

JOINT HEARING TO RECEIVE LEGISLATIVE PRESENTATION OF MULTIPLE VETERAN SERVICE ORGANIZATIONS (VSOs)

JOINT HEARING
OF THE
COMMITTEE ON VETERANS' AFFAIRS
BEFORE THE
U.S. HOUSE OF REPRESENTATIVES
AND THE
U.S. SENATE
ONE HUNDRED THIRTEENTH CONGRESS
FIRST SESSION

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**JOINT HEARING TO RECEIVE LEGISLATIVE
PRESENTATION OF MULTIPLE VETERAN
SERVICE ORGANIZATIONS (VSOs)**

Wednesday, March 6, 2013

U.S. HOUSE OF REPRESENTATIVES,
AND U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

The Committees met, pursuant to notice, at 10:01 a.m., in Room 345, Cannon House Office Building, Hon. Jeff Miller, [Chairman of the Committee] presiding.

Present from House Committee on Veterans' Affairs: Representatives Miller, Bilirakis, Coffman, Cook, Michaud, Brownley, Ruiz, McLeod, O'Rourke, and Walz.

Present from Senate Committee on Veterans' Affairs: Senators Sanders, and Boozman.

OPENING STATEMENT OF CHAIRMAN JEFF MILLER

The CHAIRMAN. This hearing will come to order.

Good morning, everybody. Thank you for making the trip in. We appreciate you being here today.

It is my distinct privilege to welcome you to the joint hearing of both the House and the Senate Veterans' Affairs Committees to receive presentation on the legislative agendas of AMVETS, the Air Force Sergeants Association, Paralyzed Veterans of America, Jewish War Veterans, Gold Star Wives, the Fleet Reserve, Vietnam Veterans of America, the National Association of State Directors of Veterans Affairs, and the National Guard Association of the United States.

I think, everybody, that these groups represent what is truly great about the veteran community. The veterans and their families, no matter what generation, branch of service, or weather that may be out there, will continue to tend to the needs of their fellow Americans who have served.

We are joined today here by Chairman Sanders, Ranking Member Michaud, and I believe Mr. Boozman will be here momentarily. I did see him earlier this morning. We have Committee Members from both sides of the House and the Senate.

In the interest of time and the tradition in keeping with the tradition of this joint hearing, I would say that myself and the Senator as well as the Ranking Members will give opening statements and then we will ask all other Members if they would waive their statements for the record.

Of course, there is always an opportunity to add those statements into the testimony today. Hearing no objection, so ordered.

I want to welcome the members of each organization's auxiliary and thank you so much for your hard work in front and behind the scenes of your organization. We appreciate your service to our country and your service to your fellow veterans.

I would like to ask if there is anybody here from Florida. If you are here from Florida—I know one, two, three. This is not snow, is it? You guys, this is nothing. You thought it was going to be something. We are glad to have all of you here with us today. On behalf of all your neighbors in the sunshine state, I want to thank you for your service and your sacrifice.

These Committees with your help worked hard in the 112th Congress to ensure that the commitment America has made to its veterans remains strong. And, again, in the 113th Congress, we will look to you and your organizations to help address the problems facing America's veterans.

Together we reduced veteran unemployment and created new programs aimed at providing veterans 21st century job skills. We have vigilantly conducted oversight into all areas of the Department of Veterans Affairs in order to keep our veterans safe and to maximize the care that they receive.

And in these difficult fiscal times, there is no excuse for the waste of funds that have been allocated to taking care of America's veterans.

While these Committees have worked hard to ensure that the sequester does not impact VA, we must continue to work to ensure that our Nation's veterans receive the care that they deserve and the care that they have earned.

Given the uncertain budget process, Ranking Member Michaud and I introduced H.R. 813, Putting Veterans' Funding First Act of 2013. This bill will require Congress to fully fund the Department of Veterans Affairs' discretionary budget a year ahead of schedule, ensuring that all VA services will have timely and predictable funding.

While every one of your organizations has a unique set of legislative priorities, you also share a common goal, one that we on these Committees share with you, and that is providing nothing short of the best for our veterans, their families, and their survivors who have shared in their sacrifice.

In times like these, the work of organizations like yours has never been more important. And, again, I say thank you.

I now yield five minutes to my friend and colleague from the Senate, Chairman Bernie Sanders, for his opening statement.

[THE PREPARED STATEMENT OF CHAIRMAN MILLER APPEARS IN THE APPENDIX]

OPENING STATEMENT OF SENATOR BERNARD SANDERS

Senator SANDERS. Chairman, thank you very much.

And let me thank all of you who are here and thank you, not only for your service to our country and your sacrifices that you and your families made, but also the important role that your organizations are playing in helping us understand what the problems are out there so that we can address them.

No matter how well intentioned we may be, and I think we have two very good Committees here, we cannot do our jobs unless we are continuously in touch from you and getting feedback from you because you are on the ground and your people are accessing services and know what the problems are.

So thanks for being here and we continue to look forward to working with you.

I think we all recognize that the VA does a lot of things well. It is easy to criticize, but they also do a lot of things well. In terms of patient satisfaction year after year, actually the VA is at the very top of the list in terms of how folks feel about the quality of health care that they are getting.

I think a lot of that has to do with the very fine staff that we have all over this country providing services to our veterans. And many of those staff, of course, are veterans themselves.

One of the issues that I am working hard on deals with budgetary matters. Chairman Miller raised appropriate enough our concern to make sure that the VA remains adequately funded now and into the future.

There is an immediate concern that I want to mention to you and that is the so-called chained CPI. Some of you may be aware of it. Some of you may not. It is a theory being postulated, adopted by a number of people here in Congress, that says that the benefits that disabled veterans are getting have been too generous historically and that includes people on Social Security as well.

The result if that so-called chained CPI were to go into effect would mean that veterans who started receiving VA disability benefits at age 30 would have their benefits reduced by \$1,425 at age 45, \$2,300 at age 55, and \$3,200 at age 65.

That is the reality. It does not get a lot of discussion. It is kind of an inside the beltway process. I hope that you will join me and many others in saying we do not balance the budget on the backs of disabled veterans.

In general, there are a number of other issues that are out there. The claims backlog remains a very, very serious issue. We are going to be doing a hearing on this next week.

The good news is that the VA is now actually processing a lot more claims than they used to. People do not know this. The bad news is that they are not keeping up with the claims that are coming in. A lot of that has to do with opening up the doors, appropriately so, for more people, Agent Orange and so forth.

So we want the doors to remain open. We want veterans to be able to get the benefits to which they are entitled, but obviously, obviously, we need the VA to expedite their transformation process, their IT system so that in a timely way, veterans are getting all of the benefits that they are entitled to.

Another issue out there that we will be working on is the tragedy of the high rate of suicides within the veterans' community. It is a complicated issue. I do not think anyone knows the magic answer. I do not think there is a magic bullet out there, but we have got to address this issue in a serious way and we intend to do that.

Not unrelated to that, as you all know, is the very serious problems our young men and women are having coming back from Afghanistan and Iraq with PTSD and TBI, again very serious prob-

lems that the VA is making an intelligent effort to go forward, but we need to do more with that.

One of my passions ever since I was in the House from Vermont is the issue of outreach. And that has to do with the fact that no matter how good a program may be, it is not any good at all if a veteran does not know about that program. And I suspect that there are millions of veterans out there who do not know about the benefits to which they are entitled and the services which they can access.

One of the transformations in the military in recent years has been the fact that more and more women are now in the military. More and more women are now veterans. How do we make sure that we take care of the specific health care and other needs of women veterans? That is an issue that we are going to work on and that deals also with the issue of sexual trauma, et cetera, et cetera.

So there is a lot on our table. And I believe that in a time of political contentiousness, and you all know what is going on here in Washington, I believe you are going to see these two Committees, the Committee in the House and the Committee in the Senate, work intelligently in a nonpartisan way to address the very, very serious issues facing our veterans.

And we look forward to working with you and we thank you again so much for your contributions to our country.

Thank you, Mr. Chairman.

The CHAIRMAN. Now, the Ranking Member of the House Committee on Veterans' Affairs, Mike Michaud.

Mike.

OPENING STATEMENT OF HON. MICHAEL MICHAUD

Mr. MICHAUD. Thank you very much, Mr. Chairman.

I welcome all the members and leadership of the Veteran Service Organizations attending today's joint hearing. I appreciate your coming here today. It is great to see so many important organizations here and I look forward to hearing your testimony.

Our Nation has a "sacred trust" with all veterans and their families, a national promise to care for and stand up for those who have served and sacrificed, the VSOs represented here today help to ensure that the most important issues facing America's veterans and their families remain at the center of the national stage. You fulfill a vital role in the "community of support" America provides our national heroes. I appreciate that very much.

Mr. Chairman, in order so we can get all the testimony in before the votes today, I would ask unanimous consent that the remainder of my remarks be entered into the record.

The CHAIRMAN. Without objection.

Mr. MICHAUD. Thank you.

[THE PREPARED STATEMENT OF HON. MICHAEL MICHAUD APPEARS IN THE APPENDIX ---???)

The CHAIRMAN. Thank you very much.

The CHAIRMAN. And when Senator Boozman comes, I will ask him if he would do the same.

The Senate has votes at 10:30 and the House is going to have votes at 11:00 or 11:30, but we will continue with the hearing.

I want to first welcome everybody to the table this morning. The first witness that we are going to hear from, and I will introduce everybody and then we will proceed down, and my order may be a little bit out, but if you would just proceed afterwards, Cleve Geer, National Commander of AMVETS.

Thank you, sir.

Chief Master Sergeant, retired, United States Air Force, Doc McCauslin, Chief Executive Officer of the Air Force Sergeants Association.

Doc, good to see you, sir.

Bill Lawson, President of the Paralyzed Veterans of America. This is where we may have a little bit of a flip. Next is the Commander Sheldon Ohren of the Jewish War Veterans.

Sir, welcome.

Next we will hear from Dr. Vivianne Wersel of the Gold Star Wives. Next we would like to extend a special welcome to Mark Kilgore, National President of the Fleet Reserve Association. Mr. Kilgore is a resident of Pensacola which is in my district in the panhandle of Florida.

Started off by saying go Seminoles this morning. I am a Florida Gator, so I have cut your time in half.

Then we will hear from John Rowan, National President of Vietnam Veterans of America, then retired U.S. Navy Rear Admiral Clyde Marsh, President of the National Association of State Directors of Veterans Affairs, and then finally we will hear from Gus Hargett, Major General Gus Hargett, President of the National Guard Association of the United States.

Thank you all for being with us today.

And, Commander Geer, you are recognized for five minutes with your testimony.

STATEMENTS OF CLEVE GEER, NATIONAL COMMANDER, AMVETS; JOHN R. "DOC" MCCAUSLIN, CHIEF EXECUTIVE OFFICER, AIR FORCE SERGEANTS ASSOCIATION; BILL LAWSON, PRESIDENT, PARALYZED VETERANS OF AMERICA; SHELDON OHREN, NATIONAL COMMANDER, JEWISH WAR VETERANS; VIVIANNE CISNEROS WERSEL, GOLD STAR WIVES; MARK A. KILGORE, NATIONAL PRESIDENT, FLEET RESERVE ASSOCIATION; JOHN ROWAN, NATIONAL PRESIDENT, VIETNAM VETERANS OF AMERICA; W. CLYDE MARSH, PRESIDENT, NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS; GUS HARGETT, PRESIDENT, NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

STATEMENT OF CLEVE GEER

Mr. GEER. Thank you.

Distinguished Committee Members, as the national commander of AMVETS, I am honored to share our concerns and comments on the issues under the purview of your Committees.

Before I continue with my remarks, I would like to introduce the national president of the Ladies Auxiliary, Leslie Wunderle. But

due to the weather conditions, she could not be here this morning. And I wish to thank you, Leslie.

As the fourth largest veteran service organization in the country, as well as one of the authors of the *Independent Budget*, AMVETS has a proud history of assisting veterans and advocating for veterans' rights and benefits.

Since 1944, AMVETS has been at the forefront of a public policy related to military and veteran issues and national defense.

Today, with more than a decade of continuous war behind us, horrific budget cuts just beginning to be implemented, and the fiscal uncertainty on the horizon, our men and women in uniform have remained steadfast in their mission to defend this great Nation.

This dedication and sacrifice must never be forgotten and the promises made to this Nation's heroes must be fully and faithfully honored.

Our servicemembers and veterans do not deserve to be asked to continue making sacrifices. They do not deserve excuses or broken promises. They deserve nothing less than this Nation's full support. They have done the hard work on behalf of all Americans. Now is the time for all Americans to relieve them of their heavy burdens.

Without the benefit of a draft, this extended period of war will leave behind a legacy of unmatched damage to the physical and mental well-being of our men and women in uniform.

Like the bombed out cathedrals left behind after World War II, we need to ensure that our veterans are carefully supported while they are vulnerable and rebuild, returning to their full strength under the auspices of the VA.

Today's military and veterans' communities are faced with many challenges and AMVETS is dedicated to aggressively attacking these issues on behalf of American veterans everywhere including veterans' unemployment, VA/DoD health care and mental health, veterans' benefits, women veterans and servicemembers, national guard and reserve servicemembers, homeless and rural veterans, POW, MIA recovery and identification and mortuary affairs.

The problem of veteran unemployment should be seen as a national disgrace and veterans of every era are being negatively impacted by this ever-growing situation.

In recognition of those who honorably fought to maintain the freedoms of those who stayed behind, we as a Nation cannot do enough to ensure that American veterans get the proper skills, certification, and education to be more competitive and successful in the civilian job market.

AMVETS is fighting to ensure that veterans are not unfairly treated by employers, landlords, or educational institutions due to the often erroneous misconception that all veterans are dealing with the negative effects of mental or physical health issues will not fit into their corporate culture, do not have the necessary skills and experience to do the job.

This issue of negative stereotyping is creating an unnecessary burden on our veterans and is also proving to be a significant barrier to employment.

One of the chief responsibilities of the Department of Veterans Affairs, VA is providing primary specialty, physical, mental health care to American veterans.

AMVETS calls on Congress and the Administration to ensure that VA health care programs are fully funded in a timely manner so that all eligible veterans are able to receive the medical services they are entitled to.

Thanks to a decade plus dominated by American military actions in Iraq and Afghanistan, a new generation of veterans have become eligible for a wide range of Federal benefits. Securing those benefits should not involve a nightmare of red tape, inefficiency, confusion, or frustrations.

We need to find ways to cut through the bureaucratic inertia and to strengthen efficiencies through coordination and stimulation on eliminating waste and redundancy across department and agency lines.

AMVETS believes in the promise made to our military members and veterans when they agreed to leave their homes and families to go fight in our stead. It is crucial that veterans' benefits become a national priority and they must be viewed in the context of the service and sacrifices performed by our men and women in uniform.

Among the most crucial issues facing women veterans today are homelessness, military sexual trauma, MST, and the lack of gender specific health care. These three issues are the factors of humiliation and deprivation for women veterans.

How can we as a Nation allow some of our most vulnerable veterans, many of whom also have children, to be living on the streets of our cities? It is not right that a woman should have to fear for her personal safety and not only from foreign enemies but from her comrades in arms simply because she made a conscious decision to serve in the military.

AMVETS fully supports H.R. 679, the Honor America's Guard and Reserve Retirees Act, introduced for the third year in a row by Representative Walz which would grant veteran status for national guard and reserve members with 20 years or more in service.

This cost-neutral bill would not restore any new or unearned benefits. It will simply provide—I understand my time is about gone. I appreciate being able to come before you this morning and I appreciate being here. Thank you.

The CHAIRMAN. Thank you, sir. And your complete statement will be entered into the record. But if you just have a few more comments, you are welcome to finish.

Mr. GEER. I thank you for your time this morning and the consideration you have given us to come before you to express our views and I ask for your continuous support of our veterans. Thank you.

[THE PREPARED STATEMENT OF CLEVE GEER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, sir, very much.
Doc.

STATEMENT OF JOHN R. "DOC" MCCAUSLIN

Sergeant MCCAUSLIN. Chairman Sanders, Chairman Miller, and Members of these Committees, good morning. On behalf of our 110,000 plus members of the Air Force Sergeants Association, I thank you for this opportunity to offer our views on the fiscal year 2014 priorities for the VA.

Addressing that budget, the Administration has not yet submitted its budget request, so, therefore, we cannot comment on the proposal at this time. However, I want to make it clear that AFSA concurs with the funding levels recommended by the *Independent Budget*.

We are particularly grateful with the recent establishment of advanced appropriations authority for VA health care funding. We strongly support legislation introduced by Chairman Miller and Ranking Member Michaud to fully fund the discretionary budget of the VA a year in advance.

H.R. 813 would make it easier for the VA to plan for their key investments and ensure that funding for veterans' programs do not become a casualty of the legislative paralysis we have seen here in Washington lately.

Regarding sequestration, like our partner associations represented here today, we are very concerned how this policy will affect the availability of veterans' benefits. We were relieved with OMB's announcement that the VA's budget is exempt from sequestration, but it may take time to fully realize the true impact of their programs.

The Administration cannot say with absolute certainty that veterans' benefits will not be affected because many of VA's efforts are closely tied to those of other Federal agencies who are subject to that sequestration.

For instance, cuts to the Department of Housing and Urban Development could result in a reduction of vouchers that are used to house homeless veterans. Secretary Shinseki and the VA have made tremendous progress in lowering the number of homeless veterans on our streets, so let's not undermine those efforts.

Regarding the integrated electronic health record, we, too, were very disappointed with DoD and VA's recent decision to abandon an integrated electronic health record and retain their respective systems, and they wasted \$1 billion of taxpayers' money.

The issue of suicide is a challenging issue facing the VA. We were very grateful for Congress to include suicide prevention and resilience provisions in the fiscal year 2013 NDAA.

We also thank Senator Patty Murray for her tireless efforts on this issue.

However, the provisions in that Mental Healthcare ACCESS Act of 2012 which were adopted for the DoD were not considered for the VA health system and nor has action been taken to fix this.

The subject of women veterans is noteworthy. We applaud the Committees for championing women veteran issues in past years. However, the unique health care of women veterans must be addressed to ensure that VA program developments match that shifting demographic.

The disability claims and backlog is still with us. When I addressed your Committees last March, there were 1.4 million total

claims pending. Today that figure is closer to two million. More money and people certainly did not fix that issue.

To their credit, VA processed over one million claims last year, but it has been unable to catch up with the rising demand.

AFSA supports a comprehensive, integrated strategy for improving the claims management system with primary emphasis on quality decisions at the initial stage of their process to save reworks and delay.

As a biostatistician, I know the VA can certainly do better.

Each of our 50 states has a state veterans' home and their program has proven itself to be the most cost-effective source of high-quality and long-term health care services for veterans that need skilled nursing, domiciliary, adult day health care, and other specialized programs. The cost of providing care at these facilities is roughly half of what it costs our VA.

Last year, the Committees were instrumental in passing legislation by Ranking Member Michaud and Chairman Miller that allowed the VA to enter into programs with state homes. We believe that additional savings can be achieved by allowing similar reimbursement of adult day health care services. I recommend your Committees look into this further and get the VA to publish their regulation that has taken them nearly four years to date without a release.

Speaking on veterans' preference, we need a common-sense approach to our current veterans' preference point system. Wounded warriors aside, if a military member stood before you this morning without an arm as a result of their military service, why in heaven's name do they need to fill out the paperwork to prove they are a disabled vet and get their ten points' preference? Surely there is a better way. How about concurrent receipt?

Thanks to Congressman Gus Bilirakis for his continued persistence in this area to compensate all eligible disabled veterans.

Who is a veteran? AFSA supports full veteran status for reserve component members with 20 years or more service who do not qualify for veteran status under current law.

The House passed H.R. 1025 which was introduced by Representative Tim Walz last year, but the Senate failed to move forward on Senator Mark Pryor's companion bill, S.491. Representative Walz has already reintroduced his legislation as H.R. 679. Passing it will not cost a penny. It simply bestows upon them the honorarium of being called a veteran.

We applaud the recent passage of legislation that authorizes the restoration of the veterans' cemetery at the former Clark Air Base in the Philippines and places it under the care of the American Battlefields Monuments Commission.

I want to personally thank Chairman Miller and Congressman Bilirakis for visiting the Clark Cemetery recently to help get it up to American standards of dignity.

Related to taking care of military retirees and their survivors, we want to thank Congressman Joe Wilson for his H.R. 32 with 70 co-sponsors, for his legislation to repeal the SBP/DIC offset. I am told Senator Nelson plans to introduce a Senate companion version very soon.

Last, but not least, a proposal called the chained CPI has been floated in Congress to change how the consumer price index is calculated. If adopted, it would result in significant cuts for payments to our senior citizens, military retirees, disabled veterans, and their survivors.

I thank you personally, Chairman Sanders, for leading strong opposition to this unconscionable plan.

Chairman Sanders, Chairman Miller, thanks again for this opportunity. We sincerely believe that the work of the House and Senate Veterans' Affairs Committee is among the most important.

On behalf of AFSA members, we appreciate your efforts and, as always, we are ready to support you in matters of mutual concern.

[THE PREPARED STATEMENT OF JOHN R. MCCAUSLIN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much, Doc.

Also, for the record, Mr. Michaud and Mr. Walz were both with Congressman Bilirakis and I at the cemetery at Clark as well.

Mr. Ohren, are you next or Mr. Lawson? I do not know which one of you wants to go next, but——

Mr. LAWSON. Sir, the reason for the flipflop was because there is——

The CHAIRMAN. Got you. Who wants to go next?

Mr. LAWSON. —the leg. I could not get up to the table, so, anyway——

The CHAIRMAN. Mr. Lawson, you are recognized.

Mr. LAWSON. I will go. Thank you, sir.

STATEMENT OF BILL LAWSON

Mr. LAWSON. Chairman Miller, Chairman Sanders, and Members of the Committees, I appreciate the opportunity to present the legislative priorities for 2013 of the Paralyzed Veterans of America.

It is important to note that funding issues and ongoing concerns with the claims process generally supersede lesser issues. That being said, I will limit my remarks today to some specific issues that impact Paralyzed Veterans' members.

We have developed long-standing partnerships with other veteran service organizations and are proud to have recently released the 27th edition of the *Independent Budget*.

For details on funding recommendations for VA funding and specifically for veterans' health care, I would encourage you and your staffs to review the fiscal year 2014 *Independent Budget*.

We cannot emphasize enough the importance of ensuring that sufficient, timely, and predictable funding is provided to the VA.

We anxiously await the budget submission to be released by the Administration that will include funding recommendations for VA programs for fiscal year 2014 and the advanced appropriations for fiscal year 2015.

Once again this year, Congress failed to fully complete the appropriations process, instead choosing to fund the Federal government through a six-month continuing resolution. This business as usual for funding the Federal government is simply unacceptable.

For two fiscal years in a row, the Administration's recommended funding levels were not changed in any appreciable way and Con-

gress simply signed off on those recommendations without thorough analysis.

As Congress completes work on appropriations for this year, I cannot emphasize enough that sufficient funding must be provided for VA programs.

The VA specialized services are incomparable resources that often cannot be duplicated in the private sector. However, these services are often expensive and are severely threatened by cost-cutting measures and the drive toward achieving management efficiencies.

Paralyzed Veterans strongly believe that VA remains the best option for veterans seeking health care services. Specialized services such as spinal cord injury care which our members require are part of the core mission and responsibility of the VA.

These services were initially developed to care for the unique health care needs of veterans. The provision of specialized services is vital to maintaining the viability of a VA health care system.

With growing pressure to allow veterans to seek care outside of the VA, the VA faces the distinct possibility that the critical mass of patients needed to keep all services viable could significantly decline. If primary care services decline, then specialized care will be diminished.

Paralyzed Veterans is very concerned with the recent changes that have been made to the VA prosthetics and sensory aid services. These changes have resulted in delayed delivery of prosthetic devices, diminishing of quality service delivery for disabled veterans, and prolonged hospital stays for veterans waiting for prosthetic equipment.

We have heard complaints from many of our members who have been negatively impacted by this change. One paralyzed veteran was forced to spend nearly a month longer in the hospital just because he had to wait for approval for some adaptive housing modifications. Leaving him in the hospital put him at higher risk for contracting other illnesses. We just cannot accept that.

It is time for Congress or Committees to take an active role in the oversight of these prosthetic changes. Some VISNs are trying to make these changes work to best benefit veterans through a local initiative and freelancing.

It should be troubling to everyone here that there is not a national standard in place to ensure that this program works the way it is supposed to work.

In the end, many of the concerns that I have raised reflect the belief that this is not one VA. While our ears hear one VA, our eyes and our experiences show us 21 individual VA systems masquerading as veterans integrated service networks or better known as VISNs.

The VISN model of health care was intended to create strategic alliances among VA medical centers, clinics, and other sites, sharing agreements with other government providers and other such relationships.

Instead we see VISNs being run like autonomous entities in a fragmented system with inconsistent policies and budgetary turf battles that leave many veterans faced with delayed or denied access to care and prosthetic items.

In fact, Paralyzed Veterans' service officers had to intervene when one of our members, a 94-year-old paralyzed marine who fought in World War II, endured a longer inpatient stay because two VISNs could not decide which VISN would pay for the Hoyer lift and commode chair that he needed to live independently.

In the one VA world, it is not his burden. But in this real instance, he was the unfortunate one caught in the middle of two independently operating VISNs, thus defying any notion of there being one VA.

On balance, VA is fortunate to have good people who will adhere to the principles that veterans come before cost considerations and policies. Even in times of national economic difficulty and profound organizational transformation, our Nation's security is still preserved by the men and women who take the oath and believe in the country's promise to care for him or her should they suffer injury or disease.

But until we have 21 VISNs that operate with a common purpose, under common policies, variability between VISNs will create even more gaps in which the most vulnerable veterans will fall. We hear one VA. We would like to see one VA.

Chairman Miller, Chairman Sanders, I would like to thank you once again for the opportunity to testify today, and I would be happy to answer any questions you may have.

[THE PREPARED STATEMENT OF BILL LAWSON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much, Mr. Lawson.

Senator Sanders apologizes, but they have called a vote over on the Senate side. So he asked that I please pass his apologies on to the witnesses here.

Mr. Ohren, you are recognized for your testimony, sir.

STATEMENT OF SHELDON OHREN

Mr. OHREN. Thank you.

Chairman Sanders, Chairman Miller, and Members of the Senate and House Committees on Veterans' Affairs, my fellow veterans, and friends, I am Sheldon Ohren, the National Commander of the Jewish War Veterans.

Senator Sanders, it was a singular honor for JWV to present our prestigious JWV Medal of Merit to you at our congressional reception during our days on Capitol Hill. It was equally rewarding to JWV to have so many distinguished guests participate with us.

Mr. Chairmen, on Friday, March 15th, we at JWV will celebrate our 117th birthday. For all of these 117 years, JWV has advocated a strong national defense and just and fair recognition and compensation for veterans.

The Jewish War Veterans represents a proud tradition of patriotism and service to the United States of America.

Now I would just like to enter in maybe a definition of a veteran. It might be stated as follows: A veteran is someone who at one point in his or her life wrote a blank check and made it payable to the United States of America for an amount up to and including my life.

Also, George Washington said at one time the willingness with which our young people are likely to serve in any war no matter how justified may be directly proportional to how they perceive veterans of early wars were treated and appreciated by our Nation.

The Military Coalition, JWV continues to be a proud member and active participant of the Military Coalition. Past National Commander Robert Zweiman, JWV's National Chairman, serves on the Board of Directors of the Military Coalition and, again, our Executive Director, Colonel Herb Rosenbleeth, army retired, continues to serve as the President of the Military Coalition and co-chair of the coalition's Membership and Nomination Committee.

The Veterans Affairs Department claims backlog recently edged above the 900,000 mark with 608,365, that is 67.6 percent, stuck in the system more than 125 days. The VA reported that total disability claims hit 900,121 as of December 24th, 2012. That is up 24,725, 2.7 percent from the backlog that existed at the start of the calendar year on January 3rd, 2012.

America's veterans need to have more confidence in the work done by the VA.

Blind veterans are of extra concern to JWV. The large number of IED explosions in Iraq and Afghanistan have led to a huge number of eye injuries and blinded veterans. In fact, orbital blasts, globe injuries, optic nerve injuries, and retinal injuries have been all too common. JWV strongly urges Congress to ensure adequate funding to care for thousands of veterans with eye injuries.

JWV applauds the VA for processing nearly 230,000 claims during June 2012 that involve the three newest Agent Orange related conditions. The recent expansion of conditions presumed to be linked to Agent Orange exposure certainly created additional work for VA which already faces a heavy claims backlog.

But VA Secretary Eric Shinseki argued correctly that it was the right thing to do. Decisions about treating and compensating veterans exposed to deadly toxins must never be motivated by whether or not the road will be challenging or costly, but whether or not the veteran has suffered and requires treatment because of the exposure.

JWV strongly supports the establishment of a unified policy to deal with the consequences of exposure to hazardous materials in the military.

VA has promised to devote resources necessary to end veterans' homelessness by 2015. To formally implement that pledge, VA is going to have to work closely with Congress to continue making responsible investments in affordable housing and supportive service programs to help veterans and their families.

Current estimates put the number of homeless veterans at approximately 76,000 on any given night down from the 2011 numbers of 131,000 or more.

JWV recommends providing funding for a broad range of appropriate and effective interventions including appropriation of funds for supportive services for veterans' families programs. Supportive SSVF funds have been used effectively by community organizations to prevent many veterans from becoming homeless and to quickly assist veterans who need nothing more than short-term rental assistance and limited case management to get back on their feet.

SSVF funds can also be used for employment services, utility assistance, child care costs, and other housing related expenses.

Congressional support for the homeless veterans grant and per diem transitional housing program, this program provides short-term housing help to homeless veterans allowing them to get connected with jobs, support services, and more permanent housing, ultimately allowing them to become self-sufficient.

Promising new models for using grant and per diem funds and allowing veterans to remain in our GPD housing units once support from the program ends and new programs focused on women veterans to help ensure that GPD continues to meet the ever-changing needs of returning veterans and their families.

Congress should provide 10,000 new HUD-VASH vouchers designed to serve homeless veterans and many of their families who need long-term housing, intensive care, management and supportive services.

Since 2008, 37,975 vouchers have been awarded contributing substantially to major reductions in veteran homelessness.

Chairman Sanders, Chairman Miller, our great Nation must care for its veterans. Our country must therefore pay for the costs involved.

At our national conventions, our members work diligently to develop our legislative priorities. Our dedicated resolutions chairman, Past National Commander Michael Berman, works very diligently to develop our resolutions and to bring them before our convention delegates.

Following further fine tuning by our convention delegates, our resolutions are finalized and become our legislative priorities for the coming year.

We thank you for the opportunity to present them today. Thank you again.

[THE PREPARED STATEMENT OF SHELDON OHREN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much, sir.
Dr. Wersel.

STATEMENT OF VIVIANNE CISNEROS WERSEL

Ms. WERSEL. The willingness of America's veterans to sacrifice for our country has earned them our lasting gratitude, a quote by Congressman Jeff Miller.

Chairman Miller, Members of the Committees, thank you for the opportunity to testify on behalf of Gold Star Wives of America.

I am Vivianne Wersel, the widow of Lieutenant Colonel Rich Wersel, United States Marine Corps, who died suddenly in 2005, a week after returning from his second tour of duty in Iraq.

The issue that affects all our members is the dependency and indemnity compensation, otherwise known as the DIC. The DIC is paid to the survivors of servicemembers and veterans for their early death on active duty or as a result of a service-connected cause, payment based on rank.

Later Congress changed the rank base to a flat rate. Today this calculation of DIC is approximately 43 percent of the VA disability

compensation received by veterans rated with a 100 percent disability.

Survivor benefits for other Federal programs use a different standard of measurement, 50 percent, not 43 percent.

GSW seeks clarity by using 50 percent of the 100 percent disabled veterans compensation to calculate the DIC benefit.

Our second legislative issue is the removal of the DIC dollar-for-dollar offset of the survivor benefit plan, SBP. We have been told that this Committee would have some jurisdiction with this issue because Section 5304 in Title 38 needs to be deleted or changed if SBP is restored to DIC recipients.

H.R. 32, the Military Surviving Spouse Equity Act, if enacted will remove the dollar-for-dollar offset and would allow a surviving spouse to receive both SBP and DIC. The SBP and DIC are two different benefit programs for different purposes paid by different government departments.

For this example, I am going to use a visual. This is for the majority of our members. If a surviving spouse is eligible for both the DIC and the SBP, there is a dollar-for-dollar offset. So the SBP completely goes away and all she has is her DIC.

However, if the surviving spouse has that offset and she is 57 years old or older and she remarries, she receives her DIC and her SBP. All she has to do is remarry to receive her SBP. Why should we have to remarry to receive our benefits?

Please refer to our testimony because we have other beneficiary classifications and Jeannette Panini's excellent article from USA Today.

In 2004, Congress allowed concurrent receipt for 100 percent disabled retirees. Our husbands were 100 percent disabled and death should not negate concurrent receipt for both benefits. We should be allowed to receive benefits they earned.

In 2007, the Veterans Disability Benefit Commission recommended that surviving spouses of military servicemembers be allowed concurrent receipt of full SBP and DIC.

GSW's third legislative agenda is improvements of Chapter 35 education benefits. The cost of college education has increased substantially in recent years. Chapter 35 benefits do not come close to covering the cost of tuition, books, fees, and living expenses.

Most Federal education programs have had recent increases and changes, but Chapter 35 education benefits have been increased only by COLAs.

Recent proposed legislation requires states to provide in-state tuition rates for veterans using Federal education benefits. Surviving spouses and dependents of Chapter 35 education benefits are not included in this legislation.

It is the fiduciary responsibility of Congress to ensure that all categories of veterans' education benefits are spent wisely and such protections should be extended to all VA education chapters.

GSW recommends other issues to be addressed such as the deferment of the tuition until the student receives payment of the education benefit as well as allowing all surviving spouses an unlimited time to use their education benefit.

Year after year, Members of this Committee have championed the well-being of the deceased veteran's family and GSW is grateful

for your leadership. We ask you to make us a priority to find funding for legislative issues we have been told are deemed fixable as soon as money is found.

Our issues are veterans' issues. Because there is the deceased veteran who earned the benefit as a 100 percent disabled veteran, that should not disqualify his survivors from concurrent receipt of the benefits he earned.

Our military heroes cannot be here today to ask you why, why the benefits they earned or paid for are not recognized, honored, and fulfilled along with their fellow comrades who are 100 percent disabled. Our spouses died because of their willingness to sacrifice for their country, but the widows should not have to lead the battle for equity.

I would like to thank Senator Burr for introducing Gold Star Wives Day, to make it possible for April 5th to be Gold Star Wives Day.

And I thank the Committee for allowing me to testify today and I am here to answer any questions.

[THE PREPARED STATEMENT OF VIVIANNE WERSEL APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much.
Mr. Kilgore, you are recognized.

STATEMENT OF MARK A. KILGORE

Mr. KILGORE. Chairman Miller, Representative Michaud, and Members of both Committees, good morning and thank you for the opportunity to share FRA's views on veterans' issues.

First and foremost, our shipmates are concerned about the impact of sequestration on VA programs and the outlook for future VA budgets.

Our thank you to Chairman Miller and former Chairwoman Murray for ensuring that many of the VA benefits and programs have been protected from budget cuts associated with mandatory spending reductions.

With that in mind, advanced funding for VA health care programs must continue and other VA programs must also be protected from future automatic cuts.

