

Charlie L. Flowers, National President, THE RETIRED ENLISTED ASSOCIATION

TESTIMONY OF

Charlie L. Flowers Air Force (Ret)

National President

Of

THE RETIRED ENLISTED ASSOCIATION

Before a

JOINT HEARING

Of the

HOUSE and SENATE VETERANS AFFAIRS COMMITTEES

On

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Chairmen Akaka and Filner, Ranking members Burr and Buyer and distinguished members of both Committees: It is an honor for me to speak before this Joint Committee hearing about the concerns and needs of the America's veterans, their families and survivors.

The Retired Enlisted Association is a Veterans Service Organization founded over 45 years ago to represent the needs and points of view of enlisted men and women who have dedicated their lives and careers to serving in all the branches of the United States Armed Services: active duty, National Guard and Reserves, as well as the members who are doing so today.

At this time over 130,000 enlisted members of the military are still serving in War Zones or in areas that could suddenly turn into War Zones. They are risking both life, limb and sometimes their psychological health to preserve our Nation's liberties, independence and security. When they return home they must be given both the honor and practical help that they have earned and deserve. And their families and survivors deserve the help, support and protection that their loved ones expected and the United States owes.

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

Before we focus on our goals for this year we must stop and thank your Committees for the great successes we had last year. Both the Advanced Funding for VA healthcare and the stand- up of the Post 9/11 GI Bill were amazing successes that would not have been imagined 5 years ago.

Thank you.

NATIONAL HEALTH CARE REFORM AND VA HEALTH CARE

Today, if you were to ask the average TREA member what his or her greatest worry about their earned military benefits was he or she would surely say National Health Care Reform. The single most important thing your Committees could do for Military Retirees and Veterans is to make

sure that whatever finally happens concerning national health care reform the VA health care and TRICARE systems are not integrated into the final law. It is also crucial that the two programs are not combined together. VA health care and TRICARE are two very different programs with different purposes, different focuses, and different populations served. They are also programs that are doing a very good job. It should be allowed to continue without disruption.

It is also critical to all veterans that there will be no taxes placed on this benefit earned through their years of service to the nation. WE are sure you will do all in your power to assure that veterans in the VA system will have no lessening of access to care.

TREA urges your Committees and Congress to guarantee that whatever the final results of national health care reform VA health care (and TRICARE) will not be integrated into the final civilian health care law either now or in the future and that Military Veterans and Retirees will not be subject to any additional taxes for using or being qualified for either program.

## VA CLAIMS BACKLOG AND ADJUDICATION IMPROVEMENT

Since I have been President of TREA and have had the honor of testifying before your Committees I have focused regularly on the need to improve the VA's adjudication process. And that is my intention again. TREA is well aware that both your Committees are focused on this problem. Indeed this afternoon TREA will have the honor of participating in a Summit on this subject organized by Chairman Filner. But we still need to look at some dramatic and worrisome facts:

The backlog is growing- It is clear that the VA has been trying to get a handle on this problem but even with all their efforts they have not been successful. It has been dramatically (and correctly) reported in the media the backlog of pending applications has reached 1,000,000 and now beyond. Even with the recently hired 1600 additional claims workers in place as of January, 2010 466,985 claims for disability compensation and pension claims are pending with over 37% pending for more than the 125 days that the VBA has made their goal

The decisions are not only slow; they are inaccurate- A Department of Veterans Affairs Inspector General's report (dated March 2009) found that 22% of all veterans' claims for disability were decided incorrectly in the 12 month period studied. That means that during that year 200,000 veterans received incorrect disability decisions!

TREA is very pleased that the Administration has requested \$2.15 billion (an increase of 27% over this year) to pay to process claims for all of the VA's programs. This proposal includes hiring 4,000 new claims personnel ( the 1,600 who are already hired with Stimulus money would become permanent) However much of these new people's time will be taken up with adjudicating (1) the 200,000 new claims expected in the next 2 years due to the VA's admirable finding that 3 additional diseases: Parkinson's disease, ischemic heart disease and B-cell leukemia are "presumptive service connected" if the service member was exposed to Agent Orange due to service in the Vietnam War and (2) additional claims while shaking out the stand up of the "Post 9/11 GI bill. Thus there will be many fewer new claims adjusters to deal with our present dramatic backlog than an initial glance would indicate.

