access to Quality Care Act," by Rep. Sam Graves of Missouri, and S. 297, the "Frontlines to Lifelines Act of 2015," by Senator Mark Kirk of*

Illinois. Both pieces of legislation would revive and expand the VA Intermediate Care Technician Pilot Program that facilitates the employment of Veterans straight from Active Duty without additional training or certification. This legislation would also give the VA the authority to quickly hire former DoD medical professionals by seamlessly transferring credentials between agencies. The VA Secretary has identified the need for more than 26,000 new VA health care providers. This legislation would help the VA meet its reported shortfall by increasing Intermediate Care Technicians and speeding up the transfer of other health care providers into the VA system from the Department of Defense.

AFSA encourages Congress to look at any and all options to expand civilian/state licensing and credentialing programs for service members in all possible occupational specialties. At a time when the DOD spends nearly $2 billion each year to finance Veteran unemployment benefits, exposing servicemembers to relevant credentialing opportunities while in uniform creates better trained military professionals, and allows these highly-trained professionals to more easily find jobs after leaving the military.

Tax Credits for Employers. One way to encourage employers to hire Veterans is the Work Opportunity Tax Credit (WOTC). This credit creates jobs and spurs growth. Currently, businesses are allowed to claim the WOTC against first-year wages by hiring qualified Veterans.

However, it is not applicable to members of the National Guard and Reserves, even though their deployments and other military commitments are vital to our national security and can be detrimental to their civilian employment situations. Tax credits for employers that hire Veterans are important incentives that help those who served to find and keep civilian jobs.

We urge these Committees to work to make the WOTC applicable to all Veterans and those currently serving in the Selected Reserve and to make this tax credit permanent.

CLAIMS ADJUDICATION PROCESS/APPEALS

We are all aware of the need to cut down on the inordinate number of long-term claims that are pending final resolution. However, while some progress has been made by the VA in reducing long-term claims, the backlog of pending appeals has risen considerably. This matter is a major issue—one that does a disservice to those who put it all on the line for this nation. Under the weight of budget cuts, most driven by sequestration, thousands of service members are being forced to separate, generating a new cadre of Veterans needing comprehensive VA health care and effective disability consideration.

Access to VA health care and compensation and pension benefits are the lifeline for many Veterans with significant disabilities, and eligibility for these programs 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. True, progress has been made—but much work remains. The communication we regularly get from our members is their perception of the VA's institutional approach is to "disapprove first" rather than to expeditiously and properly recognize and compensate for disabilities caused by military service.

We urge these Committees to support efforts to streamline the claims/adjudication process, capitalize to the maximum extent on digital technology, direct the elimination of the practice of returning claims based on relatively minor technicalities, and work to enhance the transparency of the process by stronger communication between the VA and the Veterans as the claims process unfolds. The overarching goal should include accountability, quality, and timeliness.

ENVIRONMENTAL ISSUES

The VA should be prepared and able to provide for the health care and compensation for the maladies of war. Fairly extensive recent media coverage has been focused on the need for the VA to compensate for burn pits, Agent Orange, Gulf War Illness, toxic herbicides in the Korean Demilitarized Zone (DMZ), and other environmental hazards that are were present during military service. *We urge these Committees to provide funding and continue to press the VA to treat and compensate for these conditions.* In this statement we will highlight one such situation and urge your support for Air Force Reservists:

C-123 Agent Orange Exposure for Air Force Reservists. Reserve Airmen who flew the C-123 Provider military cargo aircraft after the Vietnam War that were used during the War to drop the defoliant Agent Orange were exposed to that defoliant through residue left in those aircraft. It is estimated that over 2,000 Reserve crew members, flight nurses, and maintenance workers were exposed between 1972 and 1982 in missions using these former "spray birds."

During a Veterans Affairs hearing on the Senate side in late January, VA Secretary McDonald indicated that the VA, which had previously denied such claims, appears ready to change its mind in the wake of a January report from the Institute of Medicine concluding that C-123 Reservists were likely exposed to dangerous levels of dioxin, the toxic chemical in Agent Orange.

We urge these Committees to ensure that the VA recognize their obligation and be given the wherewithal to provide care and compensation for these C-123 Reserve crews.

Treatment of Descendants of Exposed Veterans. Like others, we call for more research on the health impact of toxic exposure of servicemembers on their progeny—

particularly in birth defects. Studies by the Institute of Medicine stated in a 2012 report, "the amount of research providing reliable information on the consequences of paternal exposure is extremely sparse not only for [Agent Orange] but also for the full array of environmental agents that may pose threats to the health of future generations." *We believe our government agent in this regard conducting research to find the truth, should rightfully be the VA. More research and accountability is warranted.*

Further, *we ask you to support legislation, such as the Toxic Exposure Research Act, that would establish a "national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces that are related to that exposure."* It would also "direct the [VA] Secretary to establish an advisory board to: (1) advise the national research center, (2) determine which health conditions in the descendants of individuals who were exposed to toxic substances while serving in the Armed Forces result from such exposure for purposes of determining those descendants' eligibility for VA medical care, and (3) study and evaluate claims of service-related exposure to toxic substances by current and former members of the Armed Forces." *We urge these committees to support this legislation and work toward its enactment.*

EDUCATION PROGRAMS

Post 9/11 GI Bill. Thanks to many of you who are currently on these Committees, 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 want to thank those on these Committees who supported the effort to require in-state tuition rates for state universities and colleges who serve GI Bill students. So, too, should Congress receive kudos for passing legislation to extend the Post-9/11 GI Bill through the "Gunnery Sergeant John D. Fry Scholarship Program" to the surviving spouses of those who died in the line of duty after September 10, 2001.