The growing VA claims backlog continues to be a major concern for our members. Even with significant additional resources, as of last month, there are nearly 900,000 disability claims pending with 70 percent of those pending 125 days or longer and 317,000 of those are first-time claims.

The Recovering Warrior Task Force believes that the 66,000 returning troops from Afghanistan coupled with the downsizing of the military will overwhelm the claims systems causing a tsunami of new claims resulting in more delays and more challenges.

As I speak, there are hundreds of active duty personnel throughout the world standing at xerox machines making copies of their medical records to submit to the VA. That is time lost, paper wasted.

The integrated electronic health record project offered great promise. However, it was recently announced that the program is

being downgraded due to budget pressures and higher costs. This is not good.

FRA shares concern about this change to a promising program that could improve care to our veterans and help advance the goal of a truly seamless transition from DoD to the VA.

I am here today to put a face on this concern. I am both a VA priority group 1 and a TRICARE prime user. In Pensacola, thanks to Chairman Miller, the two facilities are collocated and share treatment of active duty and veterans alike. However, they do not share access to the health records.

Following my annual VA physical at the end of December 2011, I was diagnosed with bladder cancer. Actually, it was a year ago today. Knowing the availability of immediate access to the Navy hospital, I went there. They provided me great treatment.

After my recovery, I made a follow-up VA appointment to get paper copies of my six months worth of treatment and my VA doctor spent 25 minutes of my 30-minute appointment speaking about the need for electronic medical records as the VA now would have to scan my records into their computers.

This past December, I was privileged to be in Hawaii to commemorate the 61st anniversary of the Pearl Harbor attack. Unfortunately, I was admitted to Tripler Army Medical Center with a perforated colon.

My treatment was exemplary and made even better by the fact that the Army was able to access my health record at Naval Hospital Pensacola which prevented an unnecessary and very serious surgery they initially wanted to perform.

One concern during my entire treatment process was being continually asked about being on Medicare. When I told my doctors no, they all said good. I realize the Doc Fix Reimbursement Rate program is not under your jurisdiction. However, I wanted you to know that that is a real concern outside the beltway.

So much for me. Another priority issue is expanding presumption for blue water veterans exposed to Agent Orange during the Vietnam War. We urge support for legislation addressing this issue.

We strongly support joint DoD/VA efforts to invest in research to improve diagnosis and treatment of both post-traumatic stress and traumatic brain injury.

Our other issues are addressed in our complete statement including authorization of Medicare subvention for VA, suicide prevention, improving care for women veterans, and restarting priority group 8 veteran enrollment.

Thank you again for braving this bad weather for the opportunity to offer recommendations and thank you for your efforts on behalf of our veterans and all you do every day. I am pleased to answer questions.

[THE PREPARED STATEMENT OF MARK A. KILGORE APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much.
Mr. Rowan.

STATEMENT OF JOHN ROWAN

Mr. ROWAN. Good morning. Chairman Miller, Ranking Member Michaud, and Members of the Committees, particularly the new Members, we welcome you to this wonderful Committee and to the work that they do on behalf of veterans.

I would right off the bat like to tell Senator Sanders who unfortunately had to leave that we have gone on record in opposition to the chained CPI proposal.

This is now my eighth year of testimony before these Committees. Unlike some of my colleagues, I get to hang around for a while.

The claims issue obviously everybody talks about and we know the backlog and the problems about it.

We are a little bit optimistic with the implementation of the Veterans Benefits Management System, particularly with its open architecture and the fact that they actually are talking to the users. On a weekly basis, they are talking to the folks in the field who actually use this thing and are making patches both weekly and on monthly updates. And the system seems to be hopefully getting better.

One thing that has not been talked about very much, although it was mentioned by, I believe, one of my colleagues, is the non-rating items. The simple clerical addition of adding a spouse or a child to your benefits so that you can get the extra dollars that comes along with dependents seems to take forever.

I mean, my director of veterans' benefits who is a 100 percent disabled veteran had a baby seven months ago and immediately obviously applied for adding the dependent. They still have yet to get that straightened out. That is taking way too long.

The area of mental health, obviously there are all kinds of issues going on with that, that we are very concerned about. One of the things that concerns us, however, is the management within the VA. There are three management positions, two of which are already vacant and one that is about to be vacant.

The chief consultant for mental health, the VET center chief have retired, both of them, and Matt Friedman, the Director of the National Center for PTSD, is leaving soon.

We are concerned that the VSOs need to be consulted about their replacements and that the VA should create a search committee involving the veteran service organizations.

And we are asking the Senate and House for a four-corners letter to the VA to open up the recruitment for these positions. If VA does not do so, we ask the Congress to pass a law mandating this. The VA needs to listen to the VSOs on mental health issues.

With regards to suicides, we are all appalled at the suicide rate inside the military. However, most people do not realize it is us older veterans who are committing suicide. Seventy percent of the veterans, 70.3 percent of the veterans who commit suicide are over the age of 50. That is us, the Vietnam era and older, frankly. Even the really older veterans unfortunately are still committing suicide.

So while the VA obviously has to focus on what is going on with the younger veterans returning and dealing with their PTSD and other issues, they need to talk about the older veterans as well,

many of whom PTSD is now coming back to haunt them now that they have retired.

We also are coming out with a new program this year to deal with the toxic legacy not only of Vietnam but even of the present day. We are proposing a new law called the Veterans Family Prevention, Health, Maintenance, and Research Act of 2013 and we are hoping to get some sponsors for it.

Among the many things that we would hope to see included in this, obviously the whole issue of the medical records and the health records. We think, frankly, that the DoD should just adopt VistA and get it over with and stop wasting money and time.

We need a database registry within the Veterans Health Administration like Hep C the registry to talk about all the different toxic exposures not only here but stateside as well. I mean, we have seen the problems with many of the bases in the United States who have all kinds of issues going on, not the least of which is Camp Lejeune.

A national center for the treatment of health conditions suffered by the progeny of veterans exposed to toxic substance and an advisory committee to oversee that, and an office of extramural research. We need more research, period, on all of the exposures.

I talked to somebody once about all of the issues regarding Agent Orange and what it really boiled down to is occupational medicine. If somebody told you I was a coal miner, they would say, fine, let's check out your lungs.

Well, if I tell you I am a Vietnam veteran, they should check out a whole lot more than just my lungs. And if you are a new veteran coming back from Iraq and Afghanistan, they need all kinds of things checked out as well. And, again, we think an advisory committee to oversee doing that.

And also, the idea of a coordinated national education and outreach campaign for all veterans to tell them what is going on with them, what they have been exposed to, and what they are entitled to by the VA.

And just an aside issue on that, spina bifida is the only disease of children that the VA has accepted as being Agent Orange related. They were guaranteed by the VA in official testimony in front of your Committees that the children of Vietnam vets with spina bifida would receive all kinds of custodial care. The VA has reneged on that and we think they should be held accountable for that.

And as an aside, frankly, we are urging everybody to be sworn under oath. I am willing to swear and you will take all my testimony under oath. And I think the VA should be asked to do the same and maybe sometimes we will not get this conflicting testimony.

Last, but not least, is the issue of accountability. We have thrown millions at the VA, billions, and that is fine. They need it. But now they need to be held accountable for what it is they are doing with all those billions.

And it was interesting my colleague who talked about the issue of VistA and their little fiefdoms out there. That whole reorganization may need to be revisited.

And I look forward to answering any questions you may have. Obviously my written testimony contains a significant amount of more issues than these. Thank you.

[THE PREPARED STATEMENT OF JOHN ROWAN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much.
Admiral Marsh.

STATEMENT OF W. CLYDE MARSH

Admiral MARSH. Chairman Miller, Chairman Sanders, distinguished Members of the Committee, as president of the National Association of State Directors, I am honored to present comments on their behalf.

We are the second largest provider of services to veterans and our rolls continue to grow. Collectively, states contribute more than \$6 billion each year in support of our Nation's veterans and their family members even in the face of constrained budgets.

We are serving a new generation of veterans from a decade of war who must receive medical care, establishment of benefits, special assistance transitioning to civilian life after honorable service.

Full funding support from Congress will provide resources to address VA's three major areas of emphasis, access to VA, eliminating the backlogs and claims processing, and establishing or at least eliminating homelessness among our veterans.

NASDVA strongly supports increased efforts for outreach to veterans. Many areas of our country are still under-served. NASDVA urges the implementation of a grant program that will allow VA to partner with the states to perform outreach at the local level and development of a comprehensive database.

NASDVA supports the recommendation of the Veterans Benefits Disability Commission to update the VA rating schedule, realign DoD and VA process for rating disabilities, and develop new criteria specific to rating post-traumatic stress disorder.

We applaud the efforts of VA to address particular issues of health care for women veterans, military sexual trauma, and veterans residing in rural areas. Future health care funding is crucial to expand outreach and access to include telehealth, telehome health, and telemedicine.

We shared a concern about the mental health of service personnel and veterans, especially the number of suicides and long-term effects of PTSD.

We appreciate the proactive steps such as suicide hotline and addressing the underlying causes for suicide. However, more still needs to be done since suicide rates exceed current combat casualties.

NASDVA recommends an in-depth evaluation of long-term care and mental health services to include gap analysis, identifying where services are lacking. Future studies should include consultation with state directors.

NASDVA recommends a greater role for state VA and overall efforts to manage and administer claims processing. Collectively, we have the capacity and capability to assist the Veterans Benefits Administration.

Access to VBA data systems and uniform paperless claims software will enhance service officer integration in the delivery of benefits and services to veterans.

NASDVA strongly supports VBA's development of the electronics claim processing system.

We continue to be concerned that the census does not count veterans or disabled veterans other than through the America's Community Survey which is only a ten-percent sample of the population and not a hard count. We urge Congress to mandate counting veterans in the next census.

With the important passage of the Post-9/11 GI Bill, the mission of state approving agencies were expanded with more compliance requirements, but no additional resources were provided.

We are in agreement with the veteran service organizations' support of the distinguished Warfare Medal, but the order of precedent should not be above the Bronze Star Medal or the Purple Heart.

We recommend that the fiscal year 2014 budget proposal of \$46 million for state cemetery grants programs be increased to at least \$50 million to address the pending construction grants.

As partners with the VA, we are focusing on addressing the multiple causes of veterans' homelessness such as medical issues both mental and physical, legal issues, limited job skills and work history.

It is vital to continue the partnership with the community organizations to provide transitional housing and VA partnership with public housing authorities to provide permanent housing for veterans and their families.

Currently, the Bureau of Justice Assistance in conjunction with the National Drug Court Institute offers orientation and training grants to jurisdictions interested in establishing veteran treatment courts. A good example of grant funding is Alabama's establishment of 12 veteran treatment courts.

State directors respectfully request support for increased multi-year funding to the Bureau of Justice Assistance so that more jurisdictions can participate in veteran treatment courts.

Regarding the chained CPI, if it reduces disability payments, affects retirement and elders, NASDVA does not support it.

Mr. Chairman, thank you for the important work that your Committee is doing to improve support for our Nation's veterans and thank you for allowing us to participate in these important hearings.

[THE PREPARED STATEMENT OF W. CLYDE MARSH APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, sir.
General Hargett.

STATEMENT OF GUS HARGETT

General HARGETT. Thank you, Mr. Chairman. Thank you for the opportunity to be here today to testify on behalf of our members.

First, I would like to testify in support of H.R. 679 sponsored by Congressman Tim Walz which provides recognition to all members of the guard and reserve who have honorably served for 20 years and more and who draw a retirement as a retired military person.

This group which swore an oath to our country through no fault of their own has written the government a blank check to send them anywhere in the world to defend our country. But because they were not called to active duty under Title 10 status, they are not allowed to call themselves veterans.

They have performed duty in Title 32 status and Title 10 status around the world including domestic emergencies, overseas deployment training, guarding the borders, the airports. But because this time was not recognized under Title 10 for other than training, they are not considered veterans.

You know, I would like to offer a little email that I got from a veteran the other day who was a retired one star general who served 35 years in the guard and reserve. And his email was something to the effect that he went to a Veterans Day parade and he was not allowed to stand as a veteran because he was never mobilized.

But, yet, a young specialist who he had ordered to active duty in Vietnam, because he was AWOL from the national guard and because he was ordered to active duty, he was able to stand as a veteran.

This legislation is cost free. It does not cost anybody anything. It has been passed by the House unanimously for two years in a row. I urge all of you to pass this bill. Let's pass it through the Senate and all the Houses and honor those who have written this Nation a blank check.

The other thing I would like to ask this Committee to look at is the guard disability benefit claim denial rate. Guard claims are denied at four times the rate of active duty members. I suspect there are many reasons for this. I think some of them have been addressed here today because of lack of understanding amongst our guardsmen.

I know when I retired, I asked AMVETS to come and help me and I was able to learn a lot that I did not know about what we had to do to qualify for retired benefits.

So I would like to ask this Committee to try to figure out why guardsmen and reservists' denial rate is four times that of active duty members.

Like all other veteran service organizations here today, we are also concerned about the impact of sequestration. I think it will have adverse effects on all of our veterans, our veteran service organizations, and the ability to treat all of our veterans in a manner that I think we owe to all of them.

Mr. Chairman, I thank you for the opportunity to come today and testify on behalf of all of our members of the National Guard Association. I urge all of you to continue to support our veterans and our active members. Subject to your questions, thank you.

[THE PREPARED STATEMENT OF GUS HARGETT APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much.

Again, thank you all for your testimony.

Mr. Lawson, if I can come back to you, and it has been referenced a couple of times in other testimony the fact that, I think

you said that the VISN model had devolved into 21 autonomous entities.

If they were to do away with the VISN framework, how would you foresee them being able to manage what they do?

Mr. LAWSON. Well, I am not actually saying they need to do away with that model, Congressman. What I am saying is that they all need to operate under the same policies. Each VISN operates separately under their own policies and budgets.

An example, I am going to use myself, I get my primary care in Oklahoma City VA Hospital. I get my specialized care in the Dallas VA because they have a spinal cord injury center there.

The wheelchair that I am sitting in was issued to me by Dallas. When I was in Oklahoma City and I needed some new front wheels for this chair, I was told from Oklahoma City we cannot issue that to you. You will have to go back to Dallas.

I do not understand why. I mean, it is one VA. Let's just pay for what is needed and the two VISN directors can fight over it later on as far as who is going to pay for that.

I believe that the VA budget is one budget, but it just does not make sense that to cross VISN lines, you have to re-register. If I go to another VA that is in a different VISN, I have got to re-register with that VA if I have to get some care there.

In actuality, the VISN that Oklahoma City is in, I am supposed to go to Houston to the spinal cord injury center because that is the VISN and that is the budgetary boundaries and all this.

But I thought to myself why should I drive through Dallas that has an SCI center, then bypass San Antonio that has an SCI center to go to Houston that has got an SCI center. It does not make sense.

If we could revise this to where we operate under all the same policies, I think it would greatly help.

The CHAIRMAN. Thanks.

Doc, you had said in your testimony that VA needs to pursue new ways to deliver mental health services. I would like to know your opinion. What areas outside of the standard box does VA need to be exploring for provision of mental health services?

As we all know, it is growing at an alarming rate with all those returning home and new veterans entering into the system. The suicide rates that we see, VA is trying to keep up with the problem. But unfortunately with mental health issues, a backlog is not acceptable.

Sergeant MCCAUSLIN. Yes, sir. I think the first thing we need to do is look at some outsourcing because they simply do not have the resources, the technicians and the specialists. And so they have been overwhelmed.

And so if you are inclined to need that service, you call and there is a backlog. You know, they will talk to you on the phone, but in order to get in to get an appointment, there is a tremendous backlog. They just do not simply have the resources.

So it is time to start looking at outsourcing where those specialties are throughout the country by region. And the same thing goes, as I mentioned earlier, on the domiciliary care, the adult health care for the state veterans' home. Same thing. They do a better job than the VA and these people are not taking a bed over-

night. They are coming in one, two, three days at the max a week for their care and they go back home.

So we need that agreement between the VA and the state veterans' homes to provide the same thing.

The CHAIRMAN. Thanks.

Mr. Michaud.

Mr. MICHAUD. Thank you very much, Mr. Chairman.

My first question is similar to the Chairman to Mr. Lawson.

I liked your comment about one VA which I believe strongly and not only within the VISN but the silos between VBA, VHA, cemetery is great as well and looking at how can we not just talk about one VA, but actually have one VA. Appreciate your comments.

Have you given any thought at your organization about restructuring VA?

We just came back from a CODEL (sic) where I know in the Philippines, they have someone in charge in the region and you have got VHA, VBA, cemetery. They report to that person in charge and it seems to be working extremely well. I think that would also help the secretary, administer his policies down to the different regions.

Have you given any thought about that?

Mr. LAWSON. Well, personally I have. You know, before they developed these veteran integrated service networks, I believe the VA was basically broken down into four regions. I do not see why that had to be changed. It seemed like it was working well.

When they developed the VISN concept, what it was supposed to do is establish an office in certain areas to where they could build relationships amongst other VA medical centers and all that.

And actually, I believe that personnel that were going to be required for this was very minimal, but today it is a big bureaucracy at every one of those VISNs. I mean, the staff has grown tremendously and I see that as throwing a lot of money away.

A veteran can go to one VISN and he can get a particular prosthetic item issued to him. He can go to another VISN and they will deny that very same piece of equipment. So as I say, with this concept of them operating autonomously is where the problems come in.

I mean, we have Federal regulations that mandate how VA is supposed to do things. There are directives and all this other—that here—is what you need to provide. It is veterans' choice on wheelchairs, this, this, this. But when you go to different VISNs and it is not the same. I personally would prefer that we go back to the four regions.

Mr. MICHAUD. Thank you.

Next one is for Doc.

You mentioned about the adult daycare services and I know the veterans' home in Maine is thinking about building a facility right on the same complex as a CBOC.

Have you talked to the veterans' home nationally to see if that is something that they are interested in doing and participating in the adult daycare services for our veterans?

Sergeant McCAUSLIN. Thank you, sir.

In fact, this past week, I believe it was Tuesday, I went to their winter convention downtown D.C. and we addressed that very

issue. And so they are asking why can't the VA publish their regulation to get this across the country. It has been four years.

So there are three states that are doing it right now, but the rest of them are holding back because there is no correlation with the VA.

Mr. MICHAUD. Thank you.

My last question is for Mr. Rowan.

You mentioned about if a veteran adds a dependent and it takes so long to get the claim through. One of the concerns, I have, and I know the VBMS system is a tool, but you have to look at policies and how to make that system work.

Have you found cases where a veteran might have ten conditions, VBA approves nine of them, but they are waiting for the tenth one before they get disability payments? Is that common throughout the system?

Mr. ROWAN. They are supposed to handle that separately, but, you know, that may fall through the cracks. Just like the VISNs are different, the VA regional offices are unfortunately different as well. We see that some claims get different percentages depending on which VISN you go to.

You know, the thing about the dependents and adding them on is the fact that the raters get no credit for it. So because they are all desiring to get their full credit so they can get paid, they slough that stuff off and maybe once in a year they will put a bunch of people together to clean up the backlog.

Well, I understand all of that and I can even understand the priority issue, but they ought to be able to do it on a more timely basis either weekly or monthly. You know, you want to do it once a month, do it once a month, but do not do it once a year.

Mr. MICHAUD. Okay. Thank you.

I yield back, Mr. Chairman.

The CHAIRMAN. Mr. Walz.

Mr. WALZ. I would yield my time to Mr. Boozman if he walked in.

The CHAIRMAN. You sure? He gets to stay behind after we leave, so—

Mr. WALZ. I like that he is going after the Senate. It might segue well to my comments that are coming, so thank you, Mr. Chairman.

Thank you all for being here and to the folks who braved the snow-quester to get here and testify on a really important issue. I am always grateful.

I think you hear it a lot, but I think it is important to remember. You being here and speaking with that moral authority makes all the difference in the world.

I am convinced there are some that just think they are going to wait us out, us until we lose, you until you die, and then move on as business as usual. We cannot allow that to happen.

And I said no matter what the time, a moral argument cannot be trumped by a fiscal argument. If there is a responsibility to do what is right in this Nation and prioritizing, as you heard the Chairman say, putting things first, we need to do that.

So I am grateful for you being here. Thank all of you for your testimony on 679. That bill does not cost us a dang penny. It does

cost us, I think, our dignity and our integrity for not recognizing and allowing to be recognized by other Americans, those who did their service.

The general is right. It passed over here. I would encourage my Senate colleagues to figure out what the hangup is on that thing because we are starting to be a little cynical about it. There is no reason not to let it go. So I am appreciative of that.

I will say, too, that some of you mentioned this, I along with my colleagues, got to witness a demonstration in San Diego. Down in the southern California area, the electronic medical record that is working together with VA, with DoD, with Kaiser Permanente, and the private sector, we witnessed it working.

If that can be the norm and go, I think what you are going to see—and you have brought up a great point, Mr. Kilgore. This is not only a money saver. This saves people's lives. Electronic medical records are a key to making sure we get the right care.

In this Nation, we have about 90,000 deaths by medical errors that happen every year in our private hospitals across the country. A lot of those can be alleviated by having proper data at the hands of the physician. So I appreciate you pushing this.

If I could just ask you by a show of hands how many of you realistically think that the VA is going to get their processing times down to 125 days by 2015.

And I say that. You are not a cynical bunch. You are an optimistic bunch. You are problem solvers. You are doers. So we have a real challenge with this, that I talk to people and I, too, have watched with my colleagues. We ask this to people who are in charge of this and they say yes. And I make the analogy it is just like sports teams. Everybody wants to win. Some just do a little better job of preparing to win.

And I am very concerned that I do not question the desire to get it down. I do question if we are going to get there. And this thing causes all kinds of problems. It is a broken record, I know, but we have got to bust this thing.

So anything you can do or any ideas you have pushing forward would be greatly appreciated.

And, Mr. Rowan, I share your concerns, too, that I think, again, going back to the moral argument, there has not been enough research done on these dependents, on these children. It is not just going to be Agent Orange. It is going to be Gulf War. It is going to be depleted uranium. It is going to be all the other issues that go forward.

And I think we as a Nation, once again, it is not just doing the right thing. The better research we have earlier on, we can prevent some of these things, I think, and that in itself is the right thing to do, right way to save money.

So I appreciate your dogged commitment to making sure we get that.

With that, we know what we have to do. You hear us. It is a matter of results that matters. The talk is nothing. The results matter. And I think you being here makes sure those results are going to get here.

I yield back.

The CHAIRMAN. Ms. Brownley.

Ms. BROWNLEY. Thank you, Mr. Chair.

And I do not have any specific questions, but I just wanted to say that I am one of the new Members on this Committee and Ranking Member on the Health Subcommittee of this Committee.

And I just want to first thank all of you for your past service and your current service. And I am listening and am listening very carefully and methodically and I know that it is clear to me that the challenges are growing which is going to require us to really step up to the plate like we have never done before.

And I think that none of these challenges, as Mr. Walz was saying, results is the key here, but none of these challenges, I think, are insurmountable. But I do believe and I do believe that every single veteran would never have signed that blank check if they thought the challenges of our country were insurmountable.

And so it is incumbent on all of us to step up to the plate and make sure that the resources are there for us to serve our veterans today and knowing that the challenges are growing and growing here very, very quickly, that we are able to meet those challenges as well. And I look forward to partnering with you to make sure that we can accomplish that small challenge.

The CHAIRMAN. Mr. O'Rourke.

Mr. O'ROURKE. Thank you, Mr. Chairman.

I want to start by thanking you for your service to our country and for your service to your fellow veterans and to tell you that I am also a new Member. And it is a big honor and privilege to represent you and the veterans in my hometown of El Paso, Texas here on this Committee and in this Congress.

And you have also done a great service in highlighting and outlining the challenges and sometimes outright failures of the Federal Government in owing up to its side of the bargain and meeting its obligations to you and your fellow veterans.

And so one question I have for you is who in this country is getting it right on a state level or on a local level?

Congressman Walz mentioned the electronic medical records in San Diego. We heard testimony last week of VBA in Pittsburgh turning around claims in 30 days. I know some states have pioneered workforce transition and hire a vet programs.

Can any of you and perhaps Mr. Marsh identify some of those best practices and best performing communities and states that we can draw an example from and learn from at this level?

Admiral MARSH. I think the one that I would point to is regarding the claims processing and backlogs. The VA is in the process of rolling out VBMS which is an electronics claims processing system, but we have a number of states that have their own electronics claims filing system. It is not a true database, but it is where we maintain all the veterans' information and do the processing. And what we are doing is that creates transparency. It makes it easier to work with it.

And also, we will be able to tie into VBMS via portal once that is operational. And there are 20 some states or more that have that, but we have got a task force that is working with the VA as they develop VBMS so that it will be able to operate in all the states that have their systems and then those who bring on their

systems that could connect to VBMS. And I think that is going to help with the overall processing of claims to reach veterans.

Now, the other thing is that we need what that one state has and that is a database. It is a veterans' database with all the veterans' information in it and it is accessible. So you can use that to identify all your veterans, contract those veterans, do outreach, and you can target down to specific problems or illnesses, if you will, so that you can look at those as a segment or study or treat and do outreach.

So those are two things that I would point to.

Mr. O'ROURKE. Are there any states specifically that you would point this towards who are implementing this and sharing this data on a level that, you know, are superior to what we are doing or what other states in the country are doing?

Admiral MARSH. The one state that I mentioned is Utah that has that database that they created with the help—I think they got some help from rural health in the VA department. But the states that are participating with the IT development of VBMS, that task force is Virginia, California, Kentucky, San Diego, and Utah. And that is who developed this system so that it will be compatible and able to connect to all the states so that everybody will be connected.

So when a claim is submitted at any state, it has visibility in VA headquarters or anywhere. Anybody can look at that information if they go into the database and pull up a file. That is how transparent and accessible it should be.

Mr. O'ROURKE. Thank you.

Mr. Chair, I yield back.

The CHAIRMAN. Mr. Ruiz.

Mr. RUIZ. Thank you, Chairman.

And thank all of you for trekking this snow and for traveling so far from your homes and the comfort of your homes to stand up for something that you really believe in.

And as I said before, you know, we owe our veterans more than just lip service. And I am committed to making sure that we come together to find out what the solutions are.

I am a new Member of Congress. I am from the Palm Springs, California area. It is a place where a lot of veterans like to go and retire. So a lot of the issues that I hear here are very similar to what I hear in my district.

Funding for veterans' benefits and health care services is without question a top priority for me and Congress. And as a new Member of Congress, I look forward to getting to know all of you and your departments and organizations and together work to improve the veterans' health care services and benefits.

I had the opportunity to review this year's *Independent Budget* and I appreciate the VSOs' insight on the Department of Veterans Affairs' funding levels for fiscal year 2014. Although we currently operate in a challenging fiscal climate, I believe that we must make a concerted effort to work together in a bipartisan manner to ensure that the VA delivers the quality of health care for veterans they deserve.

I am an emergency medicine physician, so when I talk about to ensure high-quality care, I really mean high-quality care.

I am looking forward to hearing more statements in the future about the VA budget for fiscal year 2014 as well as the other legislative priorities of the organizations that are here. My doors are always open.

And I yield back my time.

The CHAIRMAN. Thank you very much.

And I will now recognize Senator Boozman.

OPENING STATEMENT OF SENATOR JOHN BOOZMAN

Senator BOOZMAN. Thank you very much, Mr. Chairman.

I apologize for being late. We actually had votes on our side and I know that the guys and gals have to clear out now and go vote.

The CHAIRMAN. Yeah, one vote a week, right?

Senator BOOZMAN. As you can tell, I do not get any respect over here at all anymore. But I do want to compliment the Chairman and the Ranking Member, the tremendous job that they do. You know, this truly is, and, again, you know, Senator Burr and Senator Sanders, you know, everybody working together. But that really is what it is all about.

So I apologize for being late. I really do not have any questions. I just want to thank you for being here, especially on a very difficult day. I cannot tell you how much we appreciate you being up here in the sense that we are trying to push things forward, but there is no substitute for you all being here and helping us do that. All of you all we enjoy working with.

I particularly know that it works in the sense that, you know, my dad retired from the air force after 20 years as a master sergeant and I do not think I was ever over at his house that that publication was not out on the coffee table. I know that whatever, you know, was out, he read cover to cover and kept up.

The other thing that I understand and the Committee understands, but I think in particular at the latter stage of his career, he was in recruiting, and I understand that the things that we are talking about are earned benefits. You know, it is not something that, you know, that is given, but they are earned benefits.

And also, the other day when Senator Rubio was introducing, you know, somebody from Florida that was testifying on behalf of veterans, he said at the close that they were there for us and we need to be there for them meaning you guys. And so that is our commitment.

We really do appreciate all you do. Look forward to working with you. I know we have discussed a bunch of issues today and we are going to be discussing those this Congress, but certainly our intent is to help any way we can.

So thank you very much.

The CHAIRMAN. Thank you very much, Senator.

Thank you, everybody, for being here today. Regardless of inclement weather or threat of inclement weather, we certainly do appreciate it. And hopefully we will see a little snow later on today. Look forward to seeing folks at PVA tomorrow.

And I would ask unanimous consent that all Members would have five legislative days with which to revise and extend their remarks and add any extraneous material. Without objection, so ordered.

And with that, ladies and gentlemen, thank you, and this hearing is adjourned.

[Whereupon, at 11:34 a.m., the Committee was adjourned.]

A P P E N D I X

Prepared Statement of Chairman Jeff Miller

Joint Hearing of the House and Senate Veterans' Affairs Committees to Receive the Legislative Presentation of AMVETS, Air Force Sergeants Association, Paralyzed Veterans of America, Jewish War Veterans, Gold Star Wives, Fleet Reserve Association, Vietnam Veterans Association and the National Association of State Directors of Veterans Affairs

March 6, 2013

This hearing will come to order.

Good morning.

It is my privilege to welcome you to today's joint hearing of the House and Senate Veterans' Affairs Committees to receive the legislative presentations of AMVETS, the Air Force Sergeants Association, Paralyzed Veterans of America, Jewish War Veterans, Gold Star Wives, the Fleet Reserve Association, Vietnam Veterans Association, and the National Association of State Directors of Veterans Affairs.

These groups represent what is truly great about the veteran community—that veterans and their families, no matter what generation or branch of service, continue to tend to the needs of their fellow Americans who have served.

We are also joined here today by Chairman Sanders, Ranking Member Michaud, and Ranking Member Burr as well as Committee Members from both the House and the Senate.

In the interest of time and in keeping with the tradition of these hearings, after hearing from myself, Chairman Sanders, Ranking Member Michaud, and Ranking Member Burr, I would like to ask all other Committee Members to waive their opening statements.

There will be an opportunity for remarks following today's testimony.

Hearing no objection, so ordered.

I would also like to welcome the members of each organization's auxiliary, and thank each of you for your work behind the scenes.

The energy and attention that the auxiliaries bring to these issues ensures that no one is overlooked.

Thank you all for your service to our country and your service to your fellow veterans.

Before we go any further, I would like to take a moment to recognize the members of the different organizations who - like myself - are proud to call Florida home. Gentlemen and ladies, would you please stand?

On behalf of all our neighbors in the Sunshine State, I thank you for your service and your sacrifice.

These committees, with your help, worked hard in the One Hundred and Twelfth Congress to ensure that the commitment America has made to its veterans remains strong. Again in the One Hundred and Thirteenth Congress, we will look to you and your organizations to help us address the problems facing America's veterans.

Together we reduced veteran unemployment and created new programs aimed at providing veterans Twenty First century job skills.

We have vigilantly conducted oversight into all areas of the Department of Veterans Affairs in order to keep our veterans safe and to maximize the care they receive. In these difficult fiscal times, there is no excuse for the waste of funds allocated to taking care of our veterans.

While these committees have worked hard to ensure that the sequester does not impact VA, we must continue to work to ensure that our Nation's veterans receive the care they deserve.

Given the uncertain budget process, Ranking Member Michaud and I introduced H.R. Eight Hundred and Thirteen: Putting Veterans Funding First Act of Two Thousand and Thirteen.

This bill will require Congress to fully fund the Department of Veterans Affairs discretionary budget a year ahead of schedule, ensuring that all VA services will have timely and predictable funding.

While every one of your organizations has a unique set of legislative priorities, you also share a common goal, one that we on these Committees share with you: providing nothing short of the best for our veterans, their families, and their survivors who have shared in their sacrifice.

In times like these, the work of organizations like yours has never been more important.

Thank you all once again.

Prepared Statement of Hon. Michael H. Michaud

Good Morning.

I welcome all of the Members and Leadership of the Veteran Service Organizations attending today for this joint legislation presentation.

It is great to see so many important organizations here today, and I look forward to hearing the priorities set forth in your testimony.

I want to take a moment to recognize those of you who have traveled from Maine. Thank you for making the trip.

Our Nation has a “sacred trust” with all veterans—a national promise to care for and stand up for those who have served and sacrificed. The VSOs represented here today help to ensure that the most important issues facing American veterans remain at the center of the national stage. You fulfill a vital role in the “community of support” America provides its national heroes.

As you know, the Administration has delayed the release of its FY2014 budget proposal. While VA programs are spared from the effects of sequestration, that does not mean that veterans will be left unaffected in their capacity as citizens. State and local government services—services on which our veterans rely—will come under additional strain.

In many ways, the VA is facing unprecedented challenges as it continues to serve the veterans of the Second World War, Korean War, and the Vietnam War as well as those just now returned from the Middle East. Together, we must work to ensure everyone who has stepped up to serve this Nation is served by this Nation. No one should fall through the cracks.

I look forward to your testimony today, and again thank you for your organization’s years of service to our veterans.

Prepared Statement of Cleve Geer

As the National Commander of AMVETS, it is my honor to share our concerns and comment on the issues under the purview of your committees. As one of the largest veteran service organizations in the country, as well as one of the authors of the *Independent Budget*, AMVETS has a proud history of assisting veterans and advocating for veterans rights and benefits. Since 1944 AMVETS has been at the forefront of public policy related to military and veteran issues and national defense.

In anticipation of working with your Committees throughout this year, I offer this introduction to some of the areas of interest to the quarter of a million members of AMVETS. Today, with more than a decade of continuous war behind us, horrific budget cuts just beginning to be implemented and fiscal uncertainty on the horizon, our men and women in uniform have remained steadfast in their mission to defend this great nation. Over the last dozen years of war, many of these brave service members paid the ultimate price for our freedom and others, at the completion of their service or due to injuries, have joined the ranks of our nation’s veterans. This dedication and sacrifice must never be forgotten and the promises made to this nation’s heroes must be fully and faithfully honored.

Now is the time for the Administration and Congress to step up and acknowledge all that our veterans have done for this country. We, as a nation, have, through the sacrifice of our veterans and military members, incurred a solemn obligation to support them in every way possible now and into the future. President Obama once said that the national budget would not be balanced on the backs of veterans and AMVETS adamantly supports this concept of preserving all earned veteran benefits. Our service members and veterans do not deserve to be asked to continue making sacrifices; they don’t deserve excuses or broken promises, they deserve this nation’s

full support and nothing less. They've done the hard work on behalf of all Americans; now is the time for all Americans to relieve them of their heavy burdens.