Additionally it is clear that more veterans are filing for benefits than during earlier conflicts. This is a very good thing; and may show that the VA's, Congress's and the VSO community's attempts to educate service members as to their rights and benefits has been succeeding. However, it obviously also means that there will be even more claims needing to be decided and decided correctly. As of the end of 2008, 945,000 OEF/OIF veterans have separated from the military

and over 400,000 of those vets have sought VA medical care and many of them are also submitting disability claims.

Additionally, many of the claims are getting more and more complex. Due to great improvements in battlefield medicine our troops are suffering the lowest death rate in the history of warfare. This is a great thing and an amazing accomplishment. Unfortunately, this means that many of our troops are suffering multiple or dramatically severe injuries that would have been fatal in the past. So these are cases that are complicated and critical to handle quickly and correctly. Cases may include PTSD and TBI diagnosis or questions of environmental exposures and other complicated fact patterns. So the new claims personnel that are hired must be skilled, dedicated and well trained. They must be properly supervised. And the training must be continually updated.

The VA's adjudication systems must also be updated and improved both in matters of IT and in the procedures and methods themselves. TREA was very pleased to see last week that VA Secretary Shinseki announced that the VA would be contracting in the next few months with an outside private corporation to develop an improved system for adjudicating the 3 new presumptive Agent Orange disease claims. This should be a perfect test case. There will be no need to develop a causal relationship with the veteran's particular service in the Vietnam War and the developed illness. Once relevant time and place of service and illness is proven it should be a simple case. And clear fact based cases are where new systems should be tested. If this works well the improvements should be applied throughout the system.

TREA also hopes that your Committees will urge the VA to modify its clumsy, cumbersome 23 paper page initial application. Improving this feature could speed up the process tremendously. While a veteran is waiting for a disability decision to be made he or she must continue to keep body and soul together; as well as support a family and hopefully start a new life or continue a productive one. It is crucial for all returning veterans, as well as those who served in the past, to have their claims quickly and correctly adjudicated. It is also critical for the faith of all Americans in our system that this problem finally be solved. There has not been the consistency of outcomes throughout the Country that is essential for a system of adjudication to be fair and to be seen to be fair. The VA has stated that it is developing a plan to monitor consistency of decisions across regional offices. We appreciate their efforts. However more work needs to be done to correct these problems. TREA knows that all members of your Committees are extremely concerned about this continuing back log and inconsistency of decision making. Hopefully, correcting this problem will remain a top priority of the VA.

TREA urges Congress and most particularly your Committees to make sure that the newly hired adjudicators are of the highest caliber.

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

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

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

VA HEALTH CARE

Before speaking of any health care goals for this year I wish to thank you on behalf of all the members of TREA for the fact that this year there has been no increases in VA healthcare enrollment fees or drug co-pays. We are pleased and relieved to see that the President is not proposing any increases again for FY2011. Particularly in these economic times this is crucial to our members and to veterans throughout the country. We hope you will keep a vigilant eye as the budget travels through Congress to make sure that there are no increases at the end of the fiscal year. TREA additionally wishes to thank you for the increasing funding in the last several years for VA health care. And finally, we also must thank you (and the Administration) for the passage and implementation of the Advanced Funding for VA health care. With the advanced funding implementation the VA can have the time to properly study and plan for the improvement of this vast and crucial health care system.