In addition, our members ask these Committees to consider other potential improvements to the Post 9/11 GI Bill including:

- *Allowing use of Post 9/11 benefits to cover other costs required in the pursuit of a degree;*
- *Expanding the VetSuccess On Campus program so that more Veterans can 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;*
- *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.*
- *Allowing Veterans to convert their GI Bill benefits into funds for starting, purchasing or expanding businesses—including the use of the value of the GI Bill for collateral for small business loans; and*
- *In collaboration with other Committees, work to authorize the Department of Education to fund Veteran education support centers on college campuses.*

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

HOMELESS VETERANS

The Administration's Department of Housing and Urban Development (HUD) reports the number of Veterans homeless on any given night is steadily decreasing. 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 those who have young children—many of them women Veterans because we understand their numbers are increasing. Another at risk group are younger vets—those who served in Iraq and Afghanistan because unemployment rates in this group are much higher than the National average. They go overseas and fight to defend our interest then return home—only to find out there are no jobs available for them. The number of younger homeless Veterans is increasing, constituting about 8.8 percent of all homeless Veterans.

The VA is taking decisive action to end Veteran homelessness by the end of this year, and it is clear their efforts are having a positive effect on this problem. Thanks to your determination, the VA has more resources to provide 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 assisting homeless Veterans in returning to competitive employment: Sheltered Workshop, Transitional Work, and Supported Employment.

Veterans in CWT are paid at least the highest of either federal or state minimum wage. The Homeless Veteran Supported Employment Program (HVSEP) provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes for 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 tens of thousands of "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. 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. VBA's Acquired Property Sales for Homeless Providers makes all of the properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on the market.

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 nation-wide, this program and others like it are helping to meet the health care needs of our homeless Veterans.

More can be done and will be needed if we truly hope to eradicate the Nation's homeless Veterans once and for all. *The most effective programs for homeless and at-risk Veterans appear to be community-based, nonprofit, "Veterans helping Veterans" groups and greater focus needs to be placed on expanding these opportunities.* Veterans who participate in these types of collaborative programs are afforded more services and have higher chances of becoming tax-paying, productive citizens again. More can be done and will be needed if we truly hope to eradicate the Nations homeless program once and for all.

MISCELLANEOUS MATTERS

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. In accordance with current law, retirees with 50 percent or greater disabilities now receive their full retired pay and VA disability compensation. 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.

Currently three bills are pending in the 114th Congress to address this issue. They are: H.R. 303, H.R. 333, and S. 271 by Rep. Gus Bilirakis, R-Fla.; Rep. Sanford Bishop, D-Ga.; and Sen. Harry Reid, D-Nev., respectively. We understand the issue of Concurrent Receipt actually falls under the purview of the Armed Services Committees since the VA already pays its full share, while it is DoD that imposes the dollar-for-dollar reduction in retirement pay. However, this issue is so closely linked with the efforts of these Committees, *I urge you to support full Concurrent Receipt for these disabled Veterans who also happen to be military retirees.*

Protect VA Disability Compensation during Divorce Settlements. Despite being clearly stated in law, Veterans' disability compensation has become an easy target for former spouses and lawyers seeking money. Courts have, in some cases, allowed this 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 prohibition to specifically preclude the award of VA disability dollars to former spouses or third parties during civil proceedings.*

SUPPORT OF SURVIVORS

SBP/DIC Offset. *We challenge the members of these Committees to work with your colleagues on the House and Senate Armed Services Committees to end the SBP-DIC offset this year.* We endorse the view that surviving spouses with military Survivor Benefit Plan (SBP) annuities should be able to concurrently receive earned SBP benefits and dependency and indemnity compensation (DIC) payments related to their sponsor's service-connected death. In multiple Congresses, a majority of House and Senate members acknowledged they share the view, but a solution continues to elude us. Even in a budget-constrained environment, fair treatment for survivors of Veterans who gave their lives for their country must be considered a funding priority. Again, for the same reason as in the Concurrent Receipt issue, the actual fix falls within the jurisdiction of the Armed Services Committees. However, the survivors of these Veterans who are entitled to both DIC and SBP deserve all of our support.

Remarriage Provision. With current military deployments and increasing casualties, it is imperative 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.*

Dependency and Indemnity Compensation (DIC) Value Equity. DIC, which is paid to survivors of those who paid the ultimate sacrifice, is set at a flat rate for all. *AFSA believes DIC rates should be established at 55 percent of the compensation paid to 100 percent service-disabled Veterans, placing them on equal footing with the survivors of disabled civil service employees.*

CONCLUSION

Chairmen Isakson and Miller, and Committee members, 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 2016 Budget. We realize 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, like you, we feel it is entirely appropriate this nation provide quality health care and appropriate benefit programs to properly recognize the devotion, sacrifice, and service of our nation's Veterans.

We sincerely believe the work of your Committees is among the most important that will take place on the Hill this year. These two Committees have historically 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.

(End)