Today's military and veteran community is faced with many challenges and AMVETS is dedicated to aggressively tackling these issues on behalf of American Veterans everywhere including:

Veteran Unemployment

- Reserve Component
- Active Component
- Veteran Anti-Discrimination

VA/DoD Health Care & Mental Health

- Traumatic Brain Injury (TBI) & Post-Traumatic Stress (PTS)
- Prosthetic & Sensory Aides
- Suicide Prevention
- Ft. McClellan Toxic Chemical Exposure

Veterans Benefits

- Maintain Military Retirement and Health Care Benefits
- Concurrent Receipt (Active & Reserve Component)
- VA Claims & Appeals Backlog

Women Veterans & Service Members

- Military Sexual Trauma (MST) Prevention and Treatment
- Creation of a Sexual Assault Oversight and Response Office
- Gender Specific Healthcare

National Guard & Reserve Service Members

- Improved USERRA Protections
- On-going Transition Between State and Federal Service
- Veteran Status

Homeless & Rural Veterans

- Provide a Full Continuum of Care for Homeless Veterans (employment training, housing, legal aid)
- Access to Physical and Mental Health Care and other benefits
- Increase Travel Reimbursement Rates

POW/MIA Recovery/Identification & Cemetery Affairs

- Improved Over Site of Mortuary Affairs Operations
- Increase Veterans Burial Benefits

Veterans Treatment Courts

- Increase Number of and Access to Veterans Treatment Courts Nationally
- Enhance Resources to Address Mental Health and Substance Abuse Issues

Honor and Remembrance

- Establish the National Desert Storm War Memorial in Washington, D.C.

Veteran Anti-Discrimination

AMVETS believes that perhaps the greatest and most comprehensive assistance this nation could provide for its veterans is to protect them from all forms of discrimination and employer bias by enacting the AMVETS Veteran Anti-Discrimination Initiative and by strengthening USERRA. Since moving to an all-volunteer military, the number of veterans serving in Congress and at all levels of leadership is the smallest it's ever been and this, added to the years of constant focus on the negative aspects of war, has created the perception that all veterans are flawed, dangerous and unstable. While it is true that veterans should be protected from all forms of discrimination under USERRA, sadly that is not the case, in part, due to ignorance of its legal requirements as well as lax oversight and enforcement. Sadly, those who have served and fought for their country do not enjoy the same protections and advantages under the law. In fact, just the opposite is often true; frequently those who have served and sacrificed are at a disadvantage in comparison to their peers.

With this in mind, AMVETS is seeking protected status for all American veterans to give them every advantage in finding gainful employment, housing, and educational opportunities. This comprehensive, nearly cost-neutral initiative would enhance veteran access and equity in all areas and it would provide legal recourse to veterans experiencing any form of discrimination.

Veteran Unemployment

During this time of persistent unemployment in our country, the problem of veteran unemployment, especially for our National Guard and Reserve members,

should be seen as a national disgrace. In recognition of those who honorably and selflessly fought to maintain the freedoms of those who stayed behind, we as a nation cannot do enough to ensure that American Veterans get the proper skills, certifications/credentials and degrees necessary to be successful and competitive in the civilian job market.

Veteran unemployment is a complex problem which will require the efforts of federal and state governments, the business community and the military/veterans community working in concert if any meaningful solution is to be developed. The efforts of any one entity alone will be insufficient to meet the challenges posed by this massive problem facing American Veterans everywhere and it's important to keep in mind that veterans, like their civilian counterparts, require not just a job, but living-wage employment following their service. The vast majority of working-age veterans want to continue to be productive citizens and they need to be provided every opportunity to achieve their career goals. In recognition of the unimaginable sacrifices made by American Veterans, Congress and the Administration need to continue to make a concerted effort to guarantee that veterans have access to employment and training opportunities.

Additionally there needs to be a better system to connect employers with open positions to unemployed veterans; the current system of merely posting jobs online, while beneficial, just isn't enough. There are literally hundreds of online employment and career sites catering to veterans and civilians alike, which unfortunately can leave veterans confused and overwhelmed. What is needed is a comprehensive 'veteran employment resource guide' along with a single portal or site where all of these opportunities can be accessed in one place. The 'Hero2Hired' program is a good example and should serve as a good foundation to build on.

In addition to the previous issues, there is the very real problem of licensing and credentialing which is required in certain career fields. AMVETS believes that if an individual has received training and practical experience in a career field while serving in the military there should be a streamlined process for demonstrating their knowledge and expertise in order to qualify for any necessary license or credential.

Lastly, Congress and the Administration need to consider the very real connection between unemployment and its effects on the already vulnerable mental health of our veterans. Common sense suggest that individuals who are gainfully and appropriately employed, who are able to support themselves and their families, who are able to utilize their skills and abilities, who are receiving any necessary health care, who feel useful, challenged and appreciated are less likely to suffer from depression, substance abuse problems and/or commit suicide.

Health Care & Mental Health

The Veterans Health Administration (VHA) is not only the largest direct provider of healthcare services in the nation, it also provides the most extensive training environment for health professionals as well as providing the most clinically focused setting for medical and prosthetic research. While providing primary care to American Veterans is among the VA's prime responsibilities, it also provides specialized health care services including: spinal cord injury, blind rehabilitation, traumatic brain injury, prosthetic services, mental health, and war-related poly-trauma injuries. AMVETS believes that in order to avoid catastrophic degradation to these critical services that Congress needs to:

- pass a budget on a regular basis. The need for sufficient, timely and predictable funding cannot be over-emphasized;
- continue advanced appropriations;
- continue to introduce and support legislation that protects veterans' benefits such as HR 813, the Putting Veterans Funding First Act of 2013, introduced by Chairman Miller. Thank you sir! Another example of benefits protection legislation introduced by both Chairman Miller and Ranking Member Michaud is HR 357 the G.I. Tuition Fairness Act of 2013, which gives public institutions of higher education a choice – either charge veterans in-state tuition or no longer be eligible to accept G.I. bill students. Last but by no means least, I'd also like to acknowledge the important work done by Chairman Sanders on the chained CPI threat. The chained CPI would cut benefits to disabled veterans and social security recipients, who are among the most vulnerable Americans. Thank you sir!

Unfortunately, the VA also faces significant challenges ensuring that newly returning war veterans have access to post-deployment readjustment services and specialized treatments while guaranteeing that all other enrolled veterans gain and

keep access to effective, timely, high-quality mental health services. In fact, outreach to veterans from all eras needs to continue to improve.

The mental health of our service members and veterans may be one of the greatest challenges facing the VA today and while there have been improvements, there's still a long way to go. This is especially true in the case of women veterans who not only respond to and deal with combat stress differently than their male counterparts, but also need gender-specific treatment.

There can be no doubt that the problem of military/veteran suicide is of great concern to everyone in the military community and sadly the problem continues to grow. Only recently, the military released a report showing that suicides among active duty service members reached an all-time high in 2012. The report indicated that the number of suicides among active duty personnel was almost one a day or 349 to be exact.

These numbers are especially distressing in light of the ongoing efforts of the Department of Defense (DoD), Veterans Affairs (VA) and a variety of public and private enterprises. It seems obvious that more needs to be done to uncover the complex mental and physical factors that lead military service members and veterans to commit suicide.

One significant aspect that may shed some additional light on this unacceptable situation is the possible correlation between blast injuries caused by Improvised Explosive Devices (IEDs) and suicide. By collecting information about the physical injuries sustained by suicide victims, we may be able to get a clearer idea of the underlying causes of military and veteran suicide.

In a war fought largely on the principals of indiscriminate violence and terror, the IED is often the weapon of choice. According to data compiled by DoD and the Global Campaign Against IEDs, between November 2011 and October 2012, over 15,000 individual IED events were experienced by coalition forces in Afghanistan. Those IED events were responsible for fully 58% of coalition casualties. In fact, IEDs are *the number one cause* of casualties for American service members and will be for the foreseeable future.

Additionally, IEDs are the major cause of the top 4 most prevalent injuries to veterans including:

- hearing loss and Tinnitus,
- traumatic brain injury (TBI),
- post-traumatic stress disorder (PTSD) and
- vision loss

Even more significant are the alarming number of service members and veterans who experienced repetitive, low level TBI that did not require medical attention but, taken cumulatively, produce serious medical conditions years later. These conditions often exhibit symptoms that affect mood, behavior and thoughts. Many of our veterans are experiencing a complex combination of mental and physical health problems, the weight of which should be viewed as a contributing factor to the feelings of pain, hopelessness, loneliness, helplessness and depression that can lead to suicide.

IED survivors face challenges ranging from the minor to the monumental: fractures, amputations, disfigurement, cognitive and motor impairments, emboli, headaches, personality changes, visual and auditory disturbances, altered effect, hypersensitivities, and dulled judgment.

The good news is that thanks to swift triage and aeromedical evacuations and improvements in battlefield trauma medicine and surgical procedures, many more combat-wounded personnel are surviving military action. Unfortunately blast injuries by their very nature usually include vision injuries, hearing loss, and brain trauma.

The bad news is that those same individuals will likely require highly specialized neurological, psychological, and ophthalmological care, life-long mental health care, sophisticated prosthetics and other vital services. At this juncture, there is no definitive connection between IED injuries, these conditions, and veterans' suicides because this possibility has not been adequately investigated. Now is the time to do so.

It must be remembered that we are looking at an issue that will span decades. We applaud the VA for working to reduce the stigma surrounding PTSD and the increase in support services. AMVETS is committed to addressing this issue by piloting a warrior transition workshop. Our team of veterans, trainers and experts associated with Freedom and Honor have shown success since 2005; serving more than 7,000 active duty/veterans in 60,000 hours of training. We recommend that the VA consider both clinical and non-clinical treatment options when deciding how to fill the gap between need and timely access. Non-clinical mental health treatment

options are readily available in most communities, are generally much more cost effective than clinical options with shorter wait times and can be an effective segment in an overall mental health treatment program. The Freedom and Honor Warrior Transition program focus' on making veterans more resilient and can be effectively integrated into the DoD and VA systems. AMVETS will have four pilot programs this year, with one being directed specifically to women veterans.

As previously mentioned, untreated/unhealed physical and mental health combat injuries play a significant role in the number of military/veteran suicides in this country. The data on these suicides are startling and they have continued to rise. This horrific trend is a national disgrace and finding effective, practical solutions should be not only a service-wide, but a nation-wide priority.

Veterans' Benefits

AMVETS believes in the solemnity of the promises made to our military members and veterans when they agreed to leave their homes and families to go fight in our stead. In addition to providing physical and mental healthcare to millions of veterans, the VA is also the primary federal agency providing a variety of benefits to our nation's veterans including: disability compensation, dependency and indemnity compensation, pensions, retirement, education benefits, home loans, ancillary benefits for service-connected disabled veterans, life insurance and burial benefits. It is crucial, that veterans' benefits become a national priority, as they had been following earlier conflicts, and they must be viewed in the context of the service and sacrifice performed by our men and women in uniform. These benefit programs however must not only be maintained, they need to be carefully monitored and constantly improved so they maintain their value and effectiveness.

Like every other VSO, and no doubt every member of these committees, AMVETS is appalled by the seemingly insurmountable disability claims backlog problem, however, since everyone is already so aware of the need to deal with this issue, I will not do more than acknowledge the problem and our commitment to carefully monitoring developments and assisting as appropriate.

As far as the issue of concurrent receipt is concerned, AMVETS firmly believes that all military retirees should be permitted to receive their full, earned military retirement as well as any and all VA disability compensation they may be entitled to; in other words there should be no offset between full military retired pay and VA disability compensation. Each form of compensation is individually earned, in its own right, by the veteran and other federal employees are not unjustly penalized this same way when in an identical situation. AMVETS strongly urges Congress and the Administration to enact legislation to repeal this inequity faced by so many American Veterans.

Women Veterans and Service Members

It is a fact, that every woman who ever served in the military in America did so as a volunteer! Their history of service to this country is long and proud even though their service prior to the Civil War was strictly unofficial; they have been involved in every battle, one way or another, going back to the Revolutionary War. Today, women comprise between 17% – 20% of the U.S. military and they are fully integrated into the combat zones around the world. In the near future women will be allowed to serve in direct combat roles and may be required to sign up for selective service both of which suggest we are entering a new era for women in the military. One can only imagine how these decisions will affect the generations of women to come. VA is already so far behind in meeting the needs of current women service members and veterans that AMVETS is gravely concerned about VA's ability to meet increasing future needs.

Among the most critical issues facing women veterans today are: homelessness, employment, military sexual trauma (MST) and the lack of gender specific health care. These three issues are the trifecta of degradation and deprivation for women veterans. They are also somewhat of a 'Catch-22' in that each issue overlaps and effects the other two, making it that much more difficult to escape this negative cycle. How can we as a nation allow some of our most vulnerable veterans, many of whom also have children, to be living on the streets of our cities? Why is it that a woman should have to fear for her personal safety, not only from foreign enemies, but from her comrades-in-arms simply because she made a conscious decision to serve in the military? All veterans, by their very service to their country, should be guaranteed some basics: shelter, any necessary physical and mental health care, food, job training or education, and an opportunity to support themselves and their children upon exiting the military.

Some of these veterans are already victims of MST and PTSD while on active duty and now they are faced with the dangers and lack of appropriate physical and

mental health care inherent in being homeless. These veterans are often unable to locate temporary housing at local homeless shelters because many of these facilities are not set up to house to accommodate the specific safety and privacy needs of women, not to mention their children. It's a sad fact that homeless individuals are not infrequently involved in the criminal justice system for a variety of offences, including crimes against women and children. This situation is truly a national disgrace and must not be allowed to continue.

A new report from the Government Accountability Office shows that the number of homeless women veterans doubled between 2006 and 2010, with 3,328 women veterans unable to access shelter. Of these women, "almost two-thirds were between 40 and 59 years old and over one-third had disabilities." The numbers are not encouraging and they are expected to get worse. With tens of thousands of troops leaving military service and more slated over the next year, for women veterans with families, it's especially difficult to find work and housing. As of December 2011, The Veterans' Administration estimated that of the roughly 68,000 homeless veterans, more than 5,000 were women. To combat the problem, the VA is training many of its 7,000 case managers to deal with issues specific to women.

National Guard & Reserve Service Members

AMVETS fully supports H.R.679, the Honor America's Guard-Reserve Retirees Act introduced for the 3rd year in a row by Rep. Walz (thank you, Sir!) which would grant Veteran Status for National Guard and Reserve members with 20 years or more in service. This cost neutral legislation would not bestow any new or unearned benefits, it would simply provide career Reserve Component (RC) members the honor of being recognized as a veteran for their many years of service and sacrifice. This bill would also provide an opportunity for Congress and the Administration to show their support for America's military retirees.

What is a military retiree? A military retiree is what a National Guard or Reserve Component member, who has completed a 20(+) year career, is designated upon retirement. If these individuals have never served on active duty (Title 10) orders for other than training purposes for a specified number of days, they are not legally considered veterans. Mind you, they are entitled to virtually all the same retirement benefits as their Active Component brethren, but they are not considered veterans under the law. This unjust situation is not widely known among members of Congress (outside of these committees) or even among members of the RC themselves.

This legislation would authorize Veteran Status under Title 38 for National Guard and Reserve members of the Armed Forces who are entitled to a non-regular retirement under Chapter 1223 of 10 USC but were never called to active federal service during their careers – through no fault of their own. As an example, the service of our National Guard members now serving on Operation Noble Eagle on our Southwestern border on Title 32 orders would not qualify them to earn the status of "Veterans of our Armed Forces" because it is technically a "training" status.

Currently, the Code of Veterans' Benefits, Title 38, excludes from the definition of "Veteran" career reservists who have not served on Title 10 active duty for other than training purposes. Drill training, annual training, active duty for training, and Title 32 duty are not qualifying service for "Veteran" status. It does not make sense that an individual can serve three years on active duty, during a time of war or not and upon leaving the military they are considered a veteran; however, a National Guard or Reserve member who has 20(+) years of service but has not called to federal service is not considered a veteran –even though they wear the same uniform and receive similar benefits.

Homeless Veterans

We as a country have failed many veterans who now find themselves mentally or physical ill, alone, unemployed and homeless. AMVETS urges the committees to consider the importance of supportive housing facilities for homeless veterans, many of which are situated on VA property and/or owned and operated by the VA. One of the first steps that need to be taken to break this chain of poverty is to get our veterans, men and women, off the streets and into supportive housing. Consistent with Secretary Shinseki's goal of eliminating homelessness among veterans by the year 2015, these facilities are vital to the scores of homeless veterans – including those from Operations Enduring Freedom and Iraqi Freedom – that rely upon them for shelter, health care, and other services.

AMVETS appreciates the support that the committees have shown for programs to mitigate the scourge of homelessness among veterans. The VA's "housing first" approach – which has largely been carried out via a combination of increases in HUD-VASH vouchers, enhanced funding for the grant and per diem program, and

support for outreach coordinators – has, in recent years, allowed the VA to make important progress toward its goal of eliminating veterans' homelessness.

Even as this progress continues, AMVETS encourages the committees and the VA to prioritize the construction or repurposing of facilities on VA property to be used for supportive housing for homeless veterans. The shortage of such housing is particularly acute in the Los Angeles region, where approximately 8,000–10,000 veterans remain homeless. This represents an approximate 10 percent share of all homeless veterans nationwide. Remedying the homeless veterans' problem in Los Angeles is essential to meeting Secretary Shinseki's goal of elimination.

Mortuary Affairs

There is no more sacred responsibility than the dignified and respectful recovery, return and burial of our men and women in uniform. With this in mind, we need to remember that NCA's most important obligation is to honor the memory of America's service members. AMVETS is pleased with the fact that NCA continues to meet its goals thanks to the dedication and commitment of Under Secretary Muro and his staff.

NCA does a good job of looking ahead in anticipation of the future needs of our veterans by:

- securing land for additional cemeteries, including two new national cemeteries in Florida and working in CO & NY;
- getting the word out on burial benefits to stakeholders. Including developing new online resources for Funeral Directors;
- making it easier for family members to locate and chronicle loved ones by partnering with Ancestry.com to index historic burial records;
- awarding grant money for State and Tribal Veterans Cemeteries; and
- expanding burial options in rural areas (National Veterans Burial Grounds)

NCA is also a leader among federal agencies in veteran employment programs including:

- 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;
- VA's Compensated Work Therapy (CWT) Program is a national vocational program 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 higher; VA's National Cemetery Administration and Veterans Health Administration have also formed partnerships at national cemeteries, where formerly homeless Veterans from the CWT program have received work opportunities; and
- The Vocational Rehabilitation and Employment (VR&E) VetSuccess Program assists Veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. Services that may be provided include: Comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment; employment services; assistance finding and keeping a job; and On the Job Training (OJT), apprenticeship, and non-paid work experiences.

Does this mean that there are no areas needing improvement at NCA – absolutely not. From October 2011 through March 2012, NCA conducted an internal gravesite review of headstone and marker placements at VA National cemeteries. During that review a total of 251 discrepancies at 93 National cemeteries were discovered which included:

- 218 misplaced headstones;
- 25 unmarked graves;
- 8 misplaced veteran remains

While these incidents were corrected in a respectful, professional and expeditious manner, the internal phase of the NCA review failed to identify, and therefore to report, all misplaced headstones and unmarked gravesites. These additional discrepancies came to light thanks to the diligent oversight of Chairman Miller and the HVAC which had tasked the Inspector General (IG) with conducting an audit of the internal NCA review. The IG report highlighted several concerns and made corrective recommendations. Based on those recommendations, the Under Secretary for Memorial Affairs developed an appropriate action plan and AMVETS recommends continued oversight to ensure the carrying out of all corrective actions.

Prepared Statement of CMSGT (Ret) USAF John R. "Doc" McCauslin

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 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 ad-

dress 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 unemploy-

ment 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

Prepared Statement of Bill Lawson

Chairman Miller, Chairman Sanders and members of the Committees, I appreciate the opportunity to present the legislative priorities for 2013 of Paralyzed Veterans of America (Paralyzed Veterans). Since its founding, Paralyzed Veterans has developed a worthy record of accomplishment, of which we are extremely proud. Again, this year, I come before you with our views on the current state of veterans' programs and services and recommendations for continued improvement in the services and benefits provided to veterans.

BACKGROUND—Paralyzed Veterans was founded in 1946 by a small group of returning World War II veterans, all of whom had experienced catastrophic spinal cord injury and who were consigned to various military hospitals throughout the country. Realizing that neither the medical profession nor government had ever confronted the needs of such a population, the returning veterans decided to become their own advocates and to do so through a national organization.

From the outset the founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing individuals with a spinal cord injury, be they medical, social, or economic. Paralyzed Veterans' founders were determined to create an organization that would be governed by the members, themselves, and address their own unique needs. Being told that their life expectancy could be measured in weeks or months, these individuals set as their primary goal actions that would maximize the quality of life and opportunity for all veterans and individuals with spinal cord injury—it remains so today.

To achieve its goal over the years, Paralyzed Veterans has established ongoing programs of research, sports, service representation to secure our members' and other veterans' benefits, advocacy in promoting the rights of all citizens with disabilities, architecture promoting accessibility, and communications to educate the public about individuals with spinal cord injury. We have also developed long-standing partnerships with other veterans' service organizations. Paralyzed Veterans, along with AMVETS, Disabled American Veterans, and the Veterans of Foreign Wars, co-author *The Independent Budget*—a comprehensive budget and policy document that has been published for 27 years.

Today, Paralyzed Veterans is the only congressionally chartered veterans' service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or disease.

SUFFICIENT, TIMELY AND PREDICTABLE FUNDING FOR VA HEALTH CARE—As the country faces a difficult and uncertain fiscal future, the Department of Veterans Affairs (VA) likewise faces significant challenges ahead. Congress and the Administration continue to face immense pressure to reduce federal spending. With these thoughts in mind, we cannot emphasize enough the importance of ensuring that sufficient, timely and predictable funding is provided to the VA. We anxiously await the budget submission to be released by the Administration that will include funding recommendations for VA programs for FY 2014, the advance appropriation recommendation for FY 2015, and an updated analysis of the funding needs for health care programs for FY 2014.

Meanwhile, Paralyzed Veterans is particularly concerned that the broken appropriations process continues to have a negative impact on the operations of the VA. Once again this year Congress failed to fully complete the appropriations process in the regular order, instead choosing to fund the federal government through a 6-month Continuing Resolution. As a result of the enactment of advance appropria-

tions, the health care system is generally shielded from the difficulties associated with late appropriations (an occurrence that has become the rule, not the exception). However, we cannot be certain that health care spending will not be negatively impacted by this 6-month continuing resolution. The unacceptable manner with which the FY 2014 advance appropriations funding was handled in the FY 2013 continuing resolution reaffirms this concern.

Moreover, *The Independent Budget* co-authors remain concerned about steps VA has taken in recent years in order to generate resources to meet ever-growing demand on the VA health-care system. The Administration continues to rely upon “management improvements,” a popular gimmick that was used by previous Administrations to generate savings and offset the growing costs to deliver care. Unfortunately, these savings were often never realized leaving VA short of necessary funding to address ever-growing demand on the health-care system. Additionally, the VA continues to overestimate and underperform in its medical care collections. Overestimating collections estimates affords Congress the opportunity to appropriate fewer discretionary dollars for the health care system. However, when the VA fails to achieve those collections estimates, it is left with insufficient funding to meet the projected demand. As long as this scenario continues, the VA will find itself falling farther and farther behind in its ability to care for those men and women who have served and sacrificed for this nation.

For FY 2014, *The Independent Budget* recommends approximately \$58.8 billion for total medical care, an increase of \$3.3 billion over the FY 2013 operating budget. Meanwhile, the Administration recommended an advance appropriation for FY 2014 of approximately \$54.4 billion in discretionary funding for VA medical care. When combined with the \$3.1 billion Administration projection for medical care collections, the total available operating budget recommended for FY 2014 is approximately \$57.5 billion.

The medical care appropriation includes three separate accounts—Medical Services, Medical Support and Compliance, and Medical Facilities—that comprise the total VA health-care funding level. For FY 2014, *The Independent Budget* recommends approximately \$47.4 billion for Medical Services. For Medical Support and Compliance, *The Independent Budget* recommends approximately \$5.84 billion. Finally, for Medical Facilities, *The Independent Budget* recommends approximately \$5.57 billion.

As explained previously, P.L. 111–81 required the President’s budget submission to include estimates of appropriations for the medical care accounts for FY 2013 and subsequent fiscal years. With this in mind, the VA Secretary is required to update the advance appropriations projections for the upcoming fiscal year (FY 2014) and provide detailed estimates of the funds necessary for the medical care accounts for FY 2015.

For the first time this year, *The Independent Budget* offers baseline projections for funding for the medical care accounts for FY 2015. While we have previously deferred to the Administration and Congress to provide sufficient funding through the advance appropriations process, we have growing concerns that this responsibility is not being taken seriously. The fact that for two fiscal years in a row the Administration recommended funding levels that were not changed in any appreciable way upon review, and the fact that Congress simply signed off on those recommendations without thorough analysis, leads us to conclude that VA funding is falling farther and farther behind the growth in demand for services. We believe the continued feedback from veterans around the country about long wait times and lack of access to services affirms this belief. As such, we have decided to offer our own estimates of what we believe the true resource needs will be for the VA health care system in FY 2015.

For FY 2015, *The Independent Budget* recommends approximately \$61.6 billion for total medical care. Unfortunately, the Administration has yet to provide its FY 2014 Budget Request which will include an advance appropriation recommendation for FY 2015 for VA health care. For FY 2015, *The Independent Budget* recommends approximately \$49.8 billion for Medical Services. For Medical Support and Compliance, *The Independent Budget* recommends approximately \$6.14 billion. Finally, for Medical Facilities, *The Independent Budget* recommends approximately \$5.69 billion.

Paralyzed Veterans would like to applaud Chairman Miller and Ranking Member Michaud for introducing H.R. 813, the “Putting Veterans Funding First Act of 2013.” This legislation requires all accounts of the VA to be funded through the advance appropriations process. It would provide protection for the operations of the entire VA from the political wrangling that occurs as a part of the appropriations process every year. Similarly, we would like to thank Representative Brownley for introducing H.R. 806, the “Veterans Healthcare Improvement Act.” This legislation

permanently establishes the Government Accountability Office's reporting requirements as a part of VA advance appropriations.

PROTECTION OF THE VA HEALTH CARE SYSTEM, WITH A FOCUS ON SPECIALIZED SERVICES—The VA is the best health care provider for veterans. Providing primary care and specialized health services is an integral component of VA's core mission and responsibility to veterans. Across the nation, VA is a model health care provider that has led the way in various areas of medical research, specialized services, and health care technology. In fact, the VA's specialized services are incomparable resources that often cannot be duplicated in the private sector. However, these services are often expensive, and are severely threatened by cost-cutting measures and the drive toward achieving management efficiencies.

Over the years, the VA has earned a reputation as a leader in the medical field for its quality of care and innovation in both the health care and medical research fields. However, even with VA's advances as a health care provider, some political leaders and policy makers continue to advocate expanding health care access for veterans by contracting for services in the community. While we recognize that VA must tap into every resource available to ensure that the needs of veterans are being met, such changes to the Veterans Health Administration (VHA) would move veterans out of the "veteran-specific" care within VA, leading to a diminution of VA health care services, and increased health care costs in the federal budget. Despite recent calls for providing veterans with increased access through vouchers for private care or the expansion of fee basis care, Paralyzed Veterans strongly believes that VA remains the best option available for veterans seeking health care services.

The VA's unique system of care is one of the nation's only health care systems that provide developed expertise in a broad continuum of care. Currently, VHA serves more than 8 million veterans, and provides specialized health care services that include program specific centers for care in the areas of spinal cord injury/disease, blind rehabilitation, traumatic brain injury, prosthetic services, mental health, and war-related poly-traumatic injuries. Such quality and expertise on veterans' health care cannot be adequately duplicated in the private sector.

Moreover, specialized services, such as spinal cord injury care, are part of the core mission and responsibility of the VA. These services were initially developed to care for the unique health care needs of veterans. The provision of specialized services is vital to maintaining a viable VA health care system. Specialized services are part of the primary mission of the VA. The erosion of these services would lead to the degradation of the larger VA health care mission. Reductions in beds and staff in both VA's acute and extended care settings have been reported, even though Public Law 104-262, "The Veterans' Health Care Eligibility Reform Act of 1996," mandated that VA maintain its capacity to provide for the special treatment and rehabilitative needs of veterans. In addition, Congress required that VA provide an annual capacity reporting requirement, to be certified or commented upon, by the Inspector General of the Department. Unfortunately, this basic reporting requirement expired in 2004.

With growing pressure to allow veterans to seek care outside of the VA, the VA faces the possibility that the critical mass of patients needed to keep all services viable could significantly decline. All of the primary care support services are critical to the broader specialized care programs provided to veterans. If primary care services decline, then specialized care is also diminished.

Meanwhile, as VA services are designed specifically to meet the needs of veterans, VHA has received excellent ratings from patient satisfaction surveys, and garnered much recognition for its national safety program. The VA's system of patient-centered and coordinated care helps to ensure safe and consistent delivery of services. Additionally, independent research organizations have also found VA to be the lowest cost provider when compared to private health care systems. Paralyzed Veterans will continue to oppose any efforts that place the VA health care system at risk of being unable to properly meet the health care demands of veterans, particularly veterans with spinal cord injury or dysfunction.

OVERSIGHT OF THE VA PROSTHETICS PROGRAM—The VA Prosthetic and Sensory Aids Service (PSAS) has created a prosthetics and surgical products contracting center within the VA Office of Acquisition and Logistics that is responsible for ordering prosthetic devices that cost \$3000 or more. This change has resulted in delayed delivery of prosthetic devices, the diminution of quality service delivery for disabled veterans, and prolonged hospital stays for veterans waiting for prosthetic equipment that they need to safely move forward in the rehabilitation process.

The implementation of the new warrant transition process has not unfolded as planned, and an increasing number of veterans are suffering the consequences, languishing in hospitals as in-patients, or at home without their much needed pros-

thetic equipment. The VA is not communicating effectively with veterans and stakeholders in the veteran community to learn of the various ways that this change is impacting veterans and the delivery of their care. Paralyzed Veterans believes that VA's new warrant transition process requires more attention than it is currently receiving, and we recommend increased Congressional oversight to bring attention to the negative outcomes that have resulted from this change, and identify ways to address the issues.

Although the warrant transition involves a small percentage of the total workload for VHA, this change includes critical prosthetic devices such as artificial limbs, wheeled mobility chairs, and surgical implants. Delays in these procurements prove costly to both the government, in terms of unnecessarily extended hospital stays while awaiting equipment, and veterans, in terms of lost independence and quality of life.

PROTECTING VETERANS BENEFITS WHILE MODERNIZING THE VA CLAIMS PROCESS—Paralyzed Veterans believes that VA benefits have no place in deficit reduction efforts. VA disability compensation is a benefit provided because an individual became disabled in service to the country. In addition, many ancillary benefits—particularly Specially Adapted Housing benefits, adaptive automobile assistance, and vocational rehabilitation—are provided to service connected disabled veterans. Moreover, education benefits, such as the Post-9/11 GI Bill, are earned through service. These benefits reflect the debt of gratitude this nation owes the men and women who served in uniform and recognize the challenges they face every day as a result of their service. Any attempt to reduce or modify eligibility criteria would be considered an abrogation of the responsibility that this nation has to veterans and would be wholly unacceptable. Additionally, reduction in funding for VA pension programs would place veterans who live on the financial margins to face the prospect of poverty and homelessness.

Meanwhile, the Veterans Benefits Administration (VBA) continues to work toward reducing the backlog of VA claims, but they must focus on creating a veteran's benefits claims processing system designed to "get each claim done right the first time." This goal cannot be over emphasized. This system needs to be based upon modern, paperless information technology (IT) and workflow systems focused on quality, accuracy, efficiency and accountability and must be capable of continuous improvement. VBA must evolve its corporate culture to focus on information gathering, systems analysis, identification of problems, creative solutions and rapid adjustments. If VBA stresses quality control and training, and continues to receive sufficient resources, timeliness will improve and production will increase and then and only then can the backlog be reduced and eventually eliminated.

VA has presented over 40 initiatives as components of its transformation plan which signals a commendable effort on VA's part to comprehensively confront issues that have long plagued its systems and processes. However, the success of this litany of initiatives depends heavily on whether the VA Regional Offices are properly staffed and resourced, training is adequate, and the cost-benefit analyses are thorough and honest. Given the enormous pressure to reduce the backlog, Paralyzed Veterans is also concerned that there could be a bias towards process improvements that result in greater production over those that lead to greater quality and accuracy.

VA's most anticipated initiative, the Veterans Benefits Management System (VBMS), pioneered the development of a paperless claims IT solution to improve future business processes. It was intended to enable more efficient claims process flow to reduce cycle time by eliminating paper claims and supporting process changes, but its success to date is qualified by the reality that the system is designed to handle simpler cases than those Paralyzed Veterans typically sees and few cases processed to date have involved catastrophic disabilities. Rules-based processes like VBMS treat all veterans the same and can be flawed by imperfect rulemaking and application and does not have the human interaction to fully understand the circumstances of a specific injury.

VBA has struggled for decades to provide timely and accurate decisions on claims for veterans' benefits, especially disability compensation. However, despite repeated prior attempts to reform the system, VBA has never been able to reach the goals it has set for itself. Whether VBA can be successful this time depends to a large extent on whether it can complete a cultural shift away from focusing on speed and production to a business culture of quality and accuracy.

There have been some encouraging steps towards such a cultural shift over the past few years; however, this early progress must be institutionalized in order to create the long term stability needed to eliminate the current backlog of claims, and more importantly, prevent such a backlog from returning in the future. VBA must change the way it measures and reports the work it performs as well as the way

in which employees are rewarded, in order to reflect the principle that quality and accuracy are at least as important as speed and production. It is our understanding that VBA is actually making changes to its methodology for evaluating claims decisions and performance at this time. Ensuring that decisions are correct the first time will, over time, increase public confidence in the VA and decrease appeals.

One of the more positive steps that have occurred as a part of VBA's transformation has been the open and candid attitude of VBA's leadership over the past several years, particularly progress towards developing a new partnership between VBA and veterans' service organizations that assist veterans in filing claims. Veterans' service organizations have vast experience and expertise in claims processing, with local and national service officers holding power of attorney (POA) for hundreds of thousands of veterans and their families. We do however have concerns that VBA has once again shut the door on VSO input with regards to the ongoing revisions of the VA schedule for rating disabilities (VASRD). Our initial assessment of VA's proposed changes to some of the body systems in the VASRD led us to believe that VA was moving in the wrong direction. However, once we began expressing our concerns to VA, access to the revision efforts became more difficult. As a key stakeholder, we believe it is absolutely imperative that VSO's retain a leading role as the VA updates its processes and regulations. It will be incumbent upon the Committees to conduct substantive oversight on VBA's activities to ensure that the primary objective—accurate decisions the first time—is being achieved.

BENEFITS FOR SEVERELY DISABLED VETERANS—Paralyzed Veterans believes that it is time for the Committees to make a concerted effort to improve benefits for the most severely disabled veterans particularly with regards to the rates of Special Monthly Compensation paid to severely disabled veterans. We also believe the Committees should consider the larger benefit that providing travel reimbursement to catastrophically disabled non-service connected veterans will have on the long term care costs that can be saved from this population of veterans.

As you know, there is a well-established shortfall in the rates of Special Monthly Compensation (SMC) paid to the most severely disabled veterans that the VA serves. SMC represents payments for "quality of life" issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to achieve sexual satisfaction or the need to rely on others for the activities of daily life like bathing, or eating. To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, we do not believe that a veteran can be totally compensated for the impact on quality of life; however, SMC does at least offset some of the loss of quality of life.