The increases show that Congress recognizes the huge job the VA has in running this system. All of us acknowledge the vast improvements in quality of care the VA has achieved in the last several years. Last year the VA provided health care to over 5.5 million veterans of the 7.7 million veterans enrolled at the VA. It does that by running 153 medical centers and 730+ outpatient clinics. This system structure is providing both amazing growth and increasing convenience for those who served and protected our country. The quality of care has become better and better and the VA's specialty health care services- spinal cord injuries, prosthetics and treatment for the blind- are among the best in the world. We urge you to upgrade and increase the polytrauma centers and specialty care institutions that are providing this world class care. Additionally, the VA provides superb medical training for most of the Medical Doctors in this country.

But we all know that more is going to be asked of the system this year. When the economy is down as much as ours now is it is expected that more people who are presently enrolled in the VA will look towards it for his or her care. TREA is very pleased that the Priority Group 8 enrollment was reopened last year after 6 closed years. We are also pleased that the enrollment is expanding this year. It is crucial that while this is happening that Congress makes sure that enough money is appropriated so that waiting times will not be increased for veterans in all priority groups due to adding these new patients.

It should be noted that over 40% of the veterans returning from OEF/OIF taking advantage of the open access VA health care program. If a veteran enrolls in the program and uses it he or she will continue to qualify for future VA healthcare. So here is another group of beneficiaries who are not likely to decrease in the future and should be remembered when decisions are being made. TREA urges you and the VA to particularly focus on the medical needs of women veterans. For years numerous people have urged the VA to remember that there were more and more women veterans for them to serve.. And now the crucial time has arrived. There are now over 1.8 million women veterans in the United States and almost 900,000 are enrolled in VA health care.

Furthermore, the majority of new enrollees is young and still of child bearing age. It is urgent that the House and Senate come to some agreement as to what part of the pending bills to deal with women veteran's health care (including S1963, HR 3155, HR1211,HR2770,HR1293 will be combined AND PASSED.

TREA firmly believes that the VA must continue to focus on the health care that is being provided for all those veterans coming home from Iraq and Afghanistan, and that sufficient planning, coordination and money must be provided to guarantee the best care in the world for our veterans from both the VA and DOD. Once again we must focus this year on the need to have a seamless transition from DOD to the VA (please see below). This coordination is clearly crucial

in order to provide for our heroes' needs as well as for VA's future fiscal planning. TREA hopes and expects that Congress will carefully oversee the future funding levels (and necessary increases) and coordination of care among these many crucial programs.

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

And for older Veterans there will be an ever growing growing need for nursing home care. The demographics of many of our elderly veterans require the VA to focus on this urgent issue. The financial losses that many American families are experiencing will naturally cause them to look to VA and State programs for help in caring for their loved ones. The VA's partnership and support with state veteran nursing homes is one step forward. But more must be done. The per diem paid by the VA should be increased. And while providing care for elderly veterans the VA should be allowed to do what all other qualified American providers are allowed to do: collect from Medicare. These Veterans have paid for their Medicare coverage throughout their careers. The VA should be allowed to become a Medicare provider and collect appropriate fees. We hope that next year will be the time when this may finally happen.

TREA urges Congress to exercise your oversight to make sure that VA's crucial healthcare programs are adequately funded throughout the next budgetary year including adequate funding for the new Priority Group 8 enrollees

TREA urges Congress to focus on the particular medical needs of women veterans and assure that the VA focuses on this growing group's special needs.

TREA urges Congress to grant the additional funding needed to increase the number of polytrauma and specialty care institutions.

TREA urges Congress to pass an increase in the per diem paid by the VA to state nursing homes to provide care and comfort to our aging veterans.

TREA urges Congress to support legislation to allow the VA to become a Medicare provider.

#### DOD-VA COLLABORATION/SEAMLESS TRANSITION

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

TREA hopes that this is the year that we finally have a single separation physical between DoD

and the VA and that finally we finish the development of a “bi-directional” (information can be added in either direction) electronic medical record throughout DoD and the VA. Both Departments must create an electronic health care record that all TRICARE and VA health care patients can carry with them wherever they are throughout the world for their entire lives (and not place paper medical files on the stretchers with injured service members being evacuated out of war zones as is still going on today.). Your Committees’ interest and supervision has been crucial to getting as far as we have. With your continued interest and expertise we can move forward. TREA hopes your Committees will continue to monitor the necessary improvements in the programs supporting the transition service member’s from DOD to the VA jurisdiction.