Paralyzed Veterans believes that an increase in SMC benefits is essential for veterans with severe disabilities. Many severely injured veterans do not have the means to function independently and need intensive care on a daily basis. Many veterans spend more on daily home-based care than they are receiving in SMC benefits. With this in mind, Paralyzed Veterans would like to recommend that Aid and Attendance (A&A) benefits be appropriately increased. Attendant care is very expensive and often the A&A benefits provided to eligible veterans do not cover this cost. In fact, many Paralyzed Veterans members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC-A&A beneficiaries at the R2 compensation level (the highest rate available). We encourage the Committees to consider legislation that specifically address increases to the R1 and R2 rates for SMC and A&A benefits soon.

Also, we believe the Committee should consider expanding travel reimbursement benefits to catastrophically disabled non-service connected veterans. While we recognize that the VA will face tighter budgets in the future, and that this benefit could add a significant cost to the VA, we believe the short term costs of expanding this benefit to this population of veterans would be far outweighed by the potentially greater long term health care costs for these veterans. Too often, catastrophically disabled veterans choose not to travel to VA medical centers for appointments and procedures due to significant costs associated with their travel. They then may end up at an outpatient clinic or a private health care facility that is ill-equipped to meet their specialized health care needs. The result is often the development of far worse health conditions and a higher cost of care. By ensuring that catastrophically disabled veterans are able to travel to the best location to receive necessary care, their overall health care costs to the VA can be reduced.

LONG-TERM CARE—Paralyzed Veterans continues to be concerned about the lack of VA's long-term care services for veterans with spinal cord injury or dysfunction (SCI/D). Approximately 7,300 of our members are now over 65 years of age and another 6,000 are currently between 55 and 64. These aging veterans are experiencing an increasing need for VA's home and community-based services and VA's

specialized SCI/D nursing home care. Unfortunately, we believe that VA is not requesting and Congress is not providing sufficient resources to meet the demand.

The ability to remain in the home for many of these veterans is based on their ability to receive VA home and community-based services such as hospital based home care or respite services. For others, their living status and independence is based on the health of a primary caregiver, usually a spouse, who is also aging and may no longer be able to provide the level of support they once could. VA's non-institutional long-term care services are keys to supporting aging SCI/D veterans and their caregivers and their desires to remain home as they grow older.

Unfortunately, the ability of veterans with SCI/D to access a full range of VA home and community-based care varies across the country. Waiting lists exist at almost all VA facility locations and many other VA facilities don't offer the full range of services mandated by the "Millennium Health Care Act." Additionally, VA program geographic boundaries often limit access to long-term care services provided by a regional VA SCI center.

The availability of these services is necessary to support veterans with SCI/D and their aging caregivers in their own homes, where they most want to be, and at a dramatically lower cost of care to VA. Paralyzed Veterans requests that your Committees encourage VA to provide the full range of home and community-based long-term care services, as mandated by P.L. 106-117, the "Veterans Millennium Health Care and Benefits Act of 1999," at each and every VA facility within the system.

Currently, VA operates only five designated long-term-care facilities for SCI/D veterans. Unfortunately, the existing centers are not geographically located to meet the needs of a nationally distributed SCI/D veteran population. Often, the existing centers do not have space available for new veterans needing long-term-care services, and facilities have long waiting lists for admission. VA has designated SCI/D long-term-care facilities because of the unique medical needs of SCI/D veterans, and the specialty skills and qualifications that are necessary to care for and meet the medical needs of veterans with SCI/D. Therefore, when veterans do not have access to SCI/D long-term-care centers, the quality of care provided is compromised and veterans are forced to seek alternative care settings such as non-SCI/D nursing homes.

While VA has identified the need to provide additional SCI/D long-term-care centers, and has included these additional centers in ongoing facility renovations, such plans have been pending for years. To ensure that SCI/D veterans in need of long-term-care services have timely access to VA centers that can provide quality care, both VA and Congress must work together to ensure that the Spinal Cord Injury System of Care has adequate resources to staff existing long-term-care centers, as well as increase the number of centers throughout VA. Paralyzed Veterans, in accordance with the recommendations of *The Independent Budget* for FY 2014, recommends that VA SCI/D leadership design a SCI/D long-term-care strategic plan that addresses the need for increased access, and makes certain that VA SCI/D long-term-care services allow SCI/D veterans to attain or maintain a community level of adjustment, and maximal independence despite their loss of functional ability."

REPRODUCTIVE SERVICES FOR CATASTROPHICALLY DISABLED VETERANS—A continuing high priority for Paralyzed Veterans is the provision of reproductive services for catastrophically disabled service-connected veterans. One of the most devastating results of spinal cord injury or dysfunction for many individuals is the loss of the ability to have children and raise a family. Paralyzed Veterans has long sought inclusion of reproductive services in the spectrum of health care benefits provided by the VA. We believe they are critical components of catastrophically disabled veterans' maximization of independence and quality of life.

Advancements in medical treatments have for some time made it possible to overcome infertility and reproductive disabilities. For some paralyzed veterans procreative services have been secured in the private sector at great cost to the veteran and family. Similar to the Department of Defense's recognition that reproductive services are crucial elements in affording catastrophically disabled individuals and their spouses with life-affirming ability to have children and raise a family, so too will passage of legislation that will authorize the VA to offer similar services to veterans disabled in service to the nation.

With this in mind, we strongly urge the Senate VA Committee to consider and approve S. 131, the "Women Veterans and Other Health Care Improvements Act." This legislation would afford catastrophically disabled veterans and their spouses the opportunity to finally realize the dream of having children. We would also like to point out that Representative Rick Larsen (D-WA) is preparing to introduce companion legislation to S. 131. We hope that all members of the House VA Committee

will consider cosponsoring this legislation. Additionally, we urge the House VA Committee to take up and approve this legislation as soon as it is introduced.

INCREASE IN CHAMPVA BENEFICIARY AGE—The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the VA shares the cost of covered health care services for eligible beneficiaries, including children up to age 23. Due to the similarity between CHAMPVA and the Department of Defense (DOD) TRICARE program the two are often mistaken for each other. However, CHAMPVA is a VA managed program whereas TRICARE is a health care program for active duty service members, military retirees and their families and survivors.

In accordance with the provisions of P.L. 111-148, the “Patient Protection and Affordable Care Act (ACA),” all commercial health insurance coverage along with TRICARE has increased the age for covered dependents from 23 years old to 26 years old. At this time the only qualified dependents that are not covered under a parent’s health insurance policy up to age 26 are those of 100 percent service-connected disabled veterans covered under CHAMPVA. It is time for Congress to correct this oversight. We urge the House VA Committee to consider and approve H.R. 288 and the Senate VA Committee to consider and approve S. 325 in order to fix this injustice once and for all.

VETERANS EMPLOYMENT AND TRANSFER OF VETS TO VA—The unemployment rate for veterans with catastrophic disabilities currently lingers around 85 percent. Unfortunately, this statistic was true even when the economy was booming. Some of this is due to low self-expectations on the veteran’s part. But employers have played a role in this as well, by submitting to stigmas and misperceptions about the cost of hiring disabled veterans. Paralyzed Veterans led the way by launching our Paving Access for Veterans Employment (PAVE) Program in 2007 in order to erase stigmas and change expectations for veterans who suffered a life-changing circumstance and need help regaining independence and economic self sufficiency.

Our PAVE Program provides core services to more than 1500 veterans, extended services (benefits, health, and/or career assistance) to over 30,000, and our Master’s-level certified counselors have helped more than 250 hard-to-place clients achieve their vocational goals. PAVE counselors and service officers serve any veteran, spouse, or dependent, at no cost to them. Our services extend to all 50 states and Puerto Rico through six regional offices collocated with VA Spinal Cord Injury Centers and our network of 69 service offices around the country. The secret of our success is the “supported employment” model we use. This model allows us to engage veterans at the bedside while they recover, integrate resources, and customize services to individual needs. We then remain Partners For Life with our veterans to ensure they never have to go it alone.

Similarly, we appreciate the emphasis that the Committees have placed on veterans’ employment in the last few years. And yet, we believe more can be done. We strongly recommend the Committees adopt a resolution calling for a five-year extension of the Work Opportunity Tax Credit (WOTC), including the VOW Act credits for veterans incorporated in WOTC. WOTC is particularly important to disabled veterans because two out of three veterans find jobs in the private sector. Unfortunately, most small and medium size enterprises aren’t participating in WOTC because the program will expire at the end of this year. If WOTC were made permanent or at the very least extended for a minimum of five years, we believe significant opportunities would be opened to veterans and disabled veterans seeking employment.

Additionally, we would like to recommend a transfer of all programs administered by the Department of Labor’s Veterans Employment and Training Service (VETS) to the VA. This recommendation is also included in *The Independent Budget* for FY 2014. For nearly two decades, VETS has been charged with providing employment services to veterans and disabled veterans to reengage them in the workforce. Unfortunately, multiple reports from the Government Accountability Office (GAO) and other government commissions have shown that VETS has been unable to provide adequate oversight of the State Grant program and has failed to implement adequate performance metrics to determine the quality of services provided to veterans seeking employment. Moreover, too often Disabled Veterans Outreach Program (DVOP) specialists and Local Veterans Employment Representatives (LVER) have been forced to perform other functions with state workforce agencies leaving veterans without adequate service.

For this reason, Paralyzed Veterans continues to advocate for legislation that would consolidate the programs administered by VETS under the authority of the Department of Veterans Affairs (VA). Consolidating these programs under the umbrella of the VA will ensure better management, oversight, and ultimately produc-

tivity from VETS staff. Additionally, it will ensure that these critical services for veterans are given the highest priority, a principle that is severely lacking under the administration of DOL.

“ONE VA”—In the end, many of the concerns that I have raised reflect the belief that this is not “One VA.” While our ears hear “One VA,” our eyes and our experiences show us 21 individual VA systems masquerading as Veteran Integrated Service Networks (VISNs). The VISN model of health care was intended to create strategic alliances among VA medical centers, clinics and other sites; sharing agreements with other government providers; and other such relationships. Instead, we see these VISNs being run like autonomous entities in a fragmented network, with inconsistent policies and budgetary turf battles that leave many veterans faced with delayed or denied access to care or prosthetics items.

In fact, Paralyzed Veterans service officers had to get involved when one of our members—a 94-year old paralyzed Marine who fought in WWII—endured a longer in-patient stay because two VISNs could not decide which VISN would pay for his hoist lift and commode chair he needs to live independently. In the “One VA” world, it is not his burden. But in this real instance, he was the one caught in the middle of two independently operating VISNs, thus defying any notion of there being “One VA.”

On balance, VA is fortunate to have good people who still adhere to the principle that veterans come before cost considerations and policies. Even in times of national economic difficulty and profound organizational transformation, our Nation’s security is still preserved by the men and women who take the oath and believe in the Country’s promise to care for him or her should they suffer injury or disease. But until we have 21 VISNs that operate with a common purpose, under common policies, variability between VISNs will create even more gaps in which the most vulnerable veterans will fall. We hear “One VA.” Now show us “One VA.”

Paralyzed Veterans of America appreciates the opportunity to present our legislative priorities and concerns for the second session of the 112th Congress. We look forward to working with the Committees to ensure that sufficient, timely, and predictable resources are provided to the VA health care system so that eligible veterans can receive the care that they have earned and deserve. Chairmen Miller and Sanders, I would like to thank you again for the opportunity to testify. I would be happy to answer any questions you have.

Prepared Statement of Sheldon Ohren

INTRODUCTION

Chairman Sanders, Chairman Miller, and Members of the Senate and House Committees on Veterans’ Affairs, my fellow veterans and friends, I am Sheldon Ohren, the National Commander of the Jewish War Veterans of the U.S.A. (JWV). JWV is Congressionally Chartered and also provides counseling and assistance to members encountering problems dealing with the Department of Defense (DoD), the Department of Veterans Affairs (VA), and other government agencies. JWV is an active participant in The Military Coalition, a select group of over 30 military associations and veterans’ organizations representing over five million active duty, reserve and retired uniformed service personnel, veterans, families, and survivors on Capitol Hill. In fact, I am very proud that our National Executive Director, Colonel Herb Rosenbleeth, who is here with me today, is the President of the Military Coalition.

On February 12, 13 and 14, our National Executive Committee members were here in Washington to meet with their Senators and Representatives as part of JWV’s Capitol Hill Action Day(s). Our members prepared diligently for these important meetings and successfully presented many of JWV’s legislative priorities to your colleagues, their members of Congress and congressional staff.

Chairman Sanders, it was a singular honor for JWV to present our prestigious JWV Medal of Merit to you at our Congressional Reception during our days on Capitol Hill. It was equally rewarding to JWV to have so many distinguished guests participate with us!

Mr. Chairman, on Friday, March 15th, we at JWV will celebrate our 117th birthday. For all of these 117 years, JWV has advocated a strong national defense, and just and fair recognition and compensation for veterans. The Jewish War Veterans of the USA prides itself in being in the forefront among our nation’s civic and veterans groups in supporting the well-earned rights of veterans, in promoting American democratic principles, in defending universal Jewish causes and in vigorously opposing bigotry, anti-Semitism and terrorism both here and abroad. Today, even

more than ever before, we stand for these principles. The Jewish War Veterans of the U.S.A. represents a proud tradition of patriotism and service to the United States of America.

As the National Commander of the Jewish War Veterans of the USA (JWV), I thank you for the opportunity to present the views of our 100,000 members and supporters on issues under the jurisdiction of your committees. At the conclusion of JWV's 117th National Convention in Norfolk, Virginia, our convention delegates adopted our resolutions for the 113th Congress. These mandates establish the legislative agenda for JWV during my year as National Commander.

JWV believes Congress has a unique obligation and compelling opportunity to ensure that veterans' benefits are regularly reviewed and improved to keep pace with the needs of all veterans in a changing social and economic environment. JWV salutes the Chairs and Members of both the House and Senate Veterans' Affairs Committees for the landmark veterans' legislation enacted over the past several years. Eligibility improvement, patient enrollment, long-term care, access to emergency care, presumptive Agent Orange disability, enhanced VA/DoD sharing, improved preference rights of veterans in the federal government and other records recognize the debt this great country owes to those who have so faithfully served.

We must improve access to veterans' health care, increase timeliness in the benefit claims process, and enhance access to national cemeteries and to state cemeteries for all veterans.

NO GOVERNMENT FUNDING

For the record, the Jewish War Veterans of the USA, Inc. does not receive any grants or contracts from the federal government. This is as it should be.

THE MILITARY COALITION

JWV continues to be a proud member and active participant of the Military Coalition (TMC). PNC Robert M. Zweiman, JWV's National Chairman, serves on the Board of Directors of the Military Coalition and, again, our National Executive Director, Colonel Herb Rosenbleeth, USA (Ret), continues to serve as the President of the Military Coalition and as Co-Chair of the Coalition's Membership and Nominations Committee.

JWV requests that the Senate and House Committees on Veterans' Affairs do everything possible to fulfill the legislative priorities of the Military Coalition which are applicable to your committees. These positions are well thought out and are clearly in the best interests of our military personnel, our veterans and our great nation.

THE THROWAWAYS

Throwaways are sometimes called disposables or expendables. They include razors, toothbrushes, underwear, clothing, and other products; and now, we can add military personnel, their family, and their dependents.

If you follow political campaigns, advertisements, and TV, you will understand and determine that the most important thing in American life is the balanced budget and then possibly the family, but what the family politicians talk about is solely their own family – forget about yours.

The budget cutters have specifically programmed your (not their) obligation which demands from you the right for you to sacrifice yourself for the well being of military personnel. The obligation for budgetary cash savings has been imposed on you – the usual political “not me” syndrome.

The budget cutters have created and imposed on you a fear of national financial failure by which they have been able to control your way of life. Thus, they have forced you to accept the responsibility for the nation's financial failures rather than to place the responsibility where it belongs, on the creators of the continuing national financial failure.

The pettiness of the methodology is demonstrated when the proposed pay increase of 1.8 percent for military personnel is reduced to 1 percent while the politicians, at the same time, push for the purchase of more tanks while thousands of tanks already exist and lay fallow in fields available for use. Does paying off political donors or self gratification constitute a moral basis for denying a modest pay increase for the personnel we rely on to protect our nation?

For many years, we have raised questions as to the inadequacy (read miserable) of housing for the military and their families. There has always been a national responsibility for creating the atmosphere for a healthy and normal lifestyle.

This budgetary failure has existed for many years without a national leadership (read both Executive and Congressional) acceptance of their moral obligation. The quality of life for military families has become budget-wise, a meaningless quality, essential for a loving and happy home.

Now here comes the new budgetary cost reduction approaches to further disrespect the military and their dependents. Just imagine that for your family breakfast you need to buy some juice, cereal, and milk. First you must get onto a bus, taxi, or your car to go to a nearby town to buy the food. Then you would pay more for the food than you might have to pay on the base plus add the transportation costs and the inconvenience of lost time and waste of effort.

Well, that is the budgetary red tape being forced upon us by the removal and the elimination of PX's, commissaries, and exchanges from our bases. You must recognize that not only do these units provide food, but they also provide clothing, medications, and all the needs and requirements of the shopper to be able to make purchases at reasonable prices. This applies not only to the military and their families but also to retired veterans.

Many of the families also depend on the discounted product coupons found in newspapers which people like my wife, Jeri, send overseas to various APOs where the coupon expiration dates are then extended for six months while those coupons are not time extended at the local stores.

Irrationality is the best indication of the proposal to eliminate and close base schools and require military children to be transported to local town schools. We constantly talk about the need for educational advancement and the requirement for global leadership based on educational skills. Here, we intentionally devalue that goal.

So now we will have to bus the children to local schools where the local students will consider the military students to be "outsiders" and where our children may be unable to participate in after-school activities, sports, and school clubs. They will probably not expect to graduate with their class unless their parent remains on that base. The psychological affect on these children cannot be quantified. The effect on their future lives cannot be projected or protected. And, don't expect the locals to do this out of the goodness of their heart by raising their own local property taxes to pay for it.

The budget cutters are morally indefensible and corrupt. Their actions can result in some of the families returning home, financially unable to live together on base. The budget cutters, by their actions and without respecting human decency, have taken a path intended to disrupt and disable the family unit and weaken our military personnel.

The budget cutters are responsible for the current and the future of those of our military personnel (and don't forget the family members) who may end up with PTSD, homeless, family dysfunction, and other ailments. It would have a clear impact on our society as we have learned from today's life.

You may consider that I am being overly frustrated and overly downcast, but I do realize that common sense tells me that to nickel and dime those who sacrifice themselves on the front lines and define our national security is a national disgrace. To treat our troops as though they are robots entitled only to a little oiling is not merely a dishonor but a serious disease in the soul of America and its citizens.

We all deserve better than having our military personnel and their families being considered a throwaway – especially in one of the wealthiest countries in the world.

MANDATORY FUNDING

JWV continues to maintain that the Congress has an unbreakable obligation to its veterans. Adequate VA funding must be guaranteed by the Congress.

This country has a sacred obligation to those who have served and defended our nation to fully provide for their needs when they return from battle. Mandatory funding is necessary so that all category eight receive the care they need, so that veterans receive long term care, and so that VA medical research will be second to none! This is especially important now that we know more about the real challenges and expenses resulting from injuries to the brain, eyes, amputations, and other catastrophic injuries.

Only when the VA not only knows in advance the level of its funding but also knows with certainty that its funding levels will be adequate for all of its requirements can our veterans be assured that all of their health care needs can and will be met.

SEQUESTRATION

Last year's failure of the Joint Select Committee on Deficit Reduction means that automatic spending cuts, known as sequestration, are scheduled to take effect in early 2013 unless Congress finds other options to reverse the deficit. Cuts in military spending are projected not only to compromise our national security but also increase unemployment by as much as an entire percentage point nationwide. The JWV is deeply concerned about military spending reductions during a time of war. JWV is equally wary about the budget and its potential effect on the Department of Veterans Affairs.

Hundreds of thousands of men and women who served in Iraq and Afghanistan now rely on VA for health care. They enter our nation's VA medical centers, clinics and nursing homes at a time when veterans of previous wars are reaching advanced ages and in need of VA's services. These are services they earned, deserve and were promised. No veteran should have to wait weeks for appointments nor travel hundreds of miles to see providers. Female veterans should have health-care services that meet their needs. Cities such as Orlando, Denver and New Orleans should not have to wait years for the construction of long-overdue hospitals.

The pressure on VA will only mount as defense budget cuts drive down force sizes and more of our military personnel re-enter civilian life. DoD and VA must work in harmony to ease the transition and help the influx of new veterans get the help they need, including timely benefits, access to high-quality health care and careers that match their skills.

Many key veterans programs require coordination with government departments such as Labor, and Housing and Urban Development, which enjoy no protection of any kind from sequestration. Veterans programs within those departments must be protected if they are to succeed.

JWV wants Congress to ensure that national security and veterans programs in VA and other departments are not sacrificed in the budget battle. Previous legislation, such as the Balanced Budget and Emergency Deficit Control Act of 1985 and the Statutory Pay as you Go Act of 2010, included language specifically protecting VA programs from cuts. As the budget deficit widens, similar and specific protections are necessary today.

VETERANS AND BRAIN DISEASE

There are over 220,000 service members diagnosed with mild and severe brain injuries since 2001. Traumatic Brain Injury (TBI) is often called the signature wound of the Iraq and Afghanistan wars. Common causes of TBI include damage caused by explosive devices, falls, and vehicle or motorcycle accidents. Most reported TBI among Operation Enduring Freedom and Operation Iraqi Freedom service members and veterans has been traced back to Improvised Explosive Devices, or IEDs, used extensively against Coalition Forces.

Severe TBI usually results from a significant closed head injury, as in an automobile accident or most open or penetrating injuries, where there may be considerable residual deficits of brain function. Depending on the injury, a severe TBI could impact speech, sensory, vision and cause cognitive deficits including difficulties with attention, memory, concentration, and impulsiveness. There is an aggressive initial treatment program in the theater with neurosurgical expertise.

Rehabilitation services are needed by individuals with TBI who continue to have medical and functional problems following injury and initial treatment. Rehabilitation is begun as soon as individuals with TBI are medically stable. The degree and rate of recovery are difficult to accurately predict because TBI is experienced differently by each person depending upon several unique characteristics, such as the type of injury and an individual's personal health and resilience. Where rehabilitation takes place depends on the person's needs. Individuals with severe TBIs may need inpatient care at a Military Treatment Facility (MTF), a VA Polytrauma hospital, or a civilian rehabilitation center. Individuals with a mild TBI (mTBI)/concussion may be treated at outpatient facilities.

A report released by an Institute of Medicine Committee concluded there is "limited evidence" that some types of cognitive therapy – exercises and strategies taught to patients to recover brain function – work in the long term, especially therapies addressing deficits in memory, attention and communications.

JWV strongly urges the Congress to provide the VA with sufficient resources to properly care for, and rehabilitate veterans with TBI wounds or injuries.

SUICIDES

The Jewish War Veterans of the USA has long advocated the embedding of mental health professionals in all active military units, including the Reserve and National Guard components. The media is reporting an average of one suicide victim per day among the men and women on active duty. The presence of such mental health professionals may prevent some of the suicides and homicides we are now witnessing among those now serving in the military.

The “military culture” demands service members to maintain an aura of toughness and stoic acceptance of the horrors of war. The “code of silence” either encourages or requires members of the military not to report comrades-in-arms to “higher authorities” even when that comrade exhibits characteristics of one who might become a victim of suicide or might strike out angrily and harm those closest to the service member.

The Jewish War Veterans of the USA repeats its enunciated position, that there needs to be a truly innovative approach to anger management within the military and a recognition that there is a problem that absolutely must be approached creatively and that there need to be fewer studies and more action.

Therefore, the Jewish War Veterans of the USA demands the Department of Defense immediately retain the services of as many mental health professionals as required to embed one in each and every military unit, including the active component, Reserve and National Guard.

Furthermore, the Jewish War Veterans of the USA demands funding be provided for the Department of Defense to immediately seek to train the Non-Commissioned Officer Corps and the Company Commanders on how to recognize depression, anger, and the other signs of possible violence either directed inward (suicide) or outward (spousal abuse, etc.)

VA CLAIMS BACKLOG

The Veterans Affairs Department’s disability claims backlog recently edged above the 900,000 mark with 608,365 – 67.6 percent – stuck in the system more than 125 days.

VA reported that total disability claims hit 900,121 as of December 24, 2012, up 24,725 – 2.7 percent – from the backlog that existed at the start of the calendar year on January 3, 2012.

Over the past two years, VA has gone backward. According to VA’s own figures, over 65 percent of veterans with disability benefits claims have been waiting longer than 125 days for them to be processed.

While some regional offices may have an average rate of 76 days per claim, others take 336 days—a troubling inconsistency. Although the VA has a shortage of trained claims personnel, and there is a long lead time to train claims personnel, this average rate of processing must be reduced. Unfortunately, accuracy is also a problem.

VA has been reluctant to publicly post accuracy figures in its Monday Morning Workload reports, but VA’s own STAR reports for accuracy place the rate in the mid 80’s.

VA is hopeful that the Veterans Benefits Management System (VBMS) will eliminate many of the woes that have led to the backlog, but electronic solutions are not a magic bullet. Without real reform for a culture of work that places higher priority on raw speed than accuracy, VA will continue to struggle, no matter the tools used to process claims.

While VA’s stated goals of “no claim pending longer than 125 days” and 98-percent accuracy are admirable, many veterans would settle for their claims being initially processed correctly in a timely manner. Veterans with multiple conditions need to be seen by a primary care physician and should not be handled separately with each condition reviewed one at a time. One veteran-one visit.

If VA employees receive the same credit for work, whether it is done properly or improperly, there is little incentive to take the time to process a claim correctly. When a claim is processed in error, a veteran must appeal the decision to receive benefits, and then wait for an appeals process that may take months to resolve and possibly years for delivery of the benefit.

JWV believes VA must develop a processing model that puts as much emphasis on accuracy as it does on the raw number of claims completed. Nowhere does VA publicly post its accuracy figures. America’s veterans need to have more confidence in the work done by VA.

BLINDED VETERANS

Blinded veterans are of extra special concern to JWV. The large number of IED explosions in Iraq and Afghanistan have led to a huge number of eye injuries and blinded veterans. In fact, orbital blast globe injuries, optic nerve injuries, and retinal injuries have been all too common. JWV strongly urges the congress to insure adequate funding to care for our thousands of veterans with eye injuries.

HAZARDOUS CHEMICALS

JWV applauds VA for processing nearly 230,000 claims through June 2012 that involved the three newest Agent Orange-related conditions. The recent expansion of conditions presumed to be linked to Agent Orange exposure certainly created additional work for VA, which already faces a heavy claims backlog, but VA Secretary Eric Shinseki argued correctly that it was the right thing to do. Decisions about treating and compensating veterans exposed to deadly toxins must never be motivated by whether or not the road will be challenging or costly, but whether or not the veteran has suffered and requires treatment because of the exposure.

JWV strongly supports the establishment of a unified policy to deal with the consequences of exposure to hazardous materials in the military.

JWV urges continued study of all environmental hazards and their effects on servicemembers and veterans. New challenges, such as burn pits, must be addressed. Evidence suggests more than 227 metric tons of waste have been burned in conjunction with JP-8 jet fuel, releasing countless carcinogens into the air that servicemembers have breathed. At the very least, a full accounting of exposed veterans through a burn-pit registry or similar means would be an important step forward.

Agent Orange remains a concern, as thousands of veterans exposed to the toxin are left behind when it comes to vital treatment and benefits. JWV remains committed to ensuring all veterans who served in areas of exposure receive recognition and treatment for conditions linked to Agent Orange. Time is running out for those veterans not designated as having “boots on the ground” during the Vietnam War. Studies indicate “Blue Water Navy” veterans may have experienced higher exposure rates to Agent Orange than those who were on the ground, due to water desalination systems on the ships; this never has been satisfactorily addressed by VA. The time is now to recognize all Vietnam veterans for their exposure to Agent Orange, not just those who had boots on the ground.

JWV urges VA to work with DoD to finally complete the list of exposure locations outside Vietnam, including the C-123 K transport aircraft, Thailand and other supporting areas of the Vietnam theater, as well as Korea.

JWV urges continued close scrutiny by the Institute of Medicine into Agent Orange, Gulf War illness and other concerns. When problems are identified, VA must act swiftly to ensure current compensation and treatment is based on the most recent scientific findings.

VETERAN HOMELESSNESS

VA has promised to devote resources necessary to end veteran homelessness by 2015. To fully implement that pledge, VA is going to have to work closely with Congress to continue making responsible investments in affordable housing and supportive service programs to help more veterans and their families. Current estimates put the number of homeless veterans at approximately 76,000 on any given night, down from 2010 numbers of 131,000 or more.

JWV recommends providing funding for a broad range of appropriate and effective interventions, including:

- Appropriation of funds for the Supportive Services for Veteran Families program. SSVF funds have been used effectively by community organizations to prevent many veterans from becoming homeless and to quickly assist veterans who need nothing more than short-term rental assistance and limited case management to get back on their feet. SSVF funds also can be used to pay for employment services, utility assistance, child care costs and other housing-related expenses.
- Congressional support for the homeless veterans Grant and Per Diem transitional housing program. This program provides short-term housing help to homeless veterans, allowing them to get connected with jobs, supportive services and more permanent housing, ultimately allowing them to become self-sufficient. Promising new models for using Grant and Per Diem funds – including allowing veterans to remain in their GPD housing units once support from the

program ends – and new programs focused on women veterans are helping to ensure that GPD continues to meet the ever-changing needs of returning veterans and their families.

- Congress should provide 10,000 new HUD-VASH vouchers designed to serve homeless veterans (and in many cases their families) who need long-term housing, intensive case management and supportive services. Since 2008, 37,975 vouchers have been awarded, contributing substantially to major reductions in veteran homelessness.

CORRECT THE SURVIVOR BENEFIT PROGRAM (SBP)

Survivors of military retirees who die of service-connected causes and who paid into SBP, and survivors killed in active-duty, should receive both SBP and DIC (Dependency and Indemnity Compensation) benefits without the current dollar for dollar offset. JWV strongly supports legislation to end this offset.

JWV strongly supports HR 178, The Military Surviving Spouses Equity Act, which would correct this inequity.

MIA/POW

JWV has always been an ardent, active supporter of the National League of Families of American Prisoners and Missing in Southeast Asia. JWV will always remember those who are still unaccounted for and their families. We fly the MIA-POW flag in the lobby of our headquarters and place that flag in front of our meeting rooms.

There are still 1,655 personnel listed by the Defense POW/Missing Personnel Office (DPMO) as missing and unaccounted-for from the Vietnam War. The number of Americans announced by DPMO as returned and identified since the end of the Vietnam War in 1975 is 928. Another 63 US personnel, recovered by the US and ID'd before the end of the war, bring the official total of remains repatriated from the Vietnam War is 991. Of the 1,655 missing and unaccounted-for personnel, 90% were lost in Vietnam or areas of Laos and Cambodia under Vietnam's wartime control: Vietnam-1,280 (VN-470); Laos-314; Cambodia-54; PRC territorial waters-7. More than 450 over-water losses are among the 630 DPMO lists as No Further Pursuit (NFP) cases.

RESTORING THE US-RUSSIAN JOINT COMMISSION ON POW/MIA AFFAIRS

In 1992, the US-Russia Joint Commission on POW/MIA Affairs (USRJC) was established by Presidents George H.W. Bush and Boris Yeltsin to determine the fate of personnel of the United States and the former Soviet Union still missing and unaccounted for from the Vietnam War, the Cold War, Korean War and World War II, as well as the former USSR's war in Afghanistan.

The USRJC and its mission have been supported by every President of the United States since its formation. In 2006, President George W. Bush appointed General Robert "Doc" Foglesong, USAF Retired, as the American Co-chair and, in June, 2011, Russian President Dmitry Medvedev appointed Ms. Yekaterina Priyezzheva as the Russian Co-chair and more than 30 Commissioners to the Russian delegation of the Commission.

Over the past several years the Department of Defense has broken promises of support for the USRJC, redirecting funding and personnel to other tasks causing irreparable damage to the USRJC and its ability to accomplish its mission. The Jewish War Veterans of the USA and other veteran's organizations and POW/MIA family member organizations repeatedly have asked the President and the Congress to reinforce their support for the Commission and have received little response.

Therefore, be it resolved that the Jewish War Veterans of the USA calls upon the President to reaffirm his commitment to the USRJC as a Presidential Commission, to General Robert "Doc" Foglesong as the American Co-chair, and their mission through publicly citing his policy priority and backing.

It is further resolved that the Congress provide and direct the Secretary of Defense to restore to the USRJC the funding and personnel diverted to other POW/MIA related tasks, thus ensuring the USRJC and its mission can be restored to its full potential. It is further resolved that the USRJC remain an independent Presidential Commission, with the Department of Defense providing the funding and personnel determined necessary by the Commission.

ANNUAL PTSD SCREENING FOR TROOPS

The National Institute of Medicine has recommended that all members of the military returning from a tour of duty in Iraq and Afghanistan; and should be screened for Post Traumatic Stress Disorder.

Of the 2.6 million service members deployed to Iraq and Afghanistan, some 13 to 20 percent exhibit symptoms of Post Traumatic Stress Disorder. Per the National Institute of Medicine, barely one-half of those diagnosed with PTSD actually received treatment.

Many members of the military do not seek treatment for fear it would injure their career within the military were they to seek treatment. By placing any results of interviews and screening in the member's health file but without any reference to the screening in their personnel file more members would be willing to speak frankly during the interviews and screening.

To be truly effective any interviews and screening process needs to be performed on an annual basis. Frequently, those who do seek treatment are not tracked to determine the success or failure to the treatment provided. There are alternative methods of treatment which have proven successful in non-DoD/DVA settings.

Therefore, the Jewish War Veterans of the USA calls upon the Departments of Defense and Veterans Affairs to immediately implement programs which permit alternative medical therapies such as yoga, bio-feedback, acupuncture and animal-assisted treatment plans as well as the more traditional modalities in order to address the needs of the men and women suffering from post traumatic stress disorder.

Therefore, the Jewish War Veterans of the USA calls upon the Departments of Defense and Veterans Affairs to research the rates of success and failure of the various modalities so that a full and complete conclusion can be made as to the viability of the individual modality.

BENEFITS FOR GLOBAL WAR AGAINST TERRORISM VETERANS

It appears that the men and women who have served during the Global War Against Terrorism may have been exposed to a variety of toxic substances. A considerable percent of men and women serving in the Global War Against Terrorism are victims of military sexual trauma.

Military Sexual Trauma is defined by the Department of Veterans Affairs as, "Sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographical location of the trauma, gender of the victim, or the relationship to the perpetrator."

The Department of Veterans Affairs has developed certain procedures to treat these illnesses and injuries, nevertheless, there needs to be more done immediately to address the growing requests for these services. The only Federal beneficiaries not covered under the Hyde Amendment are women in the Armed Forces. There is greater awareness among the men and women currently serving and recently separated that there is a nexus between their current mental health and physical complaints and the service to their country.

The Department of Veterans Affairs has let it be known that it is seeking to hire 2,500 mental health professional of differing academic credentialing to confront this epidemic. The Department of Veterans Affairs must aggressively recruit and train counselors and evaluators to meet the physical and psychological needs of this new class of veterans.

Therefore, the Jewish War Veterans of the USA calls upon the Department of Veterans Affairs to immediately take any and all steps necessary to handle the needs of the veterans of the Global War Against Terrorism, regardless of the nature of the illness or injury and regardless of the costs to do so; and calls on Congress to pass necessary legislation to have the Hyde Amendment include our servicewomen victims of rape or incest.

Furthermore, the Jewish War Veterans of the USA calls upon the Congress to make immediately available to the Department of Veterans Affairs such funding as may be required by the Department to meet the needs of these veterans.

BUDGET CONTROL ACT

The Budget Control Act takes effect on January 2, 2013. The Budget Control Act mandates a decrease of some \$600 billion over ten years in the country's funding for national security. It appears quite likely that this sequestration of funds will result in an active Army of less than 400,000 personnel.

The downsizing of the active component would have a devastating result in the ability to meet the needs of the United States' foreign policies and would place an abhorrent burden on the Reserve and National Guard components of the Army

thereby causing many members of the Guard and Reserve to leave those components.

This entire scenario can be avoided by an immediate action of the Congress to come to the realization that the Budget Reduction Act must be amended to face the dangerous direction it is leading the Nation. The totality of the proposed reduction in the strength of the armed forces most likely will be: Army-30%, Navy-33 1/3%, Air Force-30%, Marines-20%, Coast Guard-5%.

Therefore, the Congress must act responsively and step beyond partisan politics to prevent the demise of the active Army which would become an Army designed solely to prevent a foreign power from actually invading American soil but which would not be of sufficient strength to be deployed overseas.

Furthermore, the Congress must act so that the research and development of new technologies would continue and new projects and programs could be developed.

CAPITAL ONE'S VIOLATION OF SCRA

Capital One Bank violated the Servicemembers Civil Relief Act by wrongfully foreclosing servicemembers' homes and repossessing their cars. These actions by Capital One were clear violations of the special Protections afforded servicemembers by the Servicemembers Civil Relief Act.

In addition to the violations mentioned above, Capital One, also, improperly denied some servicemembers interest rate relief on some credit cards and car loans. Capital One has agreed to pay at least \$125,000 to each servicemember whose home was illegally foreclosed upon and at least \$10,000 to each servicemember whose motor vehicle was illegally repossessed. Capital One will provide \$5 million to servicemembers denied appropriate benefits on credit card accounts, automobile, consumer loans. The total value of the settlement reached between the Department of Justice and Capital One is approximately \$12 million.

Therefore, the Jewish War Veterans of the USA congratulates the Department of Justice for pursuing the claims of the men and women in the military who were wronged by Capital One and by recovering some of the money due them from Capital One.

Furthermore, the Jewish War Veterans of the USA requests of the Justice Department that the next institution that can be proven to have violated the servicemembers Civil Relief Act not only be required to repay the injured servicemembers but, also, be required to pay punitive damages, as well.

Furthermore, any such offending institution shall be required such reasonable steps as available to repair the credit rating of their wrongful actions.

EXPANDING VETERANS' COURTS

Several jurisdictions have created "veterans' courts" wherein veterans accused of non-violent crimes are either diverted into alternative programs or are tried. The veterans selected to participate in these programs must meet several strict criteria in order to qualify for the "veterans' court". Those veterans who meet the criteria for eligibility are placed in an alternative program wherein they are required to be drug-free with random drug testing and undergo intense psychological counseling including but not limited to anger management. If they successfully complete the program their record is either sealed, expunged, or both.

The recidivism rate among veterans who successfully complete the "veterans' court" program is particularly encouraging in the areas of drug abuse and anger management thereby allowing the veteran to have a better chance of finding and holding a job as well as establishing and maintaining a family life.

Therefore, the Jewish War Veterans of the USA encourages additional jurisdictions to establish "veterans' courts" and to closely monitor these programs and to publish the results of the programs for other jurisdictions to study and emulate.

EXPEDITING DISABILITY EVALUATIONS

The Departments of Defense and Veterans Affairs announced that they had formed a partnership to create and integrate their evaluation of service members into a single system.

This Integrated Disability Evaluation System (IDES) was designed to expedite the evaluation of sick and injured members so that the active component could concentrate and focus on the condition that made the individual unfit for active duty and prepare the service member for follow-up with the Department of Veterans Affairs with a single evaluation occurring rather than two separate and distinct evaluations. The goal of the IDES was to shorten the average time from the time an active duty member first sought an evaluation to the date the member received a

VA check from 540 days to 295 days (with Reservists and Guard members taking an additional ten days).

The new program has woefully missed its' goal with only 19% achieving the goal in 2011.

This is a worthy goal, it but requires a greater dedication of people, funding and technology to fulfill this goal.

Therefore, the Jewish War Veterans of the USA calls upon the Congress and the Departments of Defense and Veterans Affairs to commit to achieving this goal by investing all the requisite resources without reservation and without delay.

REWRITING THE STOLEN VALOR ACT

Our Supreme Court has stricken the Stolen Valor Act as an unconstitutional violation of the First Amendment's right of free speech. This decision by our Supreme Court allows liars, con artists and impersonators to gain prestige, financial rewards, and other benefits from their lies.

Those men and women who earned these Medals through their bravery, often paid for with their blood and lives.

There must be developed a law that can meet the Constitutional mandate while penalizing these liars, con artists and impersonators as frauds and which subjects them to penalties for perpetrating their frauds upon others. The Department of Defense could and must prepare a roster of the men and women who are the recipients of these Medals demonstrating valor and courage.

The Jewish War Veterans of the USA calls upon the Congress to immediately enact a law that does not impinge upon a citizen's freedom of speech but does impose sanctions upon anyone who employs such prevarications for any form of gain be it pecuniary, political, etc.

The Jewish War Veterans of the USA calls upon the Department of Defense to immediately assemble a list of the men and women who are the recipients of the various Medals which denote valor and bravery and a list of those who have committed valor fraud and thievery.

SUSTAINING PRIORITY AND FUNDING FOR ACCOUNTING OPERATIONS

Congress mandated, within the 2010 National Defense Authorization Act, that the POW/MIA accounting community develop the capacity to identify 200 remains per year by 2015.

Accounting for personnel listed as POW, MIA, KIA/BNR from the Vietnam War, Cold War, Korean War and World War II, as well as two listed as KIA/BNR from Desert Storm/ the Gulf War, and Afghanistan is of the utmost importance.

The accounting community has made it clear that it would be impossible to meet the stated identification goal without increased funding and personnel, unless the available resources were redirected to the exhumation of gravesites in national cemeteries or selected sites of multiple casualties, thus diminishing ongoing efforts.

Recent United States policy indicates interest in renewing accounting efforts in North Korea has added additional requirements and, despite assurances from the White House, Department of Defense and U.S. Pacific Command that adequate funds will be available, there is a continuing concern that the current budgetary constraints will impact negatively on the accounting mission.

Political circumstances, environmental conditions and policy interests pertaining to each of the countries in which United States personnel were lost during the Vietnam War, Korean War, Cold War and World War II differ greatly, some posing significant challenges in obtaining agreements for access and cooperation.

Be it resolved that the Jewish War Veterans of the USA calls upon the Congress to appropriate fund and provide personnel for the fiscal years 2013–2018 necessary to expand the pace and scope of American field investigations and remains-recovery operations to ensure that answers for the families of American men and women still missing and unaccounted for from all our Nation's past wars are pursued simultaneously as a matter of the highest national priority of the United States Government and the American people.

DOD MISSION IN DANGEROUS TIMES

The Department of Defense is facing large cuts in the near future. JWV believes this nation must maintain adequate force levels and adequate equipment levels. Military readiness does not come cheaply. Our military personnel should all have a reliable benefits package that will never be reduced.

Today's active-duty service members and those who serve in the National Guard and Reserve components have volunteered to stand watch in this nation's defense. Yet few stand watch for them. Basic benefits of their service, from retirement to TRICARE, are under assault. The defenders of the country need to be able to focus on defending this country. They must not worry their benefits will be pulled out from beneath them while they are focused on more pressing concerns such as terror plots, IEDs, and insurgents seeking to undermine hard-fought gains.

The Congress must insure that DoD is funded to meet all its missions including possible overseas threats from Iran, North Korea, and even China.

BACK-UP TO DOD

VA Hospitals must be adequately funded, staffed and equipped to perform their vital role as this nation's only back-up for DoD medical facilities. U.S. military personnel could possibly suffer casualties exceeding the capacity of the combined military medical treatment facilities. In such a case, the VA would be vital to the nation. JWV again strongly urges the Congress to fund the VA to fully handle this potential workload.

CONCLUSION

Chairman Sanders and Chairman Miller, our great nation must care for its veterans. Our country must, therefore, pay for the costs involved.

At our annual national conventions our members work diligently to develop our legislative priorities. Our dedicated resolutions chairman, PNC Michael Berman, works very diligently to develop our resolutions and to bring them before our convention delegates. Following further fine-tuning by our convention delegates, our resolutions are finalized, and become our legislative priorities for the coming year. We thank you for the opportunity to present them to you today.

Prepared Statement of Vivianne Cisneros Wersel

Distinguished Chairmen and Members of the Senate and House Committees on Veterans Affairs, Gold Star Wives of America, Inc. is grateful for the privilege of testifying on issues pertaining to widows and widowers of our Nation's veterans.

My name is Vivianne Wersel and I am a member of the Government Relations Committee of Gold Star Wives of America, Inc.

Gold Star Wives of America, Incorporated (GSW) was founded in 1945 and is a Congressionally Chartered organization of widows and widowers of veterans who died while serving on active duty or died of a service-connected cause.

GSW's current members are widows and widowers of military members who served during World War II, the Korean War, the Vietnam War, the Gulf War, the conflicts in both Iraq and Afghanistan, and every period in between. GSW is an all-volunteer organization encompassing approximately 8,500 members.

Our primary mission is to support widows and widowers after the death of their spouse and provide a place for widows and widowers to connect with each other. GSW also provides information about survivor benefits and assists widows and widowers in obtaining these benefits. We strive to raise the awareness of Congress, the public, the veterans' community and the military community to the many inequities existing in our survivor benefit programs.

Dependency and Indemnity Compensation (DIC)

In 1956, DIC was established by the Servicemen's and Veterans' Survivor Benefit Act. DIC is an indemnity payable to survivors of military service members and veterans who die on active duty or die from a service connected cause.

According to the fiscal year 2012 VA Office of Survivors Annual Report¹, 338,595 surviving spouses receive DIC.

There are two types of DIC for surviving spouses² - rank-based DIC which is being phased out and flat rate DIC which is \$1215 per month for calendar year 2013. To date the surviving spouses of veterans who served in military pay grades E1 through E6 have been phased into flat rate DIC.

The base dollar value of flat rate DIC was set in 1993 when flat rate DIC was initiated and has been increased only by cost of living allowances (COLA) since that time.

Flat rate DIC is currently 43 percent of the VA Disability Compensation received by veterans rated with a 100% disability. The Civil Service Retirement System and

the military retirement system survivor programs provide 55 percent of the retirement pay of a CSRS employee or deceased military service member to the surviving spouse.

The current VA compensation rate for a VA rated 100% disabled veteran is \$2816. If flat rate DIC were calculated at 55% of \$2816, flat rate DIC would be \$1548 which would be an increase of \$333 per month.

The lowest rank-based DIC rate is \$1215 (E1–E6) and the highest basic DIC rate is \$2594 (O10). If you add the current amount of rank-based DIC of all 23 basic ranks (E1–E9, W1–W4, O1–O10) and divide by 23 the result averages \$1534. This small difference between the requested increase (\$1548) and the average rank-based DIC (\$1534) indicates that the overall cost to the Government for DIC was originally calculated as 55% of the overall cost of to the Government of VA disability compensation of a 100% disabled veteran. This ratio needs to be restored.

Elimination of the Dependency and Indemnity Compensation (DIC) Offset to the Survivor Benefit Plan (SBP)

If a surviving spouse is eligible to receive both SBP and DIC, SBP is reduced dollar-for-dollar by the amount of DIC the surviving spouse receives despite the fact that SBP and DIC are different benefit programs for different purposes by different government departments. DIC is indemnity compensation for the early death of a military or veteran spouse due to a service connected cause. SBP is an earned and purchased annuity based on a percentage of the military service member's retirement pay intended to provide the surviving spouse with income after the death of the service member. The DIC offset to SBP needs to be repealed.

Only surviving spouses of active duty or retired military service members suffer the DIC offset to SBP. Surviving children do not suffer this offset. Surviving spouses of Federal employees do not suffer this offset.

According to a report from the Department of Defense Office of the Actuary as of September 30, 2012, there were 59,241 surviving spouses subject to the DIC offset to SBP. Of those 59,241 surviving spouses 35,124 are fully offset and receive DIC and no SBP and 24,117 receive some SBP and DIC.

SBP pays an annuity to surviving spouses of retired military service members who purchased SBP at retirement, surviving spouses of military service members who died on active duty and were retirement eligible when they died, and surviving spouses of military service members who died on active duty post 9–11. Unless the retired service member chooses a lesser amount, surviving spouses receive 55% of the service members retirement pay or 55% of what the service member's retirement pay would have been had he lived long enough to retire.

Military retirement pay is deferred compensation,⁴ i.e., when the service member was on active duty he or she accepted less pay in exchange for retirement pay. If the service member chooses to purchase the full amount of SBP, premiums for SBP are 6.5% of the retired service member's retirement pay.

Surviving spouses of retired service members who purchased SBP and who are also entitled to DIC receive an actuarially calculated partial refund of the SBP premiums the military spouse paid; the Government retains part of the premiums to pay for the reduced amount of SBP the surviving spouse receives. This partial refund is made without interest despite the fact that the Government had the use of the premiums for many years. The partial refund is refunded as a lump sum and the surviving spouse must pay income taxes on this lump sum in the year it is received.

As you will see in the videos done by Jeanette Pavini for USA Today, many service members and many surviving spouses are unaware that their SBP will be offset by DIC.⁵

We are most grateful for the Special Survivor Indemnity Allowance (SSIA) which Congress provided to those who suffer the DIC offset to SBP. As it is now this SSIA simply goes away at the end of FY 2017. We hope that the DIC offset to SBP can be repealed, but if it is not, we would like to see SSIA stabilized and extended to the years beyond FY 2017.

The Veterans Disability Benefit Commission (VDBC) recommended in 2007 that surviving spouses of military service members be allowed concurrent receipt of full SBP and full DIC.⁶

Surviving spouses who assigned SBP to the children need to be allowed to reselect the SBP for themselves. Children receive the full amount of SBP without offset. Recent surviving spouses of those who died on active duty were allowed and encouraged to assign their SBP benefit to the children. Many of these surviving spouses made the decision to assign the SBP to the children without appropriate explanation or counseling. These surviving spouses assigned the SBP to the children without re-

alizing that the children would only receive SBP until they reached the age of majority and that the surviving spouse would lose SBP for life.

Surviving spouses may remarry at or after age 57 and receive both full SBP and full DIC. It is utterly ridiculous that surviving spouses must find another mate and remarry to receive benefits that the deceased military spouse earned and/or purchased. All surviving spouses eligible for both benefits should receive full DIC and full SBP whether or not they choose to remarry.

Surviving spouses of retired military service members who remarry at or after the age of 57 must repay the partial refund of premiums they received at the time of their spouse's death. If they cannot repay the partial refund in one lump sum, the Government charges interest on the unpaid balance. Since only the most recent 3 years of income tax returns may be amended, most of those who repay the partial refund of premiums cannot reclaim the income taxes they paid on the lump sum refund of premiums.

CHAMPVA-26 and TRICARE Young Adult

Surviving families of military service members who died on active duty and retired service members who died of a service connected cause receive TRICARE. Surviving families of veterans who died of a service connected cause and are not entitled to TRICARE receive CHAMPVA.

- CHAMPVA-26 (H.R. 288) would provide health care coverage for surviving young adult children up to age 26 with no premiums.
- TRICARE offers health care coverage for young adults up to age 26 7also, however TRICARE requires premiums of \$176 per month for Prime coverage, or \$152 per month for Standard coverage per young adult covered.
- The Federal Employees Health Benefit Plan (FEHBP) extended health insurance coverage of young adult children up to age 26 with no increase in premiums.

Surviving spouses of military service members covered by TRICARE and surviving spouses of veterans covered by CHAMPVA receive the same amount of DIC.

Due to the DIC offset to SBP, 60% of military surviving spouses otherwise entitled to SBP are completely offset.

In essence DoD retains the SBP that the surviving spouse does not receive in the Military Retirement Trust Fund and then demands that the surviving spouse make additional contributions to DoD in the form of TRICARE premiums.

It is grossly inequitable for surviving spouses who receive no SBP to be expected to pay premiums of \$152 per month for health care coverage for young adult children when surviving spouses covered by CHAMPVA and FEHBP receive this same benefit with no additional premium. This is especially egregious if the surviving spouse must pay premiums for two or more young adult children.

Payment of TRICARE premiums for young adults should be waived for all surviving spouses who suffer the DIC offset to SBP.

TRICARE Fees

All surviving spouses and surviving children of military service members who died on active duty or died of a service connected cause should be exempt from any increases in TRICARE fees and any new TRICARE fees which might be levied.

- Currently surviving children of service members who died on active duty receive TRICARE Prime without payment of fees until they reach the age of majority.
- Surviving spouses and children of veterans who served in the military but did not retire, surviving spouses who have remarried and whose second or subsequent marriage has terminated and surviving spouses who remarry after the age of 57 receive CHAMPVA and most medications without charge. Surviving spouses and children who are entitled to TRICARE cannot use CHAMPVA and therefore lose part of the indemnity compensation from the VA.
- Surviving spouses of those who died on active duty post 9-11 receive TRICARE Prime for 3 years without payment of fees and are exempt from fee increases.
- Surviving spouses of those who died on active duty pre 9-11 and those who died of a service connected cause pay TRICARE fees for themselves and their children.

Despite all the different categories many of the surviving spouses in each category receive flat-rate DIC of \$1215 per month. All surviving spouses and surviving children whose military sponsor died on active duty or as the result of a service connected cause should be exempt from TRICARE fee increases and any new TRICARE fees that are levied.

Education Benefits

The cost of a college education has increased substantially in recent years. The price of tuition, books, fees and living expenses is significantly more than in past years.

The Chapter 35 education benefit of approximately \$9878 per month for a full-time college student does not come close to covering the cost of tuition, books, fees and living expenses. Surviving children using Chapter 35 benefits to attend college receive no living allowance and no DIC. Chapter 35 education benefits need to be more closely aligned with the benefits provided for in the New GI Bill and Fry Scholarships.

Most Federal education programs have had recent increases and changes, but Chapter 35 education benefits have been increased only by COLAs.

Colleges often demand payment of tuition 2 or 3 months before classes actually start and the student does not receive payment of Chapter 35 benefits until 30 or 45 days after the classes start – a period of 3 to 4 months. All tuition payments not paid directly to the college by the VA should be deferred until the student receives payment of the education benefit from the VA. For students using Chapter 35 benefits to attend college, payment of tuition should be deferred nation-wide until benefits are received.

Recent proposed legislation (H.R. 357 and S.257) requires states to provide in-state tuition rates for veterans using Federal education benefits. To ensure that Federal education dollars are spent most effectively and efficiently, surviving spouses and dependents using Chapter 35 education benefits should be included in legislation to require that states provide in-state tuition rates.

The additional costs involved in a college education must be paid either by the remaining parent or through student loans. It is very difficult for one parent of surviving children to provide the funds for a college education that would have been provided by two parents.

Some states offer a tuition waiver to military and veterans' survivors, but not all states do. Additionally, many of these tuition waivers only apply to a specific group of survivors such as the survivors of combat deaths and exclude the survivors of those who died on active duty or died of a service-connected cause.

Social Security Consumer Price Index

There has been much in the news lately about changing the Consumer Price Index (CPI) used to calculate inflation and the cost of living increase (COLA) for Social Security payments from a CPI-W to Chained CPI.

- The CPI-U covers All Urban Consumers and covers 88 percent of the total population.
- The CPI-W is currently used to calculate COLA for Social Security payments. The CPI-W is an inflation calculation based on Urban Wage Earners and Clerical Workers and covers 32 percent of the population. The CPI-W is a subset of the CPI-U.
- The Chained CPI (C-CPI-U) is based on the same population as the CPI-U and on the idea that if the price of one item increases the consumer will purchase a lower-priced alternate item, e.g., if the price of oranges increases, the consumer will purchase apples instead of oranges.

Changing from the CPI-W to Chained CPI would lower the rate of COLAs. Over time the Chained CPI would lower the amount of COLA for Social Security substantially.

A change from CPI-W to Chained CPI would adversely impact not only Social Security benefits, but all benefits of veterans, disabled veterans, surviving spouses and children. COLAs on all benefits received by surviving spouses and children would also be calculated using the lower Chained CPI and over time create a substantial reduction in the benefits they receive.⁹

VA Office of Survivors

In 2009 Congress approved the VA Office of Survivor Assistance. GSW is very grateful for this office and for the advocacy and the excellent service Debra Walker and Scott Bell provide to survivors.

It is often difficult for new survivors to find grief counseling and grief support groups. Grief counseling and grief support groups could be offered at very low or no cost by VA medical centers and clinics, by the VA Chaplains Service, or by VA Social Services. Contact information about grief counseling and support

groups could be posted on the medical facility website so that survivors could easily find the necessary information.

Training and appropriate reference material on survivor issues needs to be provided to VA employees and the call center contractors who answer phone calls. A number of our members have called for information on survivor benefits and encountered someone who knew nothing about survivor benefits and apparently had no reference material to which to refer.

CHAMPVA Dental Insurance Program

CHAMPVA recipients need access to dental care to maintain their overall health. Congress enacted legislation requiring the VA to provide access to dental insurance for veterans, dependents and survivors through a CHAMPVA pilot program. Over 3 years have passed and this dental program is not yet in place. We are grateful for this legislation, but perplexed at the length of time which has passed without implementation.

DIC and Remarriage at 55

In 2003 Congress approved legislation to allow surviving spouses who remarried at or after the age of 57 to retain DIC benefits. Both the military Survivor Benefit Plan and the Federal employees' survivor benefit plan allow surviving spouses to remarry at age 55 and retain benefits. Allowing surviving spouses to remarry at age 55 and retain their DIC benefit would make the age a surviving spouse may remarry consistent with other Government programs for surviving spouses.

Prohibit Desecration of the U.S. Flag

Gold Star Wives of America urges passage of H. J. Res. 19, proposing an amendment to the Constitution of the United States giving Congress power to prohibit the physical desecration of the flag of the United States. For the past 20 years, Gold Star Wives of America has participated in hearings before the House Committee on the Judiciary, Subcommittee on the Constitution because of our heartfelt belief in the American flag. We urge the passage of H.J. Res. 19.

- 1 <http://www.va.gov/SURVIVORS/OUTREACH.asp>
- 2 <http://www.benefits.va.gov/COMPENSATION/resources—comp03.asp#BM01>
- 3 <http://www.dfas.mil/retiredmilitary/provide/sbp.html>
- 4 <http://militarypay.defense.gov/reports/QRMC/> 11th Quadrennial Review of Military Compensation, Chapter 2, Page 20, Deferred Compensation
- 5 <http://usatoday30.usatoday.com/video/military-widows-must-remarry-to-receive-full-benefits-part-1/1959407678001> <http://www.usatoday.com/media/cinematic/video/1695729/>
- 6 VDBC Report, October 2007, Executive Summary, Allow Concurrent Receipt *Honoring the Call to Duty: Veterans' Disability Benefits - U.S. Senate*
- 7 <http://www.tricare.mil/TYA>
- 8 <http://www.gibill.va.gov/resources/benefits—resources/rates/CH35/ch35rates100112.htm>
- 9 <http://www.sanders.senate.gov/newsroom/news/?id=f63f3003-9c5b-478d-810d-e09b52e4d7c5> <http://www.sanders.senate.gov/newsroom/news/?id=ca71ab54-06d2-42ec-ac6e-568141bb6798>

Prepared Statement of Mark A. Kilgore

THE FRA

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

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

FRA testifies regularly before the House and Senate Veterans' Affairs Committees and Appropriations Subcommittees, and the Association is actively involved in the

Veterans Affairs Voluntary Services (VAVS) program. A member of the National Headquarters' staff serves as FRA's National Veterans Service Officer (NVSO) and as a representative on the VAVS National Advisory Committee (NAC). FRA's NVSO also oversees the Association's Veterans Service Officer Program and represents veterans throughout the claims process and before the Board of Veteran's Appeals.

In 2011, 171 FRA Shipmates provided almost 12,000 volunteer hours of support at 59 VA facilities throughout the country, enabling FRA to achieve VAVS "Service Member" status. Members of the Auxiliary of the Fleet Reserve Association are also actively involved in the VAVS program and hold an Associate Membership seat on the committee which requires involvement at 15 or more VA facilities.

FRA became a member of the Veterans Day National Committee in August 2007, joining 24 other nationally recognized Veterans Service Organizations on this important committee that coordinates National Veterans' Day ceremonies at Arlington National Cemetery. The Association is a leading organization in The Military Coalition (TMC), a group of 34 nationally recognized military and veteran's organizations collectively representing the concerns of over five million members. FRA senior staff members also serve in a number of TMC leadership positions.

FRA celebrated its 88th anniversary on November 11, 2012, and its motto is "Loyalty, Protection, and Service."

CERTIFICATION OF NON-RECEIPT OF FEDERAL FUNDS

Pursuant to the requirements of House Rule XI, the Fleet Reserve Association has received no federal grant or contract during the current fiscal year or either of the two previous fiscal years.

INTRODUCTION

Distinguished Chairmen, Ranking Members and other Members of the Committees, thank you for the opportunity to present the Association's 2013 legislative goals. Before addressing specific issues, it's important to note that veteran's benefits are earned through service and sacrifice in the defense of this great Nation and are unlike other entitlements or benefits programs.

SEQUESTRATION AND THE 2014 VA BUDGET

A top priority for FRA is to ensure that the VA budget is exempt from the effects of the March 1, 2013 sequestration deadline, and to also ensure that the likely extension of the FY 2013 continuing resolution (CR) after March 27, 2013 does not result in unanticipated cuts to VA programs. FRA thanks House Veterans Affairs Committee (HVAC) Chairman Miller and former SVAC Chairwoman Murray for their efforts to ensure that the entire Department of Veterans Affairs (VA) budget is exempt from "sequestration" cuts as mandated by the 2011 Budget Control Act (BCA).

Despite this effort, sequestration, the impact of budgeting by CR without separate appropriations legislation, and delay of the Administration's FY 2014 budget request has created significant anxiety within our membership and the entire veterans' community.

The Veterans Health Administration (VHA) now serves more than eight million veterans and thanks to strong support from these committees and Congress continues to function via advanced appropriations. Our members urge the Administration and Congress to work together to ensure that the advanced appropriations amounts for FY 2013 are sustained and adequate to meet estimated demand for veterans health care – and ensure sufficient funding for FY 2014 and beyond as well. HVAC Chairman Jeff Miller (Fla.) and Ranking Member Mike Michaud (Me.) introduced the "Putting Veterans Funding First Act" (H.R. 813). The bill would require Congress to fully fund VA budget a year ahead of schedule by providing two-fiscal year budget authority, ensuring that all VA services will have timely, predictable funding in an era where continuing resolutions and threats of government shut-downs are all too frequent.

FRA supports the recommendations of the FY 2014 *Independent Budget* (IB) which was recently released by AMVETS, Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA) and the Veterans of Foreign Wars (VFW). The IB has served as a guide for funding the VA for 27 years and provides detailed VA budget analysis to meet the challenges of serving America's veterans. Recommendations for FY 2014 include:

- \$58.8 billion for VA health care, which is \$1.3 billion more than the advanced appropriations from last year;

- \$2.4 billion for the Veteran's Benefits Administration (VBA) which is \$226 million more than the FY 2013 request;
- \$900 million more for FY 2014 VA construction projects (\$2.25 billion); and
- \$611 million for medical and prosthetic research which is \$28 million more than the FY 2013 request.

DISABILITY CLAIMS BACKLOG

FRA views the growing backlog of disability claims as a threat to the Nation's solemn commitment to properly care for disabled veterans. The cost of defending the Nation should include timely and adequate treatment of our wounded warriors. In FRA's online February 2013 survey of veterans, nearly 80 percent of those responding view the disability claims backlog as "very important," and more than 84 percent cite access to VA health care benefits as "very important."

In January 2012, the VA reported that more than 800,000 veterans were awaiting decisions, 60 percent of which were pending 125 days or more – an increase of more than 100% over the previous three years. As of February 18, 2013 there are nearly 900,000 (897,714) disability claims pending with 69.9 percent pending for 125 days or longer. Thousands of additional claims adjusters have been hired since January 2007, yet despite the additional resources and manpower, the backlog of disability claims continues to increase. Adding to the backlog are errors due to inadequate examination, inaccurate processing and lack of oversight.

The Association has for many years urged VA to employ new and improved technology to better manage the flood of disability claims associated with the war efforts and to shrink the disability claims backlog. FRA appreciates efforts by the Veterans' Benefits Administration (VBA) to improve the disability claims process. However, as is widely known by our VSOs and reported in various publications including the *Marine Corps Times* ("VA head envisions radical Improvements in Backlog," Nov. 19, 2012), the problem is made more challenging by more claims arriving each year. The drawdown of troops serving in Afghanistan will likely also result in a million more claims each year for the next three years with 43 percent of claims coming from the Reserve Component that creates additional access challenges.

The VBA is charged with achieving the ambitious goal of having disability claims pending no longer than 125 days, with a 98 percent accuracy rate, and is not only overwhelmed by the quantity of claims but also the complexity of many claims.

The following, Recovering Warrior Task Force statement after its January 14–15, 2013 meeting is noteworthy. "After 12 years of war and the implementation of legislative provisions, policies, and services, DoD and VA still are plagued with basic command and control, coordination, and communication issues that cause inconsistencies and distrust across the agencies, ultimately affecting care for beneficiaries ... We will have another system surge when the troops come home from Afghanistan, a 'tsunami' ... that will again overwhelm the systems – and things will get worse before they get better ... Recovering warriors and their families are starving for practical help – even while they are being overwhelmed by a massive volume of information they are given."

The quality of claims adjudication has also been a concern for FRA. For example The Washington Post, ("Md Vets can face Extreme Waits," Steve Vogel, Feb. 4, 2013) cites that at Regional Office Baltimore, Maryland, disability claims (are) pending 429 days on average and more than 25 percent of those claims are being mishandled. The Association's February 2013 online survey reveals that 89 percent of veterans believe the quality of VA health benefits as "very important," which is the highest rating of all VA quality-of-life benefits in the online survey.

The Veterans Benefits Management System (VBMS), a paperless claims program now used in 18 regional offices, is scheduled to become operational in all 56 regional offices this year has the potential to dramatically reduce the time it takes for processing disability claims. The Washington Post, ("VA Entering the Digital Age for Claims," Steve Vogel, Feb. 4, 2013) references "pilot testing at the Salt Lake City, Utah and Providence, Rhode Island offices [that] the VBMS cut the average time to process a case from 240 days to 119 days according to the agency." VBMS will automate five steps of the standard claims adjudication process including establishment, development, evidence, rating and award.

FRA appreciates the outreach and expanded communication by VA Undersecretary for Benefits Allison A. Hickey. Her leadership at VBA has strengthened and expanded partnerships and improved communications with FRA and other military/veterans organizations. She has pushed for badly needed reform and encouraged a culture of change and reform at VBA. Noted improvements include expanded usage of the eBenefits website and disability benefit questionnaires (DBQ) completed by the claimant's private physician that evaluate disabilities that are the equivalent to

those completed by VA or VA-contracted examiners. (DBQs are 81 different templates that solicit medical information necessary to evaluate medical conditions.)

We appreciate efforts to streamline the claims process, however, challenges remain with implementing and interpreting these processes by both VA and private sector physicians, even with accurately-completed DBQs and duplicative VA exams that slow down the disability claims process.

Another important reform at the VBA is the creation of Quality Review Teams (QRT) in every regional office, charged with seeking out and correcting mistakes with disability claims processing, and providing end-of-month performance reviews intended to reduce lag-time in measuring quality from the current four months to one week and permit timely corrective action. The VBA created three segmented lanes for disability claims (Express, Core, and Special Ops) that should accelerate adjudication for "Express" claims from 250 days to 80 days, and reduce overall claims processing an average of 51 days.

The VA is also cutting red-tape for veterans by eliminating the need to complete an annual Eligibility Verification Report (EVR). The VA has implemented a new process for confirming eligibility for benefits. In the past, beneficiaries had been required to complete an EVR each year to ensure their benefits continued. VA estimates it would have sent nearly 150,000 EVR's to beneficiaries in January 2013. Eliminating these annual reports reduces the burden on veterans, their families, and survivors to submit routine reports to VA each year to avoid suspension of benefits. This will also free up more than 100 employees that processed EVRs that can work on eliminating the claims backlog.

The VA also launched a new initiative that could eliminate the requirement for an in-person medical examination for some veterans and shorten the time it takes to process disability compensation claims. The initiative is called Acceptable Clinical Evidence (ACE). This is a joint effort by the VHA and the VBA to provide a veteran-centric approach for disability examinations. The ACE process opens the possibility of doing assessments without an in-person examination when there is sufficient information in the record.

The VBA has worked to increase the percentage of Fully Developed Claims (FDC) which consists of a complete application, all military and civilian medical treatment records, and relevant military records including the claimants DD 214. Claims submitted under the FDC program are currently processed on average within 115 days. VBA has a goal of increasing FDC claims to reach 20 percent of all claims. This would increase 153,000 claims adjudicated before the 125 day deadline.

FRA continues to believe there is strong bipartisan support to further reform the system and lawmakers have made clear that they want to improve claims processing to eliminate bureaucratic delays and ensure more uniformity between branches of the military and the VA in how they rate disabilities. An effective delivery system is essential along with decisive and appropriate action to correct deficiencies and improve processes. That said, VA can promptly deliver benefits to veterans only if it has modern technology, adequate resources, sufficient personnel training and staffing.

WOUNDED WARRIORS & SEAMLESS TRANSITION

FRA strongly supports the Administration's efforts to create an integrated Electronic Health Record (iEHR) for every service member which would be a major step towards the Association's long-standing goal of a truly seamless transition from military to veteran status for all service members and permit Department of Defense (DoD), VA, and private health care providers immediate access to a veteran's health data.

The importance of fully implemented interoperability of electronic medical records cannot be overstated. However, SecDef Leon Panetta and SecVA Eric Shinseki recently announced jointly that the departments are abandoning plans to create a single electronic health record for active duty military and veterans. And FRA shares concerns expressed by HVAC Chairman Miller at a February 27, 2013 hearing that this change could be viewed as a step backwards on this issue apparently due to budget pressures and higher costs.

There is some sharing now between DoD, VA and the private sector, but more needs to be done. Wider expansion of data sharing and exchange agreements between VA, DoD and the private sector is needed. VA's "Blue Button" initiative permits veteran's online access to some medical history, appointments, wellness reminders and military service information, but most is only accessible only after in-person authentication. VHA is also moving forward on its paperless processes that is Health Insurance Portability and Protection Act (HIPPA) compliant.

FRA strongly supports the VA/DoD joint effort to invest more than \$100 million in new research to improve diagnosis and treatment of post traumatic stress (PTS) and mild traumatic brain injury (TBI) in response to a August 31, 2012 Presidential Executive Order calling for DoD and VA to also establish an inter-agency task force to coordinate their efforts, and VA and Health and Human Services (HHS) will establish at least 15 pilot programs involving community-based health providers to expand mental health services in areas not well served by VA.

The Veterans Affairs and Armed Services Committees must remain vigilant regarding their oversight responsibilities associated with ensuring a “seamless transition” for our Nation’s wounded warriors. In conjunction with this, FRA is concerned about shifting of departmental oversight from the Senior Oversight Committee (SOC) comprised of the DoD and VA secretaries per provisions of the FY 2009 National Defense Authorization Act, to the more lower echelon Joint Executive Council (JEC) which is now responsible for supervision, and coordination of all aspects of DoD and VA wounded warrior programs. This change is perceived by many as diminishing the importance of improving significant challenges faced by service members – particularly wounded warriors and their families – in transitioning from DoD to the VA.