#### AGENT ORANGE AND BOOTS ON THE GROUND

TREA is very grateful that Chairman Filner of California has taken on the problem of presumptions of Agent Orange exposure in Vietnam and the “boots on the ground” interpretation. His HR 2254 “Agent Orange Equity Act of 2009” would apply the presumption of service connection to diseases due to the exposure to Agent Orange while serving in Vietnam to include the inland waterways, ports and harbors, waters offshore and airspace above, to those who served on Johnston Island from April 1, 1972-september 30, 1977 or a veteran who received the Vietnam service Medal or the Vietnam Campaign Medal. His HR2254 has 249 co-sponsors while the new companion bill S1939 sponsored by Senator Kirsten Gillibrand’s of New York S1939 has 15 co-sponsors. This would end the unfair denial of service connected disability to numerous Navy veterans suffering from these terrible diseases and finally give them the help and acknowledgment they deserve.

TREA urges Congress to pass HR 2254 and S1939 and finally aid numerous brave Vietnam Veterans suffering from these terrible service connected diseases.

#### IMPROVEMENTS IN EDUCATION BENEFITS

What a pleasure it is to say that the “Post 9/11 Veterans Educational Assistance Act of 2008” is up and running. It is one of the greatest veterans benefits enacted since World War II. The 20% increase in MGIB education benefits has already been a huge benefit for hundreds of thousand veterans. Thank you so much

It is time to reinstitute the ratio between the Montgomery GI Bill’s benefits and the Selected Reserve MGIB. Historically, the Ratio between MGIB benefits and their Selected Reserve MGIB (10 USC Chapter 1606) benefits was 100%/47%. But it has plummeted to 100%/24.9%!! It is important for Congress to correct the growing benefit gap between the Active Duty Montgomery GI Bill and the National Guard and Reserve Montgomery GI Bill as soon as possible. The military is dependent on the members of the Guard and Reserve to carry out their mission. They must be treated fairly. TREA urges you to reinstitute the 47% ration. That would raise the current \$329 per month to \$621-\$660 a month for full time study.

We also strongly urge you include the “Survivors and Dependents Education Program” (DEA) under 38 USC Chapter 35 in last year’s improvement. Specifically we call for these benefits to be increased the 20% that the MGIB benefits were increased. The Chapter 35 program should also include both a housing allowance and book a stipend similar to the stipend provided in the Post 9/11 GI Bill. It is also vitally important that the program for survivors and dependents finally be connected with the MGIB and the Webb GI bill so that future enacted improvements in those

programs will automatically be applied to Chapter 35. Otherwise we will need to continue to revisit the Survivor's program a year or two after an educational benefit is implemented in either of those 2 programs. TREA also strongly urges Congress to allow Widows or Widowers who are also active duty service members to use their DEA benefits without being forced to separate from the active service and to retain their own Post 9/11 GI Bill qualification..

TREA also hopes that at long last Congress will end the \$1,200 MGIB enrollment fee. When a new recruit enters the military he or she is still required to pay \$1,200 from their pay to establish future eligibility for the Montgomery GI Bill. He or she is being required to make this decision when they are in basic training and have a great many new concerns and worries. With the creation of the new Post 9/11 GI Bill the decision becomes even more difficult. Do I want to go to a 4 year college under the Post 9/11 GI Bill (and thus do not need to pay the \$1200) or will I want to have courses in training for a specific job or apprenticeship (and thus will need to be in the Montgomery GI Program.) If they make the wrong decision they can never correct it. They cannot enroll later. All those who serve honorably should qualify for this benefit. It is time that we abolish this burdensome requirement.

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

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

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

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

## SURVIVORS BENEFITS

Every day during this war on terror, wives, husbands, children, and parents are becoming survivors of our service members. We are losing members of the military every week. (Indeed even in peace time we lose an average of 1,500 Service members a year on active duty. The military is always a very dangerous avocation.) As Lincoln memorably told us in his Second Inaugural Address we, as a Nation, have a duty to take care of his "widow and orphan." In the last few years we have made great improvements in the benefits and help we provide for the families who are suffering terrible loses in the present wars. TREA wishes to thank Congress once again for these improvements. However there is still work to be done most importantly with a serious failing that has again and again fallen through the cracks.

Once again TREA is urging Congress to both end the unfair SBP/DIC offset and to make DIC equal to other federal survivor programs.

Directly under your Committees' jurisdiction HR2243 would set DIC flat payments at 55% of the VA's 100% service connected disability amount. Last year a GAO report "Military and Veterans' Benefits" (GAO 10-62) stated "DIC payments are almost always less than workers' compensation payments for survivors of federal employees who die as a result of job-related injuries" This would be a fair and rational way to set the DIC level. We hope that this bill will be passed before its original sponsor, Representative Buyer of Indiana, retires from Congress.

TREA is also hopeful that this is the year Congress will abolish the SBP/DIC offset. We know

that the Armed Services Committees have primary jurisdiction over this policy question. (Since DoD gets the benefit of the offset) However we still must mention that with Senator Bill Nelson's of Florida S535 now having 55 co-sponsors and Representative Solomon Ortiz's of Texas HR775 having 234 co-sponsors it is clear that a majority of both Houses of Congress believe that the offset should be ended. Additionally, the Congressionally created Veterans Disability Benefits Commission recommended the immediate elimination of the SBP/DIC offset. With your acknowledged expertise and concern for survivors TREA hopes that you can convince your colleagues to end this injustice.

Two years ago Congress provided a first tentative step in ending this unfair and unwise offset. You provided a \$50 a month payment for those widows/widowers who are affected by the offset. Then \$60. Then \$70. The credit will slowly increase throughout the years and then... disappear. No matter how well intended this payment was it does not solve the problem

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

The offset takes a dollar from the SBP payment for every dollar the widow receives from DIC. Each payment covers a different purpose and should be treated separately. The DIC is a special indemnity (compensation or insurance) payment that is paid by the Department of Veterans Affairs (VA) to the survivor when the servicemember's service causes his or her death. Since It is a flat rate payment of \$1067 for the surviving spouse and \$265 for each surviving child. The SPB annuity, paid by the Department of Defense reflects the longevity of the service of the military member. It is ordinarily calculated at 55% of retired pay. Military retirees who elect SPB pay a portion of their retired pay to ensure that their family has a guaranteed income should the retiree die. If that retiree dies due to a service connected disability, their survivor becomes eligible for DIC.

SBP is a purchased annuity, an earned employee benefit. This is a retirement plan. As stated above it takes into account longevity of service. The vast percentage of the affected families served a full career in the military (because we all know that the whole family is part of a service member's career.) This is part of the retirement package. Even the name of the Dependency Indemnity Compensation's (DIC) name makes clear that it was created for a very different reason. It is an indemnity program to compensate a family for the loss of a loved one due to his or her military service. Again, they are different programs created to fill different purposes and needs. The survivor does receive a taxable pro-rated share of the paid SBP premiums back without interest in a lump sum. But that cannot make up for the cost and difficulty paying those premiums all those years of retirement caused. If a disabled veteran earns a civilian pension as a federal civil servant the family will never lose either their survivor payment or their DIC to any offset. The service member did what he could to provide for his spouse. This is behavior the Federal Government wishes to encourage. This offset makes his attempts a failure. The offset should be abolished. Again, S535 and HR775 would completely end this unfair offset. We hope that this is the year when we correct this problem. TREA hopes that the members of both VA Committees will support the bills.