The Association notes the importance of the eBenefits web site which serves as an electronic portal for veterans, service members and their families to research, find, access, and in the near future manage their VA benefits and track progress on claims processing. The program is a service of the VA and DoD and was one of the recommendations of the President’s Commission on Care for America’s Returning Wounded Warriors (Dole/Shalala). There are now more than 1.86 million eBenefits users.

The Association also strongly encourages support for the Navy’s Safe Harbor Program and the Marine Corps Wounded Warrior Regiment (WWR), programs that are providing invaluable support for these personnel before and after they transition to veterans’ status.

MENTAL HEALTH/SUICIDE

FRA believes post traumatic stress (PTS) should not be referred to as a “disorder.” This terminology adds to the stigma of this condition, and the Association believes it is critical that the military and VA work to reduce the stigma associated with PTS and TBI. Access to quality mental health service is a vital priority, along with a better understanding of these conditions and associated care and support that’s currently available.

Suicide prevention is also a priority issue for FRA and the VA’s 2012 Suicide Data Report will hopefully help in reducing the number of veteran’s suicides. In the past, data on veterans who died by suicide was only available for those who had sought VA health care services. This also includes state data for veterans who had not received health care services from VA, which will help VA strengthen its aggressive suicide prevention activities. The report indicates that the percentage of veterans who die by suicide has decreased slightly since 1999, while the estimated total number of veterans who have died by suicide has increased.

As many as 18 veterans are committing suicide every day and access to quality mental health services must continue to be a priority for the VA. In 2005 the VA’s 13,000 mental health professionals were providing care for veterans. Today there are more than 20,000 mental health professionals at the VA and that number should continue to increase. The VA/DoD crisis hot line has assisted more than 640,000 people and recued over 23,000 from potential suicide, and there must be readily available counseling support and expanded awareness of help that’s available to veterans in crisis. Expanding VA counseling to veteran’s family members, strengthening oversight of IDES, and requiring VA to establish accurate measures for mental health were included in the FY 2013 NDAA are also important in addressing this issue.

The Association appreciates the White House efforts at stemming the tide of veteran suicides. President Obama signed an Executive Order on August 31, 2012 aimed at reducing suicides and improving mental health services for veterans, active duty personnel and their families. The order requires the VA to increase capacity of its Veterans Crisis Hotline by 50 percent to ensure that veterans identified as being a danger to themselves or others are connected with a trained mental health professional within 24 hours. The order allows VA to refer veterans in need of immediate mental health care to the TRICARE network and directs the VA and the Department of Health and Human Services (HHS) to expand outreach efforts to service members and veterans, and fill all vacancies for mental health staff positions.

AGENT ORANGE

From 1964–1975 more than 500,000 service members were deployed off the coast of Vietnam and may have been exposed to Agent Orange, a herbicide used in Vietnam. Past VA policy (1991–2001) allowed service members to file claims if they received the Vietnam Service Medal or Vietnam Campaign Medal.

The Association appreciates the establishment of a presumptive service-connection for Vietnam veterans who have B cell leukemia, Parkinson's disease or ischemic heart disease. These diseases are related to exposure to Agent Orange. VA Secretary Eric Shinseki's decision was based upon an Institute of Medicine's (IOM) 2010 report and this is a major step in the right direction, but FRA is advocating for a broader Agent Orange service-connection.

However, a January 2013 VA statement referencing a careful review of another IOM report in 2011, entitled, "Blue Water Navy Vietnam Veterans and Agent Orange Exposure," indicates that there is insufficient evidence to establish a presumption of exposure to herbicides for Vietnam veterans who served off the Vietnam coast during the conflict.

FRA believes that decision maintains the status quo regarding disability claims of these so-called "Blue Water" veterans and that the IOM report validated the 2002 Royal Australian Navy study that confirmed the desalinization process used on Australian and U.S. Navy ships actually magnified the dioxin exposure. The Association continues to seek a legislative remedy to reverse current policy so Blue Water veterans and military retirees who have health problems commonly associated with herbicide exposure will be eligible for service-related VA medical and disability benefits.

FRA notes the VA's efforts to expand presumption to ships exposed to Agent Orange during the Vietnam era. In January 2012 the Department added 47 ships to its list of Navy and Coast Guard vessels that may have been exposed to the Agent Orange herbicide. The list expanded as VA staff determined that a ship anchored, operated close to shore or traveled on the inland waterways and was exposed to the toxic herbicide.

While the expanded VA policy to include veterans who sailed on "inland waterway" ships is significant, FRA believes it does not go far enough. The Association has received hundreds of calls from "blue water sailors" and their surviving spouses, stating that due to service on "their ships" in Vietnam waters, they too suffer or have died from many of the illnesses associated to presumed exposure to herbicides as their "brown water" and "boots on the ground" counterparts.

The Association wishes to thank Representative Chris Gibson (N.Y.) for his introduction of H.R. 543 "Blue Water Navy Vietnam Veterans Act of 2013." The bill was introduced with 42 original bi-partisan co-sponsors. FRA looks forward to the Senate introducing companion legislation and potential hearings on this priority issue of the Association

DISABILITY RATING REVIEW

Aggressive committee oversight of the Integrated Disability Evaluation System (IDES) is essential to ensuring that disability ratings established by this system are fair and consistent. FRA supports the modernization of the VA Schedule of Rating Disabilities to guarantee that the ratings are uniform between the different services, between enlisted and officers, and uniform between DoD and VA.

The 2013 *Independent Budget* (IB), a recent IOM report, the final report (2007) of the Veterans Disability Benefit Commission (VDBC), and the Dole –Shalala Commission all agree that the current disability rating should be reformed to more fully take into account non-economic loss and quality of life factors when determining compensation.

The Association also recommends that Congress change the current practice of rounding down veterans and survivors benefits to the next lowest dollar. Over time, the effect of rounding down can be substantial and our members have expressed concern about these effects.

FRA urges Congress to authorize a presumption of service-connected disability for combat veterans and veterans exposed to high levels of noise and subsequently claim hearing loss or tinnitus. Currently, veterans must prove that the hearing problem was caused by military service.

The Physical Disability Board of Review (PDBR) was mandated by the FY 2008 National Defense Authorization Act to reassess the accuracy and fairness of disability claims that resulted in combined disability ratings of 20 percent or less for service members who were separated from service due to medical conditions rather than being medically retired. To be eligible for a PDBR review, service members must have been medically separated between September 11, 2001, and December

31, 2009, with a combined disability rating of 20 percent or less, and found ineligible for retirement. PDBR can not downgrade a disability for veterans seeking a review if their rating and nearly half of those reviewed have been upgraded to 30 percent or more. FRA urges additional funding for mailing and other outreach efforts to eligible veterans and that adequate staff and resources be provided to the PDBR to be able to process an increase in the volume of veterans seeking a review of their ratings.

COLA

FRA supports Rep. Jon Runyan's (N.J.) legislation (H.R. 569) to provide automatic annual cost-of-living-adjustments (COLA) for veterans with service connected disabilities and survivors of certain disabled veterans receiving dependency and indemnity compensation (DIC). Currently Congress must authorize veteran's COLA legislation every year. Runyan's legislation would make this increase automatic just like the automatic annual increases for military retirees.

The Department of Labor's Consumer Price Index (CPI) is used to determine annual COLAs for various benefit programs. Recent budget reduction discussions have focused in part on the concept of swapping the CPI with the so-called "chained CPI" that takes into account the effect of substitutions that consumers make in response to changes in prices. That change over time would have a significant impact on the annual COLAs for military retirees and on veterans' benefits. SVAC Chairman Bernie Sanders' (Vt.) effort in leading opposition to the chained CPI and the Association is committed to ensuring equitable COLAs for military retiree's retainer pay, veterans disability compensation, dependency and indemnity compensation for surviving spouses and children.

POST 911 GI BILL

The Association strongly supports the "GI Bill Tuition Fairness Act" (H.R. 357) that would require schools eligible for GI Bill education benefits to authorize veterans in-state tuition rates even though they may not be residents of the states where the schools are located. According to a recent Navy Times story, (Jan. 28, 2013), "only 13 states now provide in-state tuition to non-resident veterans." Those who volunteered to defend this Nation did not just defend the citizens of their home states, but the citizens of all 50 states, and the educational benefits they receive from the taxpayers should reflect that fact. The current limit on GI Bill tuition is in excess of \$18,000 per semester and this legislation will ensure that veterans receiving benefits from the Post 911 GI Bill will have their tuition reimbursed, which was the intent of the original Post 911 GI Bill law.

FRA appreciates enactment of the "Improving Transparency of Education Opportunities for Veterans Act" (H.R. 4057), sponsored by Rep. Gus Bilirakis (Fla.) that among its other provisions, highlights available educational resources to help GI Bill beneficiaries choose the school best meeting their educational needs.

The Post 911 GI Bill is a tremendous benefit for service members who qualify for the program and has significantly improved the morale of those currently serving. The VA has provided more than \$24.4 billion in tuition and benefits for more than 870,000 veterans, service members, and their families. The Association urges sustained oversight of the program to ensure that qualifying veterans and their families can make informed decisions about choosing the best educational program for their needs and that they receive benefits in a timely manner. The demand for Post 911 GI Bill benefits is expected to increase as the U.S. military disengages from Afghanistan and there is a drawdown of forces.

Timely processing of GI Bill benefits has been a challenge for the VA, and FRA appreciates the VBA efforts to work with universities, colleges, and trade schools to improve the benefit payment process. By law the VA can not pay GI Bill benefits until the School Certifying Official (SCO) provides VA enrollment certifications. FRA appreciates the VA establishing an SCO hotline for schools having difficulty with the certification process.

ACCESS TO VA CARE

In 2009 there was a partial lifting of the "temporary" 2003 ban on enrolling Priority Group 8 veterans. VA opened enrollment for some (10 percent) of these beneficiaries and the intent was to gradually add 10 percent more enrollments each successive year, however the lifting of the ban stopped after the first year significantly limiting access to care. More than 260,000 veterans have been impacted by the policy. Our Nation made commitments to all veterans in return for their service and

limiting enrollment conveys the wrong message to those currently serving and those who have served in the past.

Expanding access to VA Hospitals and Clinics for TRICARE beneficiaries is important and FRA supports opportunities to expand DoD/VA joint facilities demonstration projects such as combining the VA Hospital and the Naval Hospital at Great Lakes Naval Base, Illinois, and ensuring that military retirees are not required to pay for care in VA facilities. All 153 VA medical centers accept TRICARE beneficiaries except for TRICARE for Life beneficiaries.

The Association is concerned that the Inspector General has launched an investigation of the failure of medical protocols at the Buffalo VA Medical Center that could have exposed more than 700 patients to HIV, hepatitis B or hepatitis C. FRA welcomes HVAC plans to hold a hearing on the problems at that facility.

FRA supports the CHAMPVA Children's Protection Act (H.R. 288), sponsored by HVAC Ranking Member Rep. Mike Michaud (Maine), that increases from age 23 to 26 the maximum age of eligibility for certain dependent children of veterans for medical care under the Civilian Health and Medical Program of the VA. This bill would bring CHAMPVA in line with TRICARE and the insurance requirements created by the Affordable Care Act.

Finally, Congress should expand the VA Caregivers Act to cover full-time care givers of catastrophically disabled veterans before September 11, 2001. In addition, the Defense Centers of Excellence should be adequately funded and staffed.

MEDICARE SUBVENTION

FRA believes authorization of Medicare subvention for eligible veterans would improve access for Medicare-eligible veterans and enhance health care funding for the VA. Under current law, Medicare is not authorized to reimburse VA hospitals for care provided to Medicare eligible veterans. This results in veterans being forced to decide between receiving medical care through the VA, or using Medicare at a non-VA facility and foregoing the personalized care of a VA hospital. Most veterans pay into Medicare for most of their lives, yet the law prohibits them from benefitting from this via care at VA facilities later in life.

WOMEN VETERANS

In January 2013 the Pentagon lifted the ban on women in direct combat and Defense Secretary Leon Panetta stated that women have become an "integral part" of the military and have already demonstrated their willingness to fight during the wars of the last decade. Even before the change women were playing a significant role in the nation's defense.

During the past decade military roles and responsibilities have been broadened and the number of women serving has significantly increased. There are more than 1.8 million women veterans and today they make up more than 15 percent of our active duty forces and 18 percent of the Reserve Component (RC). FRA strongly supports VA efforts to create an appropriate model of care for women veterans and the pilot program to provide child care services for women veterans who come to the VA for treatment of their wounds and injuries. Further, the VA should enhance its sexual trauma and other gender specific programs and continue to improve services tailored to women veterans in all VA facilities.

VETERAN'S EMPLOYMENT

Veteran's unemployment and programs to assist them in finding jobs throughout our Nation are very important. In conjunction with these issues, FRA welcomed news that the Senate recently confirmed Keith Kelly to serve as the Department of Labor (DoL) Assistant Secretary for Veterans Employment and Training Service, a post that had been vacant since July of 2011.

Employer tax credits for hiring veterans are authorized in the recently enacted Veterans Opportunity to Work to Hire Heroes Act (VOW). And veterans' job fairs are being scheduled throughout the country in conjunction with the White House Business Council. These and other efforts have resulted in the veterans' unemployment rate dropping to 6.7 percent, which is more than a full percentage point below the national average of 7.8 percent. TAP and DTAP sessions are now mandatory to also help with the transition of all service members to civilian life and post service employment.

TRANSITION ASSISTANCE PROGRAM

FRA supported making the Transition Assistance Program (TAP) a mandatory program for service members leaving the military. TAP was established to offer job search assistance and related services for separating service members during their period of transition into civilian life.

The Association concurs with the 2014 IB recommendation that stresses the importance of a new TAP curriculum that is relevant to today's transitioning service members, and that Congress must track implementation of the new TAP efforts to ensure its effectiveness. Keith Kelly, the newly confirmed Department of Labor Assistant Secretary for Veterans Employment and Training Service, indicated during his confirmation hearing that he will implement the re-designed TAP. Currently multiple government agencies have jurisdiction (DoL, DoD, VA, and Department of Homeland Security) over the program and FRA supports shifting oversight of these programs to the VA. Kelly also pledged to improve outreach to service members and veterans to ensure they have access to this and other programs to help them find civilian jobs.

VETERANS HOMELESSNESS

FRA supports the goal of eliminating veterans homelessness by 2015. With assistance from the Housing and Urban Development (HUD) the VA has made progress on this issue. According to The Washington Post, ("Donovan, Shinseki hit D.C. Streets for National Homeless Count," Steve Vogel, Feb. 1, 2013), "Last year's count found 62,619 homeless veterans, representing a 17.2 percent decline since 2009." Since HUD and VA have joined forces more than 37,000 homeless veterans have been placed in housing.

FULL VETERAN STATUS FOR RESERVE COMPONENT SERVICE

The Association supports full veteran status for Reservists with 20 years or more of service. FRA appreciates Sen. Mark Pryor's leadership in the last session of Congress by introducing the "Honor American's Guard-Reserve Retirees" (S. 491) bill and filing an amendment to the FY 2013 NDAA that unfortunately was not called for a vote. FRA also appreciates the leadership of Rep. Timothy Walz's (Minn.) companion bill (H.R. 679) that passed the House by voice vote in the last session of Congress.

COURT-ORDERED DIVISION OF VETERAN'S COMPENSATION

The intent of service-connected disability compensation is to financially assist a veteran whose disability may restrict his or her physical or mental capacity to earn a greater income from employment. FRA believes this payment is that of the veteran and should not be a concern in the states' Civil Courts. If a court finds the veteran must contribute financially to the support of his or her family, let the court set the amount allowing the veteran to choose the method of contribution. FRA has no problem with child support payments coming from any source. However, VA disability should be exempt from garnishment for alimony unless the veteran chooses to make payments from the VA compensation award. The Federal government should not be involved in enforcing collections ordered by the states. Let the states bear the costs of their own decisions. FRA recommends the adoption of stronger language offsetting the provisions in 42 USC, now permitting Federal enforcement of state court-ordered divisions of veterans' compensation payments.

NATIONAL CEMETERY ADMINISTRATION

The National Cemetery Administration (NCA) maintains over three million gravesites at 131 national cemeteries in 39 states, the District of Columbia, and Puerto Rico that include 3.1 million gravesites. The VA estimates that about 22 million veterans are alive today. They include veterans from World War II, the Korean War, the Vietnam War, the Gulf War, and the War on Terror, as well as peacetime veterans. It is expected that one in every six of these veterans will request burial in a national cemetery. Annual internments are estimated to have increased to 116,000 in the current fiscal year (FY 2013) and will remain at that level until 2015.

FRA believes that transparency is an effective deterrent to bureaucratic mismanagement and welcomes the recently released VA Inspector General's report that reviewed over three million veteran's graves in 131 national cemeteries that indicated an error rate of less than 0.0003 percent. This report was a result of HVAC Chairman Miller's call last year for a complete audit of gravesites to ensure all veterans and their dependents are buried in the correct graves. Our members appre-

ciate the House Committee's ongoing oversight to ensure that these problems do not arise again at NCA cemeteries. The VA has also indicated it will "tighten procedures" and will continue to conduct audits at the 17 cemeteries where problems were discovered.

The Association supported the recent enactment of the "Dignified Burial and Veterans' Benefits Improvement Act" (S. 3202 P. L. 112-260) that authorizes the VA to furnish a casket or urn for a deceased veteran when VA is unable to identify the veteran's next-of-kin and determines that sufficient resources are not otherwise available to provide for proper burial in a national cemetery.

FRA appreciates the increased burial plot allowance from \$300 to \$700 effective October 1, 2011, although there is still a gap between the original value of the benefit and the current benefit. The Association also supports the FY 2013 IB recommendations to increase the plot allowance to \$1,150. Further NCA's Operations and Maintenance budget should be increased so it can meet increasing demands created by the aging veteran population.

CONCURRENT RECEIPT

FRA continues its advocacy for legislation authorizing the immediate payment of concurrent receipt of full military retired pay and veterans' disability compensation for all disabled retirees. The Association appreciates the progress that has been made on this issue that includes a recently enacted provision fixing the CRSC glitch that caused some beneficiaries to lose compensation when their disability rating was increased. Chapter 61 retirees receiving CRDP, and CRDP retirees with less than 50 percent disability rating that should also receive full military retired pay and VA disability compensation without any offset.

The Association strongly supports legislation to provide additional improvements that include Senate Majority Leader Harry Reid's recently introduced legislation (S.234), Rep. Sanford Bishop's (N.Y.) "Disabled Veterans Tax Termination Act" (H.R. 333) and Rep. Gus Bilirakis' (Fla.) "Retired Pay Restoration Act" (H.R. 303).

SCRA ENFORCEMENT

Certain Servicemembers Civil Relief Act (SCRA) protections have limits. SCRA only protects service members and their families from eviction from housing while on active duty due to nonpayment of rents that are \$1,200 per month or less and covering housing leases up to \$2,932.31 per month. These caps were established in 2003 and FRA supports increasing the caps to account for today's higher cost of living. The Association also wants to ensure that SCRA is enforced by regulatory agencies, including the Consumer Financial Protection Bureau (CFPB), Office of Military Affairs.

Abuses of service members' rights were originally exposed by the House Veterans Affairs Committee under the leadership of Chairman Rep. Jeff Miller (Fla.) during a February 2011 hearing. The hearing revealed J.P. Morgan Chase Bank violated the SCRA by improperly charging higher-than-allowed interest on 4,500 active duty service members' mortgages and foreclosing on 18 service members' homes while they were deployed. These hearings lead to settlement between the Federal government, 49 state Attorneys General, and five of the largest mortgage loan servicers: Bank of America, JP Morgan Chase, Citigroup, Wells Fargo, and Ally Financial.

SBP/DIC

FRA supports the "Military Surviving Spouse Act" (H.R. 32) sponsored by Rep. Joe Wilson (S.C.), and understands that Senate companion legislation may be introduced soon that would repeal the SBP/DIC offset. This bill would eliminate the offset, also known as the "widow's tax," on approximately 60,000 widows and widowers of our Armed Forces.

Current DIC payments are \$1,215 and 2009 legislation partially addressed this inequity by authorizing an increase via the Special Survivor Indemnity Allowance of only \$50 per month for that year, with increases to \$100 in 2014. The above referenced legislation would increase the allowance to \$150 per month in 2014 with gradual increases to \$310 per month in 2017.

SBP and DIC payments are paid for different reasons. SBP coverage is purchased by the retiree and intended to provide a portion of retired pay to the survivor upon his/her death, while DIC is indemnity compensation paid to survivors of service members who die of service connected causes. And it's important to note that surviving spouses of federal civilian retirees who are disabled veterans and die of service connected causes receive DIC without offset to their federal civilian SBP benefits.

UNIFORMED SERVICES FORMER SPOUSES PROTECTION ACT (USFSPA)

FRA urges Congress to examine the Uniformed Services Former Spouses-Protection Act (USFSPA) and support amendments to the language therein to protect its service members against State courts that ignore provisions of the Act.

The USFSPA was enacted 29 years ago; the result of Congressional maneuvering that denied the opposition an opportunity to express its position in open public hearings. The last hearing, in 1999, was conducted by the House Veterans' Affairs Committee rather than the Armed Services Committee which has oversight authority for amending the USFSPA.

Few provisions of the USFSPA protect the rights of the service member, and none are enforceable by the Department of Justice or DoD. If a State court violates the right of the service member under the provisions of USFSPA, the Solicitor General will make no move to reverse the error. Why? Because the Act fails to have the enforceable language required for Justice or the Defense Department to react. The only recourse is for the service member to appeal to the court, which in many cases gives that court jurisdiction over the member. Another infraction is committed by some State courts awarding a percentage of veterans' compensation to ex-spouses, a clear violation of U. S. law; yet, the Federal government does nothing to stop this transgression.

There are other provisions that weigh heavily in favor of former spouses. For example, when a divorce is granted and the former spouse is awarded a percentage of the service member's retired pay, the amount should be based on the member's pay grade at the time of the divorce and not at a higher grade that may be held upon retirement. Additionally, Congress should review other provisions considered inequitable or inconsistent with former spouses' laws affecting other Federal employees with an eye toward amending the Act.

CONCLUSION

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

Our leadership and Legislative Team stands ready to meet with and assist you, other members of the Committees or their staffs at any time, to improve benefits for all veterans who've served this great Nation.

Prepared Statement of John Rowan

Good morning, Chairmen Sanders and Miller, Ranking Members Burr and Michaud, and other members of these most distinguished House and Senate Veterans' Affairs Committees. I am most pleased to appear before you today to present on behalf of the members and families of Vietnam Veterans of America VVA's legislative agenda and policy initiatives for this, the 113th Congress of the United States.

First, though, I want to thank you for your efforts to assist veterans who need assistance, to monitor those agencies of government that need monitoring, and to address the myriad of issues that, quite frankly, need to be addressed, several of which you will find among VVA's deepest concerns.

As you know, although VVA is the only Vietnam veterans service organization chartered by Congress, we advocate on behalf of veterans of all eras, those who served before us and those who have served most recently in the wars in Afghanistan and Iraq, which have supplanted our war as the longest in the history of the republic.

I would hazard a guess that more than a few folks even in this room this morning are unaware that there is a solitary American serviceman who is missing in action in Southwest Asia. In the parlance of the Pentagon, he is a DUSTWUN, "Duty Station Whereabouts Unknown," which doesn't resonate as somberly as "Missing in Action."

You should know that getting the fullest possible accounting of the fates of America's POW/MIAs has long been VVA's top priority. At the conclusion of hostilities in the war in Vietnam, 2,646 American servicemen were listed as missing in Southwest Asia; at the beginning of this month, some 1,653 remained "unaccounted for." VVA's Veterans Initiative program, which reaches out to Vietnamese veterans, has led them to the burial sites of potentially thousands of their comrades. Importantly for us, it has enabled our emissaries to return with the remains of several of our brother soldiers.

VVA has identified and placed into two categories what we consider to be viable Top Priorities: Addressing the Legacy of Toxic Exposures and Fixing the VA. They can be accomplished if there is the political and/or the managerial will. They are achievable if we want them badly enough, and if we can marshal our service and veterans communities and work in concert to convince you, our elected officials, that these are of great importance for all Vietnam veterans and for our families and our survivors. Only one of these will likely require any significant outlay of funding, but its potential benefits for all of American society can be huge.

Let us be clear: Vietnam Veterans of America continues to embrace the newest generation of veterans, who have served with such distinction in Southwest Asia, for their reception home and for the array of benefits accorded to them – the Post-9/11 G.I. Bill, which significantly outdoes the educational benefits of even the original G.I. Bill Congress passed in 1944 in anticipation of the flood of returning servicemen and -women from Europe and the Pacific; and the Caregivers and Veterans Omnibus Health Services Act of 2010 that Congress enacted to assist family caregivers of catastrophically wounded or injured warriors in the wake of 9/11. Consistent with our founding principle, we will never abandon any generation of veterans.

But while attention has appropriately been given to veterans of our nation's recent and current wars, make no mistake: Vietnam veterans still have unmet needs. And we refuse to be passed by and dismissed or forgotten.

This Administration has made real strides in recognizing the inequities we have suffered, and for this they – especially VA Secretary Eric K. Shinseki and President Barack Obama – deserve our thanks. Enactment of the Top Priorities we outline here, in both Addressing the Legacy of Toxic Exposures and Fixing the VA, can go a long way towards ameliorating some of these needs – not just for Vietnam veterans but for veterans of all eras.

And make no mistake: When we reference “toxic exposures” we don't mean only Agent Orange – dioxin – or the burn barrels so many of us stood next to in Vietnam. We are going well beyond our own concerns. We are also addressing the intense plume from the explosion in 1990 of the “ammunition dump” at a place called Khamisiyah during the Persian Gulf War; and we are concerned about the effects on those who worked in and lived near the scores of burn pits that were so much a part of the landscape of the American presence during the long years of Operation Enduring Freedom in Afghanistan and Operations Iraqi Freedom and New Dawn in Iraq. And as our understanding of toxic exposures increases, we strongly urge the Department of Defense to think prospectively, to anticipate and not just react, to the likelihood of similar exposures in future conflicts as part of the true “cost of war” – and the lifelong, even intergenerational legacies they may generate.

U.S. and Allied troops are for the most part out of Iraq. The President has promised that almost all American troops will exit Afghanistan by the end of 2014. As long as our forces are in harm's way, there is a reservoir of sympathy for their service and their sacrifices. This translates into protected funding for VA personnel and programs. Once the shooting ceases and all the troops return to our shores – even though the VA will have the enormous task of dealing with their wounds both physical and mental for the rest of their days – it is likely that Congress will no longer be so generous. This we Vietnam veterans know only too well.

Addressing the Legacy of Toxic Exposures

Not all wounds of war are immediately obvious. Much has been written about the impacts of combat on the human psyche, and such mental ills known now by their acronyms – PTSD (Post-traumatic Stress Disorder) and TBI (Traumatic Brain Injury) – have been accorded much attention by the Pentagon, prodded, as it were, by the press and the public and the national veterans' service community.

Not so evident are the insidious long-term effects of exposures to toxic substances. Substances like dioxin. And mustard gas. And sarin and VX and BZ. As we can now testify, symptoms can present a decade or more after exposure and separation from service. And by “long-term effects” we don't mean only on the veteran. We refer as well to their progeny, a generation or more into the future. They are in effect also wounded by the war in which their mother or father served. There has been a paucity of research in this area. You would think – you would hope – that the VA, with its multi-million dollar budget for research, would try to initiate at least a few studies in this area. But you would be wrong.

To help right this wrong, VVA has developed a bill we expect to be introduced initially in the House of Representatives. We intend to identify champions for this legislation and seek co-sponsors from both sides of the aisle to move this bill, to get a hearing in the appropriate committee, and then push on from there. The CBO,

the Congressional Budget Office, will score the bill: make no mistake, there will be a cost to do it right. But the cost is worthwhile, and the cause is righteous.

The legislation we have crafted, which we are calling the Veterans' Family Preservation, Health Maintenance, and Research Act of 2013, embraces these elements:

- A veteran's military medical/health history shall be a mandatory piece of the electronic patient medical treatment system to be developed in concert with the national rollout of this system;
- A database registry within the Veterans Health Administration, the VHA, modeled on the VA's Hepatitis C Registry, shall be established for veterans exposed to Agent Orange/ dioxin that would replace the current registry; similar registries shall be established for the Persian Gulf War, Operations Iraqi Freedom/ New Dawn and Enduring Freedom, the Global War on Terror, and other significant deployments, e.g., Bosnia, Somalia, the Philippines; and for any duty station in CONUS, e.g., Camp Lejeune, Air Station El Toro, or overseas military installation, e.g. Guam, Okinawa, potentially contaminated by toxic substances;
- A national Center for the Treatment and Research of Health Conditions suffered by the Progeny of Veterans Exposed to Toxic Substances during their military service shall be established;
- An Advisory Committee to oversee the work done at the Center, and to advise the Secretaries of Health and Human Services and Veterans Affairs on issues related to the research, care, and treatment provided for in this bill, as well as on the benefits and services needed by the progeny of veterans exposed to toxic substances during their military service, also shall be established;
- An Office of Extramural Research, the focus of which shall be on environmental studies of toxic exposures and other hazards experienced by troops during their service in the United States military, shall be established, and funded on its own dedicated budget line, by the Secretary of Veterans Affairs;
- An Extramural Research Advisory Council to advise the Secretary of Veterans Affairs and the Director of Extramural Research on guidelines for research proposals and to weigh the evidence of various epidemiological studies on the health effects of toxic exposures on veterans and their progeny, shall also be established; and
- A coordinated, ongoing, national outreach and education campaign using such means as direct mail, on-line media, social media, and traditional media to communicate information about such exposures and health conditions, as well as the existence of the National Center to all eligible U.S military veterans and their families affected by incidents of toxic exposures, shall be conducted.

Extending the Relationship with the IOM

Since 1996, the Institute of Medicine, the IOM, a component entity of the National Academy of Sciences, has been producing, under contract with the VA, biennial editions of Veterans and Agent Orange. The next one, representing its reviews of the scientific literature in 2012, will be the last, unless Congress renews its mandate to the VA to continue its relationship with the IOM to empanel experts every two years to review the literature, conduct hearings across the country, and issue the Update.

Although the Update does not make recommendations, its findings of degrees of association are crucial in helping the VA evaluate a health condition to determine whether or not it should be considered as a presumptive for a service-connected disability rating. It is critical that Congress pass legislation to direct the VA to renew its contract with the IOM for at least another decade. Just as more research must be conducted, so must such research be evaluated.

Fixing the VA

Oversight and Accountability

As we did for the 112th Congress, we again want to make it clear: Funding is not the primary issue when it comes to the ever-ballooning backlog of claims and appeals encountered by the beleaguered Veterans Benefits Administration. We will continue to work with the VBA to revamp the overburdened compensation and pension system, integrating the fruits of several IT pilot projects that have shown exceptional promise, along with competency-based testing of service representatives and VA adjudicators and a still-evolving array of necessary reforms.

Because VA "challenge training" for new raters has shown promising gains in efficiency and quality, the VA would be wise to quickly deploy this model to all staff. This should ensure that all are up to date on the current rules and initiatives. Also, the "lane" model has shown efficiency gains but is not being deployed for all claims.

Why not? This model needs to be expanded to include non-rating claims such as adding and removing dependents, to reduce the number of overpayment cases.

Yet for reforms to truly succeed, there must be far better oversight of and by managers who are paid very well to administer a system that is all too obviously not functioning as it ought to. Management audits and assessments must be a component of annual performance reviews that are clear, specific, and success-oriented. There must also be focused and hard-hitting oversight by the Veterans' Affairs Committees in both the House and Senate, as well as in the Appropriations and Budget Committees. We have been pleased with the progress under the leadership of Under Secretary for Benefits Allison Hickey. She has been a breath of fresh air. Still her greatest challenge is to upend an entrenched corporate culture long resistant to change. She has also been daunted by certain persistent IT problems.

On a parallel track, there needs to be real accountability in the management of the Veterans Health Administration. With Advance Appropriations now law for a trio of the VHA's medical accounts, there can be no excuses as to why a VA medical center fails to hire the nurses it needs as it enters a new fiscal year, or does not purchase the new MRI machine that its radiologists insist they must have, or give the go-ahead for several of the small yet pivotal construction projects that in the past would have been put off pending passage of the budget for the next fiscal year.

VVA maintains that measures to ensure accountability must be essential elements in funding the VA. Key to achieving this is to significantly overhaul the system of bonuses for Senior Executive Staff to reward only those who have taken that extra measure, who have walked that extra mile, to ensure that what they are responsible for has been done well, on time and within budget; and for those who innovate and improve the systems and projects under their auspices. Bonuses should be withheld from those who just do their job – that is, after all, why they are handsomely paid. Those who perform poorly need to be removed or reassigned; and any manager or supervisor who gets caught lying to a veteran, to their supervisor, or to a Member of Congress should be dismissed. And bonuses should be given with a caveat attached: If you accept the bonus, you promise to stay with the VA for a given period of time, and not just take the money and run.

Outreach

There are approximately 22 million veterans in the United States today. Two-thirds of them never interact with the VA at all. They have, or have had, jobs. They go to their own private physicians when they need to. Or they may be uninsured. They have no cause to venture into a VA medical center or regional office. Most are ignorant of the array of benefits to which they have earned by virtue of their military service. Even the one-third of vets who do interact with the VA's healthcare system and/or its benefits administration are not familiar with much of what is available to them, to their families and their survivors.

Why? Because the VA has historically done a shoddy job at best of reaching out to America's veterans. And even if a vet goes to a VA medical center or community-based outreach center to be treated for a combat-related wound or injury, more often than not s/he will not be given information directing them to apply for disability compensation benefits through the Veterans Benefits Administration, whose computer system does not synch with that of the Veterans Health Administration. And still the VA and DoD keep promulgating the fantasy of a "seamless transition."

The VA has an ethical obligation, as well as a legal responsibility, to inform all veterans and their families not only of the benefits to which they are entitled, but also about any possible long-term health problems they may experience that might derive from when and where they served.

It is only in the past few years, however, that the VA has begun to take its responsibility to reach out seriously. They are customizing benefits handbooks for every living veteran. They are opting for paid advertising in select markets to reach targeted populations of veterans. They are using social media to reach our youngest generation of vets. They are attempting, at long last, to get out helpful messages, e.g., "If you served, you deserve."

While Secretary Shinseki and his team are to be applauded for their initiatives in this realm, their efforts still seem scattershot and limited. We have yet to see a unified, strategic communications plan, one that integrates TV and radio ads, billboards, ads and feature stories in select popular publications, and social media. Taken together, these can have a dramatic impact, not only in informing veterans – and perhaps most importantly, their families – about issues and benefits, but also in reassuring the community of veterans that the VA really is living up to its founding principle, taken from Lincoln: To care for him who shall have borne the battle, and for his widow, and his orphan.

Extending the Caregivers Act

VVA supported legislation to assist family caregivers of catastrophically wounded or injured warriors after 9/11. Just as we saved badly – desperately, horribly – wounded troops during our war, troops who would have died during World War II or Korea, thanks to the bravery and the tenacity of our medevac crews and military medical personnel at evacuation hospitals, this new generation of medevac crews and medical personnel have been saving catastrophically wounded warriors who would surely have died in Vietnam. Heart-rending testimony before congressional committees by some of these surviving veterans, and by their wives and mothers, moved Congress to pass the Caregivers and Veterans Omnibus Health Services Act of 2010 to assist family caregivers of catastrophically wounded or injured warriors after 9/11.