Finally, we hope that you will all support Representative Gus Bilirakis' of Florida HR 809 and allow survivors to retain DIC if they remarry at the age of 55 or older. TREA is very grateful that has once again taken on this cause. At this time the age for retention of DIC is 57. Most federal

survivor programs allow retention after remarriage of a survivor benefit if the survivor is at least 55 years old. Indeed, the age to retain CHAMPVA upon remarriage is the normal federal program age of 55. The difference is because the two benefits were reinstated in different years and during different Congressional negotiations. There are no policy reasons for this awkward and unequal distinction and we hope that this year it can finally be corrected.

TREA urges Congress to increase the basic DIC payment to reflect the normal ratio of 55% among indemnity programs throughout the federal government.

TREA urges Congress to finally completely end the SBP/DIC dollar for dollar offset.

TREA urges Congress to increase the basic DIC payment to reflect the normal ratio among indemnity programs throughout the federal government.

TREA urges Congress to support the passage of HR704 and allow surviving spouses to retain their DIC if they remarry after reaching the age of 55.

## THE NON-VETERAN MILITARY RETIREE

TREA likes to say that all Military Retirees are Veterans but all Veterans are not retirees. However, that is not totally correct. While it is true for the vast sum of Military retirees one group is left out. Guard and Reserve retirees who have served honorably for 20 or more years but have not been called up for at least 180 consecutive days of federal active duty do not qualify as veterans under the current law. (Active Duty for training does not qualify a member for Veterans status) This is true although they were always required to be prepared to be activated during their 20 years or more of service. Indeed, they may have served a great deal of time under state orders- but they are not designated veterans. With the dramatic changes in how we are using the Guard and Reserve the percentage of retirees in this situation is dropping and will continue to drop. Still, this is an anomaly that needs to be corrected. These Military Retirees should be allowed the honor of the designation of “veterans of the Armed Forces of the United States. “

Representative Timothy Walz’s of Minnesota HR 3787 and Senator Blanche Lincoln’s of Arkansas S1780 would make this happen.

They are indeed Military retirees and are eligible to receive active duty retiree benefits when they reach 60 years of age. They are qualified to receive military retirement pay after reaching 60 years of age. They qualify for TRICARE after reaching 60. They have unlimited use of the Commissaries and Exchanges during and after their service. (They have full use of the Commissaries/Exchanges when they are what we all call Grey Area Retirees before they turn 60 years old.) They are total Military Retirees. Additionally, these dedicated members of the National Guard and Reserve already qualify for some Veterans benefits. These include: (1) eligibility to participate in the VA home loan program if one serves for at least six years of honorable service; (2) VA burial and memorial benefits if the retiree is entitled to retired pay at the time of his or her death; and (3) eligibility to SGLI and VGLI.

The members who fit into this situation by definition would not qualify for a VA disability rating and thus would not qualify for a disability payment or health care. Most would have civilian health care insurance and once they turned 60 they would qualify for TRICARE. So the change should not result in increased costs or increased benefits.

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

These non-retiree veterans are calling for this change for the recognition and honor-- not any increase in benefits. They wish to be termed “veterans of the Armed Forces of the United States”. They volunteered to serve, served honorably, and were prepared to serve on active duty if called. TREA firmly believes that a career of military service in the reserve forces of our nation should constitute qualification for veteran status under the law.

TREA urges Congress to pass HR3787 and S1780 and thus modify Title 38 to define members of the Guard and Reserve who have served 20 or more years but who have not been activated for over 180 days as Veterans.

## CONCLUSION

TREA wishes to thank the Senate and House Committees on Veteran Affairs for the honor of testifying before you once again. We are grateful for the opportunity to speak of our concerns and legislative goals. We are also grateful for the opportunity of working with you and your terrific staffs throughout the year.

The VA is a crucial institution for helping to preserve our Nation’s freedoms by serving those who protect all from danger. TREA knows that it is a heavy burden for the members of both Committees to take on the oversight duties for such a huge, far flung, and critical Government Department. We know that you will do all in your power to assure that once again adequate and timely funding is provided for health care, that improvements are made in case adjudication and that the Veterans and their families and survivors who have given so much to preserve this Union are provided the help they need and deserve. Again thank you for your attention and I would be happy to try and answer any of your questions.