There was a caveat in this legislation: that the VA Secretary is to report to Congress by May 2013 on how the caregiver program has been working, and what, in his judgment, might be the efficacy of extending the program to embrace family caregivers of veterans of Vietnam and Somalia and the first fight with Saddam Hussain in the Persian Gulf. When that report is completed and is delivered, will caregivers who have given up careers to spend their lives caring for a beloved brother or husband or father, mother or sister, whose wounds or injuries have required constant attention so that s/he could live in a home setting be pleased that they might receive some of the benefits of this legislation at long last? How many caregivers of Vietnam veterans will potentially be eligible to become part of the caregivers program? And who in Congress will step to the plate to correct what is very clearly a gross inequity?

Cleaning Up the CVE

The VA's Center for Veterans' Entrepreneurship is supposed to ensure that a small business owner who claims to be a veteran, or a disabled veteran, really is what s/he claims to be, and is therefore eligible to bid as such on government contracts. Sounds like a righteous and proper function of a government agency, right? Well, right only in theory. The operation of the CVE has been charitably characterized as a "mess" that is causing thousands of veteran and service-disabled veteran small business owners to be deprived of millions of dollars in contracting opportunities after having been given a bureaucratic runaround and then been told that they do not qualify as a legitimate veteran or disabled veteran-owned entity.

It has become apparent that either the regulations that govern the operation of the CVE are fundamentally flawed or that the adjudication process is out of control and not being properly managed. Verifications, which had a denial rate of nearly 60 percent until VVA, the American Legion, VetForce, and others began exposing the absurdity of denying verification because of minor technicalities or unmistakable errors by the VA itself, had at last count a denial rate hovering at roughly 27 percent.

VVA seeks a verification process that is reasonable but not intrusive. We value the integrity of this program. We want to ensure that no wannabe crooks get verified at the expense of real disabled veterans. If there are crooks already in the program, they need to be identified, apprehended, prosecuted, fined, and if a judge determines justice demands it, be sentenced to time in prison. Now, though, crooks are not being caught, but legitimate veteran-owned businesses are in fact being destroyed.

Clearing Up the 'Backlog'

It is unconscionable for a claim for disability compensation to go unadjudicated for two years. How about if it languishes in the great maw of the VBA for four years? Or even longer? Far too often, claims with this profile are the rule, not the exception. With an ever-increasing caseload – raters handled one million-plus claims in 2011 – the only way the VBA will be able to deal with the volume of new claims and make even a dent in the burgeoning backlog is to put into play those IT pilot projects that have shown that they are viable. It's time to treat the backlog as what it is: a crisis, and attack it at its roots.

The VBA can start by mandating that all claims without resolution after four years get immediate attention if they are in the purview of the VA. If they are in the courts, VA managers should work with the administrative judge to place them at the top of the docket whenever possible.

The VBA should do what it knows it ought to have been doing in the first place: triaging all new claims. Relatively simple claims ought to go through quickly, e.g., there is no reason why a simple claim for tinnitus cannot be fast-tracked within two or three months. Claims for the obvious, e.g., the traumatic amputation of a limb,

or blindness, also could receive an initial adjudication for the major wound; associated or secondary conditions can be rated later.

Though the VA does have a “duty to assist,” it should be the responsibility of the county or VSO service representative to deliver a substantially developed claim. If there are seven elements to a claim, and only four have been properly developed, perhaps part of the VA’s duty to assist ought to be to suggest that the claim should be for only the four developed parts, with a subsequent claim for the other three when they can be further and more fully developed.

The manner in which VBA managers “grade” their raters needs to be re-examined, inasmuch as the current system puts a premium on volume, on an increase in speed at the cost of doing it right the first time. The result? An unacceptably high number of remands when unhappy veterans and their advocates appeal their denials, or the amount of their awards. What’s the answer? Training not only for new raters – and veterans’ benefits representatives – but for all VBA employees involved in the benefits side of the administration.

And the VA can do something else: They can better define “backlog.” With a simple graph, or set of graphs, on their web site, that illustrate A) the total number of the ‘backlog’ divided into segments, e.g., claims ten years or more; five to ten years; three to five years; 18 months to three years; nine to 18 months; six to nine months; three to six months; under three months; B) the number from each of these categories that have been adjudicated; C) the number of cases appealed; with an explanation as to why cases are appealed.

The Veterans Benefits Administration has managed to cultivate a reputation as the veterans’ adversary. Under Secretary Hickey has a long slog to at least bend the corporate culture she – and Secretary Shinseki – have inherited for veterans to feel that the VBA just might be their advocate.

Other Priorities and Initiatives

VVA will work to address other specific issues of concern to veterans and our families that warrant the attention of Congress and the American people. What follows are our most significant and, we believe, potentially achievable legislative priorities and policy initiatives in these areas.

PTSD and Substance Abuse

- VVA shall work with Congress to take whatever measures are deemed necessary to ensure accountability for the organizational capacity and funding for the accurate diagnoses and evidence-based treatments of the neuro-psychiatric wounds of war, particularly for Post-traumatic Stress Disorder (PTSD), substance abuse, Traumatic Brain Injury (TBI), and suicide risk.
- VVA shall work with Congress to ensure that the Departments of Defense and Veterans Affairs develop, fund, and implement evidence-based, integrated psychosocial mental health programs, substance abuse recovery treatment programs, and suicide risk assessment programs for all veterans and their families, for active-duty troops and their families, and for Reservists and members of the National Guard who have seen service in a combat zone.
- VVA shall work with Congress to ensure that DoD corrects all wrongful diagnoses of “personality disorder,” “adjustment disorder,” and “readjustment disorder” discharges of its men and women so that all veterans found to have been inappropriately diagnosed and discharged are correctly diagnosed and accorded access to the benefits and care that they deserve and to which they should be entitled.

Veterans Health Care

- VVA shall insist that VA researchers focus on studies that delve into the wounds, maladies, injuries, and traumas of military service and war, with specific research into the health issues unique to all U.S. military operations and troop deployments; and shall continue to monitor the progress of the National Vietnam Veterans Longitudinal Study (NVVLS) to ensure that is conducted to completion without any needless delay, and that it will in fact be a true longitudinal study and accounting of the physical and mental health and overall well-being of Vietnam veterans, according to the protocols established under Public Law 106–419.
- VVA shall encourage Congress to mandate the VA to change that department’s overly restrictive and secretive process for adding, or not adding, pharmaceutical treatments and drugs to its prescription drug formulary and to bring it into line with the more transparent and expansive formulary process used by the Department of Defense.

- VVA shall continue to press the VA to research and implement long-term care and wellness options for our country's aging veteran cohort, a need that is only going to increase over the next decade.

Minority Veterans

- VVA urges Congress to investigate if our nation's minority veterans are given lesser treatment for health conditions at VA medical centers and community-based outpatient clinics (CBOCs).
- VVA urges Congress to mandate that the VA provide brochures and other information for Spanish-speaking veterans, particularly those residing in Puerto Rico, inasmuch as many male veterans are convinced to seek VA medical assistance by members of their family, who may speak Spanish exclusively.

Agent Orange/Dioxin & Other Toxic Substances

- VVA calls on Congress and the President to take steps to declassify all documents from the years of the Vietnam War, including memos between agencies, dealing with Agent Orange/dioxin and make them public – now, almost 50 years since our government sprayed some 20 million gallons of extraordinarily toxic compounds over five million acres of the former South Vietnam.
- VVA shall continue to support legislative efforts and other initiatives to achieve justice for naval personnel serving aboard ships plying the waters of Yankee and Dixie Stations in the South China Sea and the Gulf of Tonkin by getting the VA to recognize that they are deserving of the same health and other benefits as in-country “boots-on-the-ground” veterans.
- VVA shall continue to advocate on behalf of the veterans of the crews who flew C-123 transports contaminated by the remains of the barrels of Agent Orange they once ferried into and out of Vietnam and are now suffering some of the same peculiar health ills as are in-country Vietnam veterans.
- VVA shall request that Congress investigate why the VA has ceased providing custodial care and/or non-medical case management service for Agent Orange children afflicted with spina bifida and then join us in pushing the VA to provide these vitally needed services to these now adult children – innocent victims of a parent's military service.

Women Veterans

- VVA shall seek to ensure appropriate oversight and accountability on all VA medical center and VISN compliance with the performance measures defined in the VA's 2012 Handbook on Women Veterans, and that this compliance be made a performance measure at all VISNs and VAMCs.
- VVA shall pursue legislation to enable the VA to allow members of the National Guard and Reserve forces who experience military sexual trauma (MST) while on drilling and battle assemblies and during annual training to receive, without cost to them, MST-related care from VA medical facilities.
- VVA recommends that the Under Secretary for Health review and reexamine the existing VHA policy pertaining to the authorization of travel for veterans seeking MST-related specialized inpatient and/or residential treatment programs outside the facilities where they are enrolled and provide travel funding for these veterans.
- VVA will pursue legislation that would reassign the complaints of MST by a service member to be addressed outside her or his immediate chain of command.

Homeless Veterans

- VVA shall request legislation revising the VA's Homeless Grant and Per Diem funding from a reimbursement for expenses, based on the previous year's audited expenses to a prospective payment system based on a proposed budget for the annual program expenses, a change that is vitally needed if community-based organizations that deliver the majority of these services are to operate effectively.
- VVA shall request legislation establishing Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees and permanent authorization of the VA Homeless Grant and Per Diem Special Needs Grants Program.
- VVA shall seek legislation to amend the eligibility criteria for veterans enrolled in the Department of Labor's Homeless Veterans Reintegration Program (HVRP) so those veterans entering into “housing first” would be able to access this training for a period of up to 12 months after placement into housing.

Incarcerated Veterans

- VVA shall continue working with Congress to ensure that veterans encountering the justice system are in fact identified as veterans, assessed for symptoms associated with PTSD and/or TBI trauma, and, where appropriate, are provided with alternative diversionary treatment services.
- VVA shall continue to encourage Congress to ensure that the VA provides benefits to veterans who are temporarily confined in jail or are incarcerated in prison.
- VVA shall also continue to work with Congress to address re-entry strategies and support transitional services for incarcerated veterans.

Compensation & Pension

- VVA shall seek legislation to secure a pension for Gold Star parents, and shall continue to seek the permanent prohibition of offsets of Survivors' Benefit Plan (known as SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of service members who die while still in military service.
- Absent the permanent prohibition of these offsets, VVA urges Congress to press the VA to develop guidelines that will allow these claims to be processed within 30 days of a veteran's death, while ancillary benefits due a claimant can be deferred and processed at a later date.
- VVA urges Congress to continue to press the VA to quickly improve and implement its paperless claims processing system in all Regional Offices.
- To promote uniformity in claims decisions, VVA shall seek a change in current policy which would mandate that VA staff, VSO and county veterans' service representatives, and other stakeholders collaborate on developing uniform training materials, programs, and competency-based re-certification exams every three years for service officers.
- VVA shall continue to "encourage" the VBA to direct raters to follow the "best practices" manual in determining the degree of disability and percentage of compensation for veterans afflicted with PTSD and other mental health disorders.

Economic Opportunity

- Congress needs to continue to monitor the VA's hiring policies to ensure that more veterans are hired by the VA to fill key decision-making positions; hence, VVA advocates for a 50/50 ratio within the next 10 years.
- VVA shall work to ensure that there are programs in effect to ensure that veterans returning from deployments overseas are accorded Veterans' Preference when applying for government jobs, and are given every advantage when seeking employment in private industry or in seeking to set up their own business; in fact, the VA and the OPM, the Office of Personnel Management, should be required to recruit veterans even before they separate from the service, especially from in-demand occupations such as IT and the healing arts.
- Congress needs to act to ensure that DoD and the VA really do work in concert to ensure that TAP, the Transition Assistance Program, actually assists separating and/or demobilized service members leave the military knowing most of their options for employment, education, and entrepreneurship, and where they can seek additional information; and it is imperative that DoD, the VA, the Department of Labor, and other federal agencies involve the veterans service organizations and military service organizations as integral facilitators of this transition process.
- VVA shall work with Congress and with the DOL to significantly reform VETS, the Veterans Employment & Training Service program that is run by the states and funded through the U.S. Department of Labor, so that it actually matches veterans with jobs.
- In a related matter, the Office of Federal Contract Compliance (OFCCP), and the Vietnam Veterans Readjustment Act (VEVRA) , which are charged with helping veterans get good jobs with federal contractors, must either be reformed wholesale or eliminated, as they are not accomplishing helping any group get jobs with contractors and are doing more damage than good as they manage to anger employers by imposing arbitrary and capricious "assessments" on these employers that are nothing but unwarranted fines.

POW & MIA Accounting

- VVA shall continue to press for answers regarding the 314 Americans still listed as killed in action, body not recovered, in Laos and the 54 similarly listed in Cambodia.

- Although Section 1082 of the 1998 Defense Authorization Act requires that the POW/MIA flag fly six days each year—on Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day, and Veterans Day—at specified government buildings and installations, and VVA members have been instrumental in enacting legislation that provides for the flag to be displayed at the state, county, and municipal level, VVA urges continued efforts to display this symbol of American service members still missing from every war in which we have taken up arms in defense of the freedoms we hold dear.

The Newest Veterans

- VVA shall continue to question the VA to ensure that they have adequate mental health personnel and services available to meet the demands of this newest generation of veterans, including Reservists and members of the National Guard, which is afflicted with mental health issues at the same or even greater rate as we were when we returned from “our” war.
- VVA shall continue to promulgate and support new public and private initiatives to create jobs for returning veterans, and to ensure that such supportive services as mentoring programs are integral elements in these initiatives.
- As VVA applauds the work of the Senate’s HELP Committee to expose the egregious excesses of those for-profit institutions of higher learning that have filled their own coffers at the expense of the student veterans whose trust they have violated, VVA shall continue to work with members of Congress, the Administration, the Consumer Financial Protection Bureau, and any other entity that will expose the greed and shame of these institutions.

Finally, VVA shall press the appropriate federal agencies as well as Congress to initiate and complete adjustments to the “In Memory Plaque” at The Wall here on the Mall in Washington, D.C., to include elevating and canting the stone tablet for easier reading; adding lighting for nocturnal viewing; and installing a brass plate that explains the meaning and history of the plaque, which acknowledges those who have perished in the years after the Vietnam War from causes related to their participation in the war.

Again, on behalf of our membership, we thank you for the opportunity to present VVA’s legislative agenda and policy initiatives for the 113th Congress, and we thank all of you for the work you are doing on behalf of our veterans and our families.

Prepared Statement of Rear Admiral W. Clyde Marsh, USN Retired

INTRODUCTION

Mr. Chairman and distinguished members of the committee, my name is Clyde Marsh, Director of the Alabama Department of Veterans Affairs and President of the National Association of State Directors of Veterans Affairs (NASDVA). I am honored to present the views of the State Directors of Veterans Affairs for all fifty states, the District of Columbia, and five territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. Here with me today are Les Beavers – Kentucky, past NASDVA President, and State Directors, Randy Reeves – Mississippi, Many-Bears Grinder – Tennessee, Lonnie Wangen – North Dakota and Matthew Cary – District of Columbia.

Nationally, we are the second largest provider of services to veterans and our roles continue to grow. Collectively, states contribute more than \$6 billion each year in support of our nation’s veterans and their families even in the face of constrained budgets. Our duties include honoring and working with all veterans and their family members and the various veterans’ organizations both within our states and nationally.

We applaud the sea change at the U.S. Department of Veterans Affairs (USDVA) in recognizing the importance of State Departments of Veterans Affairs (SDVA) and we have a formal “partnership” with USDVA through a Memorandum of Understanding (MOU) with Secretary Shinseki signed in February 2012. The MOU pledges the two organizations to maintain effective communications, an exchange of ideas and information, identification of emerging requirements, and continuous re-evaluation of existing veterans’ programs to meet today’s needs.

As governmental agencies, State Departments of Veterans Affairs are tasked by our respective Governors, State Boards and/or Commissions with the responsibility to address the needs of our veterans irrespective of age, gender, era of service, military branch or circumstance of service. On a daily basis, State Directors and their

staffs are confronted with unique situations in caring for all veterans and their families, which often needs to be addressed in an urgent manner. Delivery of meaningful services and support is often best coordinated at the local level. Collectively our state offices provide coverage for veterans throughout the country, District of Columbia and the territories.

FUNDING FOR VA

NASDVA appreciates the efforts of the Administration and Congress to improve overall funding for health care, cemetery operations, homeless veterans programs, community clinics, and claims processing. We are serving a new generation of veterans from a decade of war who must receive medical care, establishment of benefits and needed assistance transitioning to civilian life after their dedicated service. We support the \$140B budget proposal for the Department of Veterans Affairs for FY2014, which includes \$64B in discretionary funds, mostly for medical care, and \$76B for mandatory funds, mostly for disability compensation and pensions.

The full funding by Congress will provide the resources to deliver services for the surge of newly discharged veterans as a result of troop reductions and continue to address VA's continued three major areas of emphasis: overall access to VA where VA should be the provider of choice for veterans; eliminate the backlog in claims processing; and the stated goal by Secretary Shinseki of eliminating homelessness among veterans. Another ongoing challenge is to meet the critical demand for mental health services which needs continued funding and focus, particularly in light of the Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) injuries from Iraq and Afghanistan. Likewise, there should be increased funding to veterans' healthcare in rural areas and employment opportunities for returning veterans.

OUTREACH AND TRANSITION

NASDVA strongly supports continued efforts to reach out to veterans. We believe all veterans, regardless of where they reside, should have equal access to federal and state benefits and services and that federal and state governments must collaborate to achieve this goal nationally. Many areas of the country are still underserved due to veterans' lack of information and awareness of their benefits. This directly impacts their access to VA services. The USDVA and SDVA must continue to work together to reduce this inequity by reaching out to veterans regarding their earned benefits. NASDVA urges implementation of a grant program that would allow VA to partner with the states to perform outreach at the local level.

Comprehensive databases that have retrievable data elements from the service members' records can provide the capability to target specific segments of the veteran population. This capability would allow for outreach to meet different categories of veterans e.g. war era, geographic exposure, etc. and also to connect with veterans with special needs, illnesses, and disabilities e.g. Agent Orange, burn pit exposure, and radiation. We need funding to create pilot programs for development of such detailed state databases.

We commend VA for their commitment to improve responsive and efficient delivery of benefits and services to returning Iraq and Afghanistan combat veterans. They are the benefactors of better awareness of available benefits for themselves and their families and the improved process for receiving them. We agree that DoD should be responsible for the physical examination for fitness to serve and VA should be responsible for determining the disability rating. Likewise, steps should be taken to make disability processing less confusing, eliminate payment inequities, and provide a foundation with appropriate incentives for injured veterans to return to a productive life.

The joint DoD/VA Integrated Disability Evaluation System (IDES) pilot should be further expanded. We support the efforts of Congress to have medical advocates to help wounded warriors mitigate the confusing array of paperwork and procedures. SDVA support the collaborative efforts being taken among federal agencies to improve the timeliness, ease of application, and delivery of services and benefits, and strongly encourage the VA and DoD to use the states to assist them in these efforts. DoD should develop a formal program that would provide SDVA with the names of returning service members in order for states to connect veterans to all federal and state benefits and services.

NASDVA supports the recommendations of the Veterans Disability Benefits Commission to streamline the delivery of disability benefits by updating the VA Rating Schedule, realigning the DoD/VA process for rating disabilities, and developing and implementing new criteria specific to rating Post-Traumatic Stress Disorder (PTSD).

State Directors have clearly witnessed how employment is essential to a successful transition from uniformed service to civilian status. Future legislation must preserve the Veterans Employment and Training Service (VETS) state grants program. The states need the flexibility to determine how best to integrate the Disabled Veteran Outreach Program Specialists/Local Veterans Employment Representatives (DVOP/LVER) into their state employment service delivery systems. The move of the VETS program in Texas to the Texas Veterans Commission has been highly successful and serves as a good example. We believe DVOP/LVER personnel are being under-utilized in their ability to assist veterans and we recommend Congress and DOL allow DVOP/LVER staff to work with the SDVA offices to offer veterans benefit information in addition to the employment and training duties. We strongly believe that LVERs and DVOPs should not only provide employment and reemployment assistance and also make appropriate referrals for veterans to receive benefits counseling, education and healthcare information.

We commend the Administration's renewed emphasis on hiring veterans for federal employment and both DoL and DoD need to continue to promote awareness of the provisions and benefits under the Uniformed Services Employment and Re-employment Rights Act (USERRA).

VETERANS HEALTHCARE BENEFITS AND SERVICES

State Directors actively support increasing veterans' access to VA Healthcare. This involves being engaged with the VA Medical Centers on establishing and locating additional Community-Based Outpatient Clinics (CBOC) including Tribal Reservations with mental health services, expansion of Vet Centers, the deployment of mobile health clinics, and the use of tele-health services where appropriate. We applaud the efforts by VA to address the particular issue of healthcare for women veterans, military sexual trauma, and veterans residing in rural areas. Future healthcare funding is crucial to expand outreach and access to include tele-health, tele-home health and tele-medicine. Likewise, we support VA contracting out some specialty care to private sector facilities where access for the veteran is difficult.

VA Research and Development needs to focus on enhancing the long-term health and well-being of the veteran population particularly the conditions such as Gulf War Syndrome, PTSD, and the effects of TBI. Attention must still be given to the continued funding support of the large capital projects identified in VA's Strategic Capital Investment Plan (SCIP) while maintaining and addressing the backlog in O&M needs in VHA's large and aging infrastructure.

We support initiatives to ensure that all of our wounded warriors who suffer from TBI and PTSD have access to the most advanced and current treatment options available regardless of their military status. There should be expanded screening for PTSD among all combat veterans. We share the concern about the mental health of service personnel, especially the number of suicides and long-term effects of PTSD. We appreciate the proactive steps such as the suicide hotline and addressing the underlying causes for suicide; however, more still needs to be done since the suicide rates are high and exceed even current combat casualties.

NASDVA recommends an in-depth examination of long-term care and mental health services to include gap analysis clearly identifying where services are lacking. Any study should include consultation with SDVA.

STATE VETERANS HOMES

The State Home Grant and Per Diem Program is the largest and most important partnership between the SDVA and USDVA. State Veterans Homes (SVH) are a critical component of long-term healthcare for veterans and a model of cost-efficient partnership between federal and state governments. SVH are the largest provider of long-term care to America's veterans providing a vital service to elderly and disabled veterans with skilled nursing, domiciliary, and adult-day health care services. There are 145 operational state veterans' homes in 50 states and the Commonwealth of Puerto Rico. In fact, state homes now provide 52 percent of all VA authorized long-term care with over 31,000 beds. World War II, Korean War and now the Vietnam veterans are rapidly aging out. With over 1.4 million veterans now over the age of 85, this partnership is critical in meeting the individual veterans' needs for nursing care.

NASDVA and the National Association of State Veteran Homes (NASVH) have actively advocated for the principle that veterans in our homes are entitled to the same level of support from VA as veterans placed in VA community contract nursing homes. SVH's sole focus is on veterans and providing them high quality of care, which makes it the best choice and most cost effective. Both national associations have been engaged with Congress to demonstrate program needs and level of fund-

ing support. We have maintained that the benefit is to the veteran, regardless of where they choose to receive their care.

NASDVA and its members sincerely appreciate the support and close coordination of Congress and specifically, the Veterans Affairs Committees and staff, in the successful implementation (in less than 180 days) of PL 112-154 (State Veterans Home Per Diem for 70% and S/C Veterans) and the resultant Interim Final Rule, RIN 2900-A057, that took effect on February 2, 2013. The coordination and cooperation on this issue between Congress, NASDVA and USDVA will benefit our veterans for many years to come. As the Final Rule process goes forward, there is still work to be done. We ask your continued support in ensuring that veterans do not forfeit (under the final rule) any eligibility for VA benefits and programs for services, prosthetic devices and specialty care that are not routinely provided at the Nursing Home Care level. Additionally, we have addressed (through the comment process with USDVA) the issues of reimbursement for extraordinarily high drug costs and clarification of circumstances for reimbursement of physicians' services for 70% program veterans in our State Veterans Nursing Homes. Your continued support in this process is key to the program's continued success and the future care of our veterans.

Congress should appropriate sufficient funding to keep the existing backlog of projects in the State Extended Care Facilities Construction Grant Program at a manageable level to assure life safety upgrades and new construction. In order to keep the priority group 1 list of 74 projects (\$257M) from growing to further unacceptable levels, sufficient funding is essential for the SVH Construction Grant and Per Diem Program of at least \$100M in lieu of the \$85M requested.

VETERANS BENEFITS SERVICES

NASDVA recommends a greater role for SDVA in the overall effort to manage and administer claims processing, regardless of whether the state uses state employees, nationally chartered veterans service organizations (VSO) and/or county veterans service officers (CVSO). Collectively, we have the capacity and capability to assist the Veterans Benefit Administration (VBA). Additionally, a collaborative effort should take place on the establishment of standards for training, testing, and accrediting the CVSO to include continuing education and performance standards. We can support VA in their "duty to assist" without diminishing our role as the veterans' advocate.

Access to VBA data systems and uniform paperless claims software would enhance service officer integration in the delivery of benefits services to veterans. NASDVA applauds and strongly supports VBA's development of the electronic claims processing system (VBMS) and its current deployment at 20 stations and for all 56 stations by end of 2013. This major program will directly address the concerns for the claims backlog. NASDVA fully supports VBA's transformation plan to address the claims backlog in a systemic way and for the long term. Using a digits-to-digits approach will further the paperless process capabilities of VA by creating a data exchange for claims assimilation directly from State Service Officers, VSOs and VA. This will allow claims with supporting documents to be submitted digitally, enabling the claim to be automatically established and available to be worked.

Several states have already developed their own paperless claims processing systems. In an effort to support VBA's design, NASDVA has formed an IT Task Force of five states (VA, CA, KY, SD, and UT) to work directly with VBA on integration of state systems with VBMS.

Each state strives to fulfill the mission of identifying and connecting veterans to their benefits. Several states are developing a claims management database for their veteran population, which includes a scanned image of the DD 214s.

We continue to be concerned that the census does not count veterans or disabled veterans other than through the Americas Community Survey, which only samples ten percent of the population and is not a hard count. We urge the Congress to mandate counting of veterans in the next census.

Nineteen SDVAs have direct responsibility of the State Approving Agency (SAA) program. In 2006, the SAAs secured a mandatory funding model to ensure their programs would have sufficient funding each year. With the important passage of the Post-9/11 GI Bill, the SAAs' mission expanded with more compliance requirements but no additional resources. Without adequate resources, SAAs report that it is harder to sufficiently monitor and assess all academic programs under their purview. The SAAs are one of the only ways USDVA can make an informed decision on approval and disapproval of academic programs for the G.I. Bill. NASDVA recommends the funding structure commensurate with SAA's responsibility be reviewed.

State Directors have been receiving strong opposition to the order of precedence for the new Distinguished Warfare Medal established by DoD. We are in agreement with the Veterans Service Organizations in support of the medal but that it should not be above the Bronze Star and/or Purple Heart.

BURIAL AND MEMORIAL BENEFITS

The State Cemetery Grant Program is a complementary and integral part of National Cemetery Administration's (NCA) ability to provide burial services for veterans and their eligible family members, especially those living in rural areas. State, territory and tribal cemeteries expand burial access and support the NCA goal of providing burials to 94% of all veterans in a 75-mile radius by the end of 2013. There are currently 88 cemeteries located in 43 states and territories including tribal trust lands, Northern Mariana Islands, and Guam. This level of commitment will provide for over 31,000 interments in FY2013.

We recommend that in the FY2014 budget proposal of \$46M for the grant program be increased to at least \$50M. This modest increase would help address the 95 grant applications that have been submitted for funding. Of the 95 applications, there are 70 projects where the states and the Pine Ridge Sioux tribal government have certified as meeting the matching architectural and engineering (A&E) funds, which will be reimbursed following grant award. They have already borne the costs associated with the acquisition of suitable land, which is not reimbursable. The current estimated value of the 70 projects is approximately \$162.3M. The second tier of 25 applications, without matching A&E funds, brings the estimated total of all pending applications to \$276.5M.

The \$50M would allow for timely progression and orderly development without creating a backlog of projects. With a lack of sufficient funding, even though a small increase over the budget submission will result in denying some veterans and eligible family members a final resting place and lasting memorial to commemorate their service to our nation.

NASDVA appreciates the legislation that increased the plot allowance to \$700 with subsequent adjustments based on the CPI. The plot allowance assists states to offset operational costs and achieve a high level of professional burial service as well as to gain and maintain standards of appearance commensurate with NCA National Shrine status.

NASDVA supports the rural initiative by NCA for National Veteran Burial Grounds. It will allow NCA to reach underserved veterans in rural areas where the veteran population is less than 25,000 within a 75-mile radius service area. Rural lots do not qualify for a national cemetery and the construction of a state cemetery is not likely. Initially, the VA plan will establish a national cemetery presence within public or private cemeteries in eight states: Idaho, Maine, Montana, Nevada, North Dakota, Utah, Wisconsin and Wyoming. NCA estimates an additional 136,000 veterans will have access to a burial option. NASDVA recommends that further analysis be conducted to determine if other states or territories could be affected by this new policy.

Overall, NASDVA applauds NCA for their consistent high customer satisfaction ratings for the appearance of national cemeteries and the quality of service. And most importantly, NASDVA appreciates their collaborative partnership with states, territories and tribal governments.

HOMELESSNESS AMONG VETERANS

NASDVA applauds the policy by the Secretary of Veterans Affairs for ending homelessness among veterans. States will continue to develop and support outreach programs that assist VA in this high priority effort, particularly in identifying those veterans that are homeless and programs to prevent homelessness. As partners with USDVA, we are focusing on addressing the multiple causes of veterans' homelessness e.g. medical issues (mental and physical), legal issues, limited job skills, and work history. We appreciate the increased funding for specialized homeless programs such as Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, and Compensated Work Therapy. It is vital to continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for veterans and their families.

We know that many stages of homelessness exist and likewise we know that many factors contribute to our nation's homelessness among veterans. Contributing factors are alcohol- drug abuse, mental health issues, PTSD, lack of jobs as well as the courts and corrections system. To eliminate chronic homelessness we must surround the problem and address the many root causes by providing the necessary

mental health and drug treatment programs to include jobs and employment training. These collective programs must be adequately staffed and fully funded in the current and future budget. Another revolving door that appears to increase the rolls of homelessness among veterans is the burdened courts and corrections system.

VETERANS TREATMENT COURTS

The States recognize an increase in justice-involved veterans, especially in the time shortly after discharge. Veterans are returning to a civilian world where unemployment is on the rise, financial institutions are failing, and families are torn apart. After discharge, many veterans suffer from severe mental and emotional problems that result in behaviors that are disruptive and often criminal in nature. To care for these veterans in a very specific way, States are establishing Veterans Treatment Courts (VTCs) to offer these veterans an opportunity at a second chance, as well as appropriate treatment and accountability.

VTCs are specialty courts that provide diversionary programs for veterans who find themselves justice involved. In addition to the pretrial diversionary methods offered, veterans are also evaluated for Federal VA benefits to include substance abuse treatment and mental health wellness. This aspect cuts costs for local jurisdictions that traditionally are required to pay for this expensive, specialized care. The accountability element given by mentoring veterans makes the VTC a unique, successful program that rehabilitates veterans to the civilian world.

Currently, the Bureau of Justice Assistance (BJA), in conjunction with the National Drug Court Institute (NDCI), offers orientation and training to jurisdictions interested in establishing VTCs. States can apply for these training opportunities through the veterans Treatment Court Planning Initiative (VTCPI), which sends groups to key VTCs to observe and learn. These training grants are limited and only a few groups can attend every year. The States respectfully request support for increased funding to the BJA so more jurisdictions can participate. Additionally, increased funding for multi-year grants to aid jurisdictions in the establishment and sustainment of VTCs is needed. More VTCs means more direct help for veterans.

CONCLUSION

Mr. Chairman and distinguished members of the VA committees, we respect the important work that you are doing to improve support to veterans who answered the call to serve our great country. State Directors of Veterans Affairs remain dedicated to doing our part, but we urge you to remember the increasing financial challenge that states face, just as you address the fiscal challenges at the national level. I would like to emphasize again, that we are "partners" with federal VA in the delivery of services and care to our nation's patriots. State Directors are veterans' advocates and perform as congressional emissaries that help veterans receive support and essential benefits they have earned through their honorable service.

Thank you for including NASDVA in these very important hearings.

Prepared Statement of MG Gus Hargett

As President of the National Guard Association of the United States, I thank you for the honor of appearing before you today and for all that you are doing for our veterans

Background - Unique Citizen Service Member/Veteran

The National Guard is unique among components of the Department of Defense in that it has the dual state and federal mission. While serving operationally on Title 10 active duty status in Operation Iraqi Freedom or Operation Enduring Freedom, National Guard units are under the command and control of the President. However, upon release from active duty, members of the National Guard return to their states as both **veterans** and serving members of the Reserve Component but under the command and control of their governors. As members of a special branch of the Selected Reserves they train not just for their federal missions but for their potential state active duty missions such as fire fighting, flood control and assistance to civil authorities in a variety of possible disaster scenarios.

While serving in their states, members are scattered geographically with their families as they hold jobs, own businesses, or pursue academic programs and participate actively in their communities. Against this backdrop, members of the National Guard remain ready to uproot from their families and civilian lives to serve their governor domestically or their President in distance parts of the globe as duty

calls and to return to reintegrate within the same communities when their missions are accomplished.

Military service in the National Guard is uniquely community based. But the culture of the National Guard remains little understood outside of its own circles. When the Department of Defense testifies before Congress stating its programmatic needs, it will likely recognize the indispensable role of the National Guard as a vital Operational Force in the Global War on Terror but it will say little about and seek less to redress the benefit disparities, training challenges and unmet medical readiness issues for National Guard members and their families. We continue to ask that these disparities be given a fresh look with the best interests of the National Guard members and their families in mind.

NGAUS in concert with The Military Coalition has long sought legislation authorizing veteran status under Title 38 for National Guard and Reserve members of the Armed Forces who are entitled to a non-regular retirement under Chapter 1223 of 10 USC but were never called to title 10 active service other than for training purposes during their careers – through no fault of their own.

Many members of Congress may not know that a reservist can complete a full Guard or Reserve career but not earn the title of “Veteran of the Armed Forces of the United States,” unless the member has served on Title 10 active duty for other than training purposes.

Drill training, annual training, and title 32 service responding to domestic natural disasters and defending our nation’s airspace, borders and coastlines do not qualify for veteran status.

Reserve- component members who served 20 years gave the government a blank check to send them anywhere in the world but through no fault of their own were never deployed or in some cases even allowed to be deployed.

Yet, an active-duty member whose entire short- term enlistment tour is spent in less rigorous domestic assignments to domestic posts and bases on Title 10 status will fully qualify, not just for veterans status, but for all veterans’ benefits. This disparity is unfair and must end.

H.R. 679 would not bestow any benefits other than the honor of claiming veteran status for those who honorably served and sacrificed as career reserve component members but were never ordered to Title 10 active service. They deserve nothing less than this recognition. Authorizing veteran status for career RC service would substantially boost the morale of the RC without a cost consequence.

Opposition to this bill in the past has been grounded in a myth that passage would open the floodgates of new veteran benefits for this group. That is just not the case or even allowable under the law. H.R. 679 explicitly guards against this possibility. Moreover, “pay go” laws in effect bar the default triggering of any new entitlements. It is time to move past the unfounded “camel’s nose under the tent” fear that has held back this legislation.

Correct a disproportionate denial rate for Reserve Component claims for disability benefit compensation by providing National Guard and Reserve veterans of the Global War on Terror with a presumption of service connection for certain injuries

According to Veterans Administration statistics published in May 2012, it is denying adjudicated disability benefit compensation claims for Reserve Component (RC) Global War on Terror at four times the rate of active duty GWOT veterans according to a published VA May 2012 report.

Years of neglect in the Office of the Secretary of Defense with the demobilization process for RC members returning home from GWOT deployment and the inadequate capturing of theater medical records for the RC have come home to roost.

Area theater commands in Operation Iraqi Freedom and Operation Enduring Freedom did not establish a reliable method for preserving in -theater records of the RC. Congress heard testimony during the peak years of OIF in 2007 that some medically evacuated RC members sometimes returned stateside with medical records resting on their supine chests.

Moreover, too many members of the Guard and Reserve have been allowed to slip through the medical cracks at demobilization stations resulting in widespread under identification of service connected injuries at that critical separation point.

A variety of reasons were at play to include inadequate screening by medical personnel at the demobilization site; the reluctance of returning members to report disabling injuries at distant demobilization sites to avoid the risk of further separations from home after lengthy deployments; or simply the late onset of symptoms after discharge from exposures to chemical hazards, traumatic brain injury or post traumatic stress disorder.

The six most frequent injuries for which the VA awards disability benefit compensation are tinnitus; back or cervical strain; PTSD; leg flexion limitations; degenerative spinal arthritis; of the spine; and migraine. Service connection presumptions for these injuries presented for RC GWOT veterans would mitigate the inequity.

The issues of veterans' unemployment and mental health maintenance cannot be separated. Before veterans can maintain gainful employment in a challenging job environment, they must be able to maintain a healthy mental status and establish supportive social networks.

In 2007, the Rand Corporation published a study titled, "The Invisible wounds of War." It found that at the time 300,000 veterans of Operation Iraqi Freedom and Operation Enduring Freedom suffered from either PTSD or major depression. This number can only have grown after five more years of war. The harmful effects of these untreated invisible wounds on our veterans hinder their ability to reintegrate with their families and communities, work productively, and to live independently and peacefully.

Rand recommended that a network of local, state, and federal resources centered at the community level be available to deliver evidence-based care to veterans whenever and wherever they are located. Veterans must have the ability to utilize trained and certified services in their communities. In addition to training providers, the VA must educate veterans and their families on how to recognize the signs of behavioral illness and how and where to obtain treatment.

VA and Vet Center facilities are often located hundreds of miles from our National Guard veterans living in rural areas. Requiring a veteran, once employed, to drive hundreds of miles to obtain care at a VA facility necessitates the veteran taking time off from work for reasons likely difficult to explain to an employer. The VA needs to leverage community resources to proactively engage veterans in caring for their mental health needs in a confidential and convenient manner that does not require long distance travel or delayed appointments.

To facilitate the leveraging of mental health care providers in our communities, the VA can actively exercise its authority to contract with private entities in local communities, or creatively implement a voucher program that would allow our veterans to seek fee-based treatment locally outside the brick and mortar of the Veterans Administration facilities and even Vet Centers.

The Vet Center in Spokane for example serves an area as big as the state of Pennsylvania. It is not practical for veterans in this catchment area to drive hundreds of miles to seek counseling or behavioral clinical care. That Vet Center pre-screens fee-based providers to whom it will refer veterans for confidential treatment in its management area. It also monitors the process to make sure the veteran is actually receiving care paid for by the Vet Center. This system already works. However, a voucher process would improve efficiencies by relieving the Vet Center of its scheduling burden by allowing the veteran to directly make his or her own appointment with providers as needed.

The VA and Vet Centers also need to fully leverage existing state administrative mental health and veteran networks. Working with the state mental health care provider licensing authorities, community providers certified by the VA or Vet Center to treat veterans could be identified at the state agency level with vouchers to pay for treatment.

Several of our veterans have fallen through the cracks of the VA health care system, and will continue to do so. According to the Vietnam Veterans of America, last year only 30% of our veteran population had enrolled in VA medical programs. Many veterans end up in the care of state social service programs in cooperation with state and national veteran organizations. The VA has the authority to assist in maintaining this safety net of care for veterans in a stressful economic climate for our states with a voucher program or expanded contracting with private entities. It needs to act.

We must proactively address an unemployment rate in excess of 20 % for serving members of the National Guard and Reserve. Anecdotally, we continue to hear that employers will find subtle ways to avoid hiring a serving member of the Guard or Reserve in order to avoid disruptions to the workplace from deployment related absences. Although technically be a violation of the Uniformed Services Employment and Reemployment Rights , it is impossible to prove in most cases.

Although the unemployment rate for returning veterans is lower than the national average, the National Guard Bureau late in 2012 has reported the unemployment rate for the Army National Guard to be greater than 20 %- much higher than the national average of 7.8 percent reported at the end of 2012.

California reports that no CA National Guard company or brigade returning from deployment during the last three years has had an unemployment rate less than

fifty percent (50%). Some units returning from deployment in 2012 reported their unemployment rate to be in excess of 60 %.

Although USERRA prohibits hiring discrimination against members of the Reserve Components by reason of their ongoing military service, acts of discrimination when they occur are often impossible to prove.

When an employer has a choice of hiring a veteran no longer serving in the Select Reserve or a veteran or non veteran still serving in the Guard or Reserve, the employer would most likely hire the non serving veteran to remove the risk of a deployment that can disrupt the workplace.

Members of the National Guard and Reserve should not face discrimination in the hiring process particularly from federal government employers. Currently veterans receive hiring preference points from federal agencies. Because National Guard members are in a much worse employment fix that is likely to continue, federal agencies need to help address this by awarding separate preference points to serving members of the National Guard and Reserve.

Thank you again for the honor of appearing before you today and for what you are doing for our National Guard veterans who are still serving and for those who have separated. They have benefited greatly from your efforts. Thank you.

Materials Submitted For The Record

Anthony A. Wallis, Legislative Director/Director of Government Affairs, Association of the United States Navy

The Association of the United States Navy

The Association of the United States Navy (AUSN) continues its mission as the premier advocate for our nation's Sailors and Veterans alike. Formerly known as the Naval Reserve Association, which traces its roots back to 1954, AUSN was established on 19 May 2009 to expand its focus on the entire Navy. AUSN works for not only our members, but the Navy and Veteran community overall by promoting the Department of the Navy's interests, encouraging professional development of officers and enlisted and educating the public and political bodies regarding the Nation's welfare and security.

AUSN prides itself on personal career assistance to its members and successful legislative activity on Capitol Hill regarding equipment and personnel issues. The Association actively represents its members by participating in the most distinguished groups protecting the rights of military personnel. AUSN is a member of The Military Coalition (TMC), a group of 34 associations with a strong history of advocating for the rights and benefits of military personnel, active and retired. AUSN is also a member of the National Military Veterans Alliance (NMVA) and an associate member of the Veterans Day National Committee of the Department of Veterans' Affairs (VA).

The Association's members include Active Duty, Reserve and Veterans from all fifty states, U.S. Territories, Europe and Asia. AUSN has 81 chapters across the country. Of our over 22,000 members, approximately 80% are Veterans. Our National Headquarters is located at 1619 King Street, Alexandria Virginia and we can be reached at 703-548-5800.

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Summary

Chairmen, Ranking Members and Members of the House and Senate Veterans' Affairs Committee, the Association of the United States Navy (AUSN) thanks you and your Committee for the work that you do in support of our Navy, retirees and veterans as well as their families. Your hard work has allowed significant progress in creating legislation that has left a positive impact on our military community.

Last year, in 2012 alone, AUSN was pleased to see passage and implementation of legislation in the areas of Employment, Transition/Reintegration, Concurrent Receipt, Healthcare and Education. Bills such as H.R. 4155, the Veteran Skills to Jobs Act, H.R. 1627, the Honoring Veterans and Caring for Camp Lejeune Families Act, H.R. 4114, the Veterans Compensation Cost-of-Living-Adjustment (COLA) Act, H.R. 4057, the Improving Transparency of Education Opportunities for Veterans Act, and S. 322, the Dignified Burial of Veterans Act. These bills, and others that passed into

law last year, show the commitment and determination of Members of this Committee as well as Congress to improving the lives of those who have served our country.

As part of a larger Veteran community, AUSN recognizes the many challenges ahead, especially with the upcoming release of the President's Fiscal Year 2014 (FY14) Budget Request. Though some changes must be made in these fiscal times, we must consider what is fair to our Veterans given the promises that were made to them when they pledged to serve their communities and their country. Of great concern amongst our membership and Veterans are the impacts of an additional Continuing Resolution (CR) for the remainder of Fiscal Year 2013 (FY13) and what the implementation of the sequester will have upon the military and Veteran community. Although AUSN was pleased that military personnel and programs administered by the Department of Veterans Affairs (VA) are largely exempt from sequestration, based off of last year's decision by the Administration, there is uncertainty as to other impacts the sequester may have upon current and former military servicemembers and beneficiaries, most notably effects to the current Defense Health Program (DHP), U.S. Court of Appeals for Veterans Claims, Department of Labor (DOL)- Veterans Employment and Training funding and the Federal jobs that will be lost, affecting Veterans, for example, which constitute a large portion of the Federal work force. AUSN is pleased to see discussions underway to address concern for the impact of sequestration and what effect it might or might not have on the VA. In regards to the CR, AUSN is greatly concerned with the heavy cuts that are already being implemented in the VA's budget this fiscal year from the current CR and what the impact would be for a second CR on crucial programs to our Veteran community.

The Association of the United States Navy, working with its members, Veterans and alongside other Veteran Service Organizations (VSO's), The Military Coalition (TMC) and other partner associations, has devised its Legislative Objectives/ Priorities as described below that we would like both the House and Senate Veterans' Affairs Committees to consider.

Veterans' Healthcare

AUSN was pleased to see that all VA programs were exempt from sequestration and that vital healthcare needs of our Veterans are going to continue to be provided. In addition, AUSN was encouraged to see in Section 723 of the Fiscal Year 2013 (FY13) National Defense Authorization Act (NDAA), that the Secretary of Defense and Secretary of Veterans Affairs, "shall jointly enter into a understanding providing for the sharing of the results of examinations and other records on members of the Armed Forces that are retained and maintained with respect to the medical tracking system for members deployed overseas." This measure seeks to increase the sharing of medical records and information between the two agencies. AUSN supports the increased and improved communication between DOD and the VA, as our overseas contingency operations draw-down and a new generation of Veterans will need to be taken care of. Studies have shown that since October 2001, approximately 1.6 million U.S. troops have been deployed for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Early evidence suggests that many returning service members may be suffering from Post-Traumatic Stress Disorder (PTSD) and depression. Traumatic Brain Injury (TBI) is also a major concern. The sharing of vital healthcare and mental health documents between the two agencies will ensure continuity of care to our servicemembers and Veterans during the forthcoming draw-downs.

Agent Orange

The Veterans' Affairs Committee has a longstanding working relationship with veterans and the effects of Agent Orange on the health of Vietnam Veterans. Once classified in the early 1980's as a, "minor acne condition," Agent Orange has been thoroughly studied, and it has been determined that its exposure to our servicemembers has caused severe illnesses such as various forms of cancer, Parkinson's Disease, Lymphoma and many others. During the Vietnam War, the United States military sprayed more than 19 million gallons of various "rainbow" herbicide combinations, but Agent Orange was used most often. The name "Agent Orange" came from the orange identifying stripe used on the 55-gallon drums in which it was stored from 1962 to 1971, used to remove trees and dense tropical foliage that provided enemy cover. Often times, U.S. Navy and Coast Guard vessels were in the vicinity of disbursement of these chemicals.

The Navy and Marine Corps Manual (SECNAVINST 1650.1H) defines the area in which a ship must have operated during this time period as follows; "water areas

from a point on the east coast of Vietnam at the border of Vietnam with China southeastward to 21N, 108–15E; thence southward to 18N, 108–15E; thence southeastward to 1–30N, 111E; thence southward to 11N, 111E; thence southwestward to 7N, 105E; thence westward to 7N, 103E; thence northward to 9–30N, 103E; thence northeastward to 10–15N, 104–27E; thence northward to a point on the west coast of Vietnam at the border of Vietnam with Cambodia.” Veterans, who served aboard U.S. Navy and Coast Guard ships operating on the waters of Vietnam between 9 January 1962, and 7 May 1975, may be eligible to receive VA disability compensation for 14 medical conditions associated with presumptive exposure to Agent Orange.

With the passage of the Agent Orange Act of 1991, the Secretary of Veterans Affairs was issued the power to declare certain illnesses “presumptive” to exposure to Agent Orange, enabling Vietnam Veterans to receive disability compensation for their related conditions. However, a declaration by the VA in 2002 limited the scope of the Act to only those veterans who could provide proof that they served in land, including troops on the ground and riverine Naval personnel. As such, Blue Water Navy Veterans serving off the coast must file individual VA claims to restore their benefits. However by 2009, over 32,880 such claims were denied.

AUSN was pleased, in 2011, when the VA released an updated list of U.S. Navy and Coast Guard ships that were confirmed to have operated on Vietnam’s inland waterways, docked on shore, or had crewmembers sent ashore. This list, which can be found on the VA’s website at <http://www.publichealth.va.gov/exposures/agentorange/shiplist/index.asp>, can assist Vietnam Veterans in determining potential eligibility for compensation benefits. However, on 26 December 2012, the Secretary of Veterans Affairs, General Eric Shinseki, announced that findings from an Institute of Medicine (IOM) report determined that the evidence currently available does not support the establishment of presumption of exposure to herbicides for Blue Water Navy Vietnam Veterans. The report, titled, “Blue Water Navy Vietnam Veterans and Agent Orange Exposure,” was a culmination of extensive research that included interviews with Vietnam Navy Veterans, as well as examinations of peer-reviewed literature, exposure and transport modeling, ship deck logs and other governmental documents, found that, at this time, there is insufficient evidence to determine whether Blue Water Navy Veterans were exposed to Agent Orange-associated herbicides during the Vietnam War. The IOM report, released in May 2011, did validate the Royal Australian Navy study recognizing the possibility of exposure by Blue Water Navy Vietnam Veterans but did not have sufficient evidence to determine how far the dioxin drifted and concluded that the final decision would have to be either a policy or legislative determination.

General Shinseki did, however, reiterate the fact that any Blue Water Navy Vietnam Veteran who wishes to make a claim based on herbicide exposure will still have their case reviewed, and the VA will continue to review all Blue Water Navy Vietnam Veteran Agent Orange-associated claims on a case-by-case basis. As a result, Blue Water Navy Vietnam Veterans, and many others, must undergo an extremely arduous process to “prove” the exact same conditions their Army, Marine Corps, Air Force and Brown Water Navy counterparts are experiencing. This process includes Vietnam-Era Sailors performing their own individual research to determine if their ship qualifies for compensation. Instructions on researching ships to see if they qualify for Agent Orange compensation are at <http://www.publichealth.va.gov/exposures/agentorange/shiplist/not-on-list.asp>. The link to research a ship on the VA website immediately directs the visitor to the call support number and generic email at the National Archives and Records Administration (NARA) in College Park, MD, where the NARA research process can be tedious, as the turnaround time to get information is long and requires NARA researchers to review ship logs for Sailors. AUSN is advocating for better methods of research available to Sailors who are voicing frustration and cannot wait such a long period to hear on their qualification results. Possible options AUSN hopes the Committee will explore include digitizing ship logs at NARA and coordinating with the VA to ensure that Blue Water Vietnam Veterans can conduct quick research at VA Centers around the country, or have these logs available for public research online. These measures would eliminate NARA as the ‘middle man’ in order to process claims quickly and efficiently.

AUSN encourages the House and Senate Veterans’ Affairs Committee to continue its work on the Agent Orange issue and support hearings and further actions on pending legislation, such as H.R. 543, the Blue Water Navy Vietnam Veterans Act, introduced by Representative Chris Gibson (R-NY-19). This bill would amend Title 38, to clarify presumptions relating to the exposure of certain Veterans who served in the vicinity of the Republic of Vietnam, as well as to help alleviate the backlogged Agent Orange claims.

Mental Health Treatment and Professional Development

AUSN was pleased that the FY13 NDAA was signed into law on 3 January 2013. The FY13 NDAA represented great leaps forward in providing our Armed Forces and Veterans better mental health care services. Amongst the many provisions in the final NDAA were Section 518, authority for additional behavioral health professionals to conduct pre-separation medical exams for Post-Traumatic Stress Disorder (PTSD), where such professionals will include psychiatrists, licensed clinical social workers or psychiatric nurse practitioners; Section 706 which authorizes DOD to carry out a pilot program to enhance the efforts of the DOD in research, treatment, education and outreach on mental health and substance use disorders and traumatic brain injury (TBI) in members of the Reserve Component, their family members and their caregivers; and Section 726, where in order to improve transparency, the VA is required to develop and implement a comprehensive set of measures to access mental health care services furnished by the VA, including staffing guidelines for specialty mental health care services, including those at community-based outpatient clinics. In addition, AUSN supports the VA's use of \$6.2 billion to expand inpatient, residential, and outpatient mental health programs (a 5.3% increase or \$312 million), further building on last year's initiatives. This increase in funding will help grow outreach for mental health screenings, expand technologies for self-assessment and symptom management of Post-Traumatic Stress Disorder (PTSD) and enhance other programs to reduce stigmas of mental health. AUSN also praises the mental health care advances of H.R. 1627, the Honoring American Veterans and Caring for Camp Lejeune Families Act, where amongst the provisions of that bill are sections from last year's S. 957, the Veterans' Traumatic Brain Injury Rehabilitative Services Improvements Act, which amends the U.S. Code to improve the disability compensation evaluation procedure of the VA for Veterans with PTSD, rehabilitative services for Veterans with Traumatic Brain Injury (TBI), and enhancement of comprehensive service programs, vastly improving the care available to our injured service members.

Despite previous successes, much work needs to be done in addressing mental health treatment and improving the quality and efficiency of VA healthcare. The Veteran suicide rate still remains dangerously high. A recent 2 year study, culminating in the release of a 2012 Suicide Data Report in mid-February 2013 by the VA, reported that 22 veterans had committed suicide per day in 2010. Furthermore, the report estimates that more than 69 percent of Veteran suicides are occurring among those aged 50 years and older. This trend is an ongoing issue that AUSN hopes the Committee continues to make a high priority. In addition, in regards to treatment, there have been numerous complaints amongst the Veteran community of the inadequate level of mental health care professionals available to them at clinics across the country. Undersecretary of Veterans Affairs for Health, Dr. Robert Petzel, told the House Veterans' Affairs Committee [in a hearing about mental health on 13 February 2013] that the VA is currently working on being more proactive in its services to hold its workers more accountable. At the same hearing, Dr. Linda Schwartz of the VA Center in Connecticut reiterated the belief that the VA needs to stop believing it has to do everything by itself and must work with its state level partners to provide local care to Veterans.

AUSN is closely monitoring these internal VA actions, such as the ones Dr. Petzel testified on, that will move the VA into a more proactive direction in regards to mental healthcare. Amongst the bills that AUSN is tracking are H.R. 577 and H.R. 602, introduced by Representatives Steve Stockman (R-TX-36) and Jeff Miller (R-FL-01) respectively, the Veterans Second Amendment Protection Act which would amend U.S. Code to clarify the conditions under which certain persons may be treated as adjudicated mentally incompetent. AUSN also understands that Representative Tim Walz (D-MN-01) intends to reintroduce the Servicemembers Mental Health Review Act. DOD records have shown that from 2001 through 2007, 26,000 servicemembers were separated from the military because of a personality disorder. In 2008, the Government Accountability Office (GAO) conducted a review of several hundred of these cases. GAO concluded that thousands of improper personality disorder discharges had occurred. GAO also found that military branches were failing to abide by DOD's directives for diagnosing and discharging Veterans with Personality Disorder (PD). Some service compliance rates were as low as 40 percent. Instead of properly diagnosing these troops with PTSD, DOD diagnosed the service members with PD and discharged them from service. DOD has not released any records regarding these discharges since 2010 and since PD and Adjustment Disorders (AD) are preexisting conditions, DOD is not obligated to award the servicemember the benefits they would have received if they were diagnosed with PTSD or TBI. Veterans improperly discharged with a false psychiatric disorder can have a difficult time reintegrating into society. In particular, Veterans discharged

with PD or AD cannot access the medical retirement benefits they deserve. This leaves the disabled Veteran without access to education assistance, Federal employment preference, medical insurance and disability compensation. Furthermore, a harmful stigma follows them for life since the diagnosis is indicated on the individuals' discharge papers, hurting their chances of finding civilian employment. This bill would give the Physical Disability Board of Review the authority to correct the service records of Veterans wrongly discharged with an improper psychiatric disorder.

Although there have been great strides in improving the quality of mental healthcare for Veterans, AUSN strongly believes much more work needs to be done in regards to mental health care and looks for continued support for legislative efforts on identifying and providing adequate care and professionals to help alleviate the problems associated with mental illness amongst our veterans.

Remote Area Access for Veteran Healthcare

Last year, AUSN was encouraged by the passage of S. 1849, the Rural Veterans Health Care Improvement Act, included amongst the provisions of H.R. 1627, the Helping Veterans and Camp Lejeune Families Act, particularly Section 110 of H.R. 1627 which read, "Recognition of Rural Health Resource centers in Office of Rural Health." AUSN is extremely pleased that rural health resource centers now serve as satellite offices within the VA's Office of Rural Health and that the Office's goals are to improve the understanding of challenges, identify disparities in the availability of health care, formulate practices or programs that enhance the delivery of health care and develop special practices and products for the benefit of all Veterans living in rural areas. In addition, AUSN was happy to see that other sections of the bill were aimed to improve the life of rural Veterans such as Section 108 of the bill, which directs the VA to carry out an initiative of tele-consultation for the provision of remote mental health and TBI assessments in facilities of the Department that are not otherwise able to provide such a service. This provision also ensures that facilities of the VA are able to provide mental health or TBI assessments to a Veteran through contracting with a third-party provider.

It is well known that a large population of our nation's Veterans comes from rural areas of the country. This presents numerous challenges to a Veteran if he or she has a service-related disability, as time of travel, expense of travel and ability to do so are all affected by distanced care centers. The VA is making gains to better reach out to our rural Veterans, but there is much more that needs to be done. More military treatment facilities and VA clinics in rural areas are the obvious fix. However, simply putting buildings in rural areas will not solve the problem. No matter how much effort the VA puts into creating care centers in rural areas, caregiver staffing will remain a problem until the VA goes to extremes to properly staff them. While there have been many successful measures to help make rural caregiver assignments more desirable in the past, such as the 2008 Rural Access to Health Act, the VA must now bolster its efforts to attract caregivers to these areas. Pay, alone, does not drive the caregiver or health professional to a certain assignment. VA must not only look at financial, but also career and professional incentives to bring the best and brightest health care staff to our Veterans. Rewarding a health care professional who volunteers to work in a rural area for three years, for instance, could be rewarded with a professional accommodation or, much like in the military, could be given special privileges like being placed at the front of the line for extremely desirable assignments. This and many other options exist, and the VA must do more in terms of attracting promising young health care professionals to needy rural areas.

AUSN fully supports efforts in the 113th Congress, including H.R. 635, the Help Establish Access to Local Timely Healthcare for Your (HEALTHY) Vets Act, which would allow Veterans to access local healthcare facilities, which will save the Veteran time, money and physical strain. Currently, our Veterans must travel to VA hospitals for the majority of their treatments. This distance can often be a major roadblock to healthcare for Veterans living in rural areas who have to travel to reach the closest VA hospital. The HEALTHY Vets Act would allow Veterans to use health providers in their hometowns by directing the VA to contract with local hospitals and doctors on a case-by-case basis to provide medical services to those Veterans who live far away from a VA medical facility. This is the fourth time such legislation has been introduced with this aim, and AUSN hopes that it will finally be given enough time and consideration that Veterans of rural areas deserve.

Disability Compensation/Concurrent Receipt

The VA projects it will receive about 1.25 million claims for Veterans disability benefits for this year. As it exists today, a disability rating is assigned (a percent-

age) by the VA after a physical examination for all body systems for which the Veteran is claiming disability. However, a cash benefit is only provided to Veterans with a rating of 10% or more. The basic benefit amount ranges from \$127 to \$2,769 a month, depending on the disability rating. However, given the economic situation faced by many of our Veterans, this compensation may not be adequate to meet their needs as costs of living continue to rise. AUSN applauds passage of the Veterans' Compensation Cost-of-Living Adjustment (COLA) of 2012 passed in November 2012 where 3.9 million Veterans and their families saw their COLA raised by 1.7%, effective 1 December 2012.

Though a great step to improve Veteran benefits, these annual COLA bills consume Congress's time every year. Instead of having to return to the issue over and over again every year, AUSN applauds H.R. 570, the American Heroes COLA Act of 2013, sponsored by Representative Jon Runyan (R-NJ-06), which would make the annual adjustments automatic. The rates of disability compensation for Veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans would become an automatic increase. Such automatic increases save Congress time by alleviating an annual issue that is usually passed with little to no opposition, and it protects Veteran benefits from being delayed by possible Congressional delays (as what happened last fall). This bill, partnered with Representative Runyan's other COLA bill, H.R. 569 to provide a COLA increase to take effect 1 December 2013, both address the important topic of Veteran benefits while tackling the issue early on in the fiscal year.

In addition, AUSN supports efforts to change the Chained Consumer Price Index (CPI) as a method for calculating Veterans disability compensation. We understand that during these times, the Federal Government needs to look for methods to save money, but AUSN does not support writing such checks through the earned, and much needed, benefits of retirees, Veterans, and their families. As Chairman of the Senate Veterans' Affairs Committee (SVAC), Senator Bernie Sanders (I-VT) has said, "Do not balance the budget on the backs of disabled Veterans who have lost their arms, legs, and eyesight defending our country. Do not balance the budget on the backs of working families. Do not adopt the so-called chained-CPI." AUSN, and numerous other VSO's, joined Chairman Sanders on 31 January 2013 at a press conference in the Capitol to voice opposition to Chained CPI. More than 55 million retirees, widows, orphans and disabled Americans on Social Security could be affected by the switch to a so-called chained CPI. According to the Social Security Administration, the change would result in \$112 billion in reduced Social Security benefits over 10 years. The proposed change in how annual COLA are calculated also would mean that Veterans who started receiving VA disability benefits at age 30 would have their benefits reduced by \$1,425 at age 45, \$2,341 at age 55 and \$3,231 at age 65, according to the Congressional Budget Office (CBO). These are dangerous benefits cuts, and alternative methods of lowering spending and the debt need to be investigated.

Veteran Employment/Transition and Housing

AUSN continues to advocate for continued funding for the Vocational Rehabilitation & Employment (VR&E) Program at the VA. Authorized by Congress under Title 38, U.S. Code, Chapter 31 and Code of Federal Regulations, Part 21, sometimes referred to as the Chapter 31 program, this program assists Veterans with service-connected disabilities to prepare for, find and keep suitable jobs. For Veterans with service-connected disabilities so severe that they cannot immediately consider work, this program offers services to improve their ability to live as independently as possible. According to the VA, program participants are expected to increase from 108,000 in 2011 to well over 130,000 this year alone.

There are still many concerns regarding transitioning from Active Duty to the civilian sector amongst the Veteran communities. Amongst the ones described in this testimony, are concerns regarding the experiences of a Veteran while on Active Duty, converting to certain civilian sector jobs and license certifications. AUSN is pleased that there have been great strides in this area such as last year's passage into law of H.R. 4155, the Veteran Skills to Jobs Act, which directs the head of each Federal department and agency to treat relevant military training as sufficient to satisfy training or certification requirements for Federal licenses. In addition, the inclusion of last year's Helping Iraq and Afghanistan Veterans Return to Employment (HIRE) at Home Act, S. 3235 and H.R. 4115, in the FY13 helps transitioning veterans by encouraging states to consider the specialized military training and experience service members acquire on Active Duty as fulfilling all or some of the state certification and licensing requirements.

Currently, there is a bill this Congress that focuses on medical expertise of Veterans qualifying for license certifications. AUSN supports the House's recent passage a few weeks ago of H.R. 235, the Veteran Emergency Medical Technician Support Act of 2013, which would amend the Public Health Service Act to provide grants to states to streamline state requirements and procedures for Veterans with military emergency medical training to become civilian emergency medical technicians. We strongly urge the Senate to take action on this important bill that would help to facilitate the employment of Veterans with medical experience.

Transition Programs

Last year, AUSN was pleased to see many positive developments with transition programs for our Veterans. Most notably in the FY13 NDAA, Section 513, the availability of Transition Assistance Advisors (TAA) to assist members of the Reserve Component who serve on Active Duty for more than 180 consecutive days. In this particular section, DOD is to establish as part of the Transition Assistance Program (TAP) a Transition Assistance Advisor (TAA) program to provide professionals in each state to serve as statewide points of contact to assist members of the Armed Forces in accessing benefits and health care. In addition, AUSN was pleased with the part of S. 3202, the Dignified Burial and Other Veterans' Benefits Improvement Act, which passed into law that contained portions of the Transition Assistance Program (TAP) Modernization Act, S. 2246 and H.R. 4051. Particularly, Sec. 301 of S. 3202 directs the Secretary of Labor, during a two-year pilot period, to provide TAP to Veterans and their spouses at locations other than military installations in at least three and up to five states selected by the Secretary based on the highest rates of Veteran unemployment.

AUSN is continuing to monitor the debate on mandating participation in TAP for all separating service members as well as expanding its programs. There are still many current service members on Active Duty who continue to not understand why they would need to participate in the program. However, once service members had left the military, many wondered why they never received comprehensive training and information on how to access their earned benefits and successfully transition from military to civilian life. Unfortunately, some Veterans have no way to reasonably anticipate all of the challenges they may face once out of the military. AUSN believes that TAP resources must continue to be made available to Veterans after they have transitioned out of Active Duty and expansion of its programs to include such items as educational benefit instructions which will significantly help prepare service members and their families. There are some encouraging bills that were introduced this Congress that help in these efforts which AUSN supports, including H.R. 562, the Veterans Retraining Assistance Program (VRAP) Extension Act of 2013, which would provide for a three-month extension of the Veterans Retraining Assistance Program administered by the VA, allowing for more time for service members to take advantage of this important transitional program. Currently, VRAP offers up to 12 months of retraining assistance to Veterans who are unemployed, at least 35 but no more than 60 years old, have an other than dishonorable discharge, not eligible for any other VA education benefit programs (i.e., the Post9/11 GI Bill, Montgomery GI Bill, Vocational Rehabilitation and Employment), are not in receipt of VA compensation due to Individual Unemployability (IU), and are not enrolled in a Federal or state job training program. In addition, AUSN supports H.R. 631, the Servicemembers' Choice in Transition Act of 2013 which provides requirements for the contents of TAP, including, amongst other items, an overview on preparations for employment, preparations for education or career or technical training and preparations for entrepreneurship.

Encourage Hiring of Veterans

AUSN is pleased with the creation and development of the Veterans Jobs Caucus in the Senate by co-chairs Senators Joe Manchin (D-WV) and Mark Kirk (R-IL) and in the House by co-chairs Representatives Tim Walz (D-MN-01) and Jeff Denham (R-CA-10). Their "I Hire Veterans" initiative is a great step in strengthening Congressional support and visibility for Veterans employment issues. In addition, AUSN was happy to see the passage into law last Congress of H.R. 3670, requiring the Transportation Security Administration (TSA) to comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA). This step was taken after TSA was found to be violating USERRA when two Transportation Security Officers (TSO's) in the Reserve Component were dismissed from employment as a result of their service and had their appeals rejected. As a result of the passage of the bill into law, TSO's will now have their jobs protected under USERRA, as it instructs TSA to comply with USERRA when carrying out certain personnel decisions

with respect to the employment of air transportation passenger and property screeners.

However, overall unemployment numbers amongst Veterans remain high and are a top concern of AUSN. Currently, there are over 857,000 unemployed Veterans (mostly Vietnam Veterans) throughout the country. In 2012 alone, the unemployment rate for OIF and OEF Veterans hovered at 10%. While this statistic was much better than the 2011 rate of 12%, our nation's returning heroes deserve a better chance to be able to work to secure a good future for themselves and their families. Despite the jobless rate falling, it is not yet where it needs to be. We must continue to strengthen prospects for Veteran employment by extending and strengthening incentives for businesses to employ Veterans. In addition, there are alarming cases where Veterans are afraid to put 'Veteran' on their job applications in fear of employer's not wanting to hire them due to some of the complex burdens some of these Veterans may carry. This discrimination is something that should be monitored and discouraged.

AUSN supports legislative efforts that seek to improve the employment of Veterans and encourage preferential hiring practices in businesses. One such bill is S. 6, the Putting Our Veterans Back to Work Act, which provides assistance to small business owned by Veterans and improves enforcement of employment and reemployment rights for members of the uniformed services. First, the bill directs the Department of Homeland Security (DHS) to award grants to hire veterans as firefighters and requires the head of each Executive and Defense agency to consider favorably, as an evaluation factor in federal solicitations for contracts and task or delivery orders valued at or above \$25 million, the employment by a prospective contractor of Veterans constituting at least 5% of the contractor's workforce. S. 6 would also extend the VOW to Hire Heroes Act of 2011 through March of 2016, which would provide a tax credit to businesses of up to \$5,600 for hiring Veterans who have been searching for a job for more than six months, as well as a \$2,400 credit for Veterans who are unemployed for more than a month but fewer than six. Finally, under USERRA, the bill allows a Veteran with a complaint of a violation of employment or reemployment rights under for the Attorney General (AG) to intervene within 60 days after receiving a referral of an unsuccessful attempt to resolve a complaint relating to a state or private employer.

Homelessness

Last year, there were many improvements in combating homelessness amongst the nation's Veteran population. In particular, Section 590 of the FY13 NDAA extended the authority to carry out referral and counseling service programs to Veterans at risk of homelessness transitioning from certain institutions from 30 September 2012 to 30 September 2013. In addition, the passage of H.R. 1627 into law last year included provisions of S. 3309, the Homeless Veterans Assistance Improvements Act, and S. 3349, the Zero Tolerance for Veterans Homelessness Act. Sections 301 and 302 of H.R. 1627 expand eligibility for the VA's emergency shelter services to include homeless Veterans who are not seriously mentally ill. Furthermore, these sections enhance grant programs for homeless Veterans with special needs by including dependents of Veterans and male Veterans with dependent children. The bill also reforms the grant and per diem program, which serves upward of 30,000 homeless Veterans annually by requiring the VA to report on how to improve the per diem payment process for grantees.

There is still much work to be done to combat homelessness for Veterans, however. On a single night in January 2012, 62,619 Veterans were homeless. The Department of Housing and Urban Development (HUD) has released annual reports since 2009 on the estimates of homeless Veterans and although there was an increase from 75,609 in 2009 to 76,329 in 2010, there was a substantial 12% decrease in 2011 to 67,495 homeless Veterans. However, the statistics on homeless Veterans are still staggering, as no Veteran should be without a home after serving their country. According to data compiled by the VA in January 2011, about 145,000 Veterans nationwide spent at least one night in an emergency shelter or transitional housing program. Veterans in the groups of age 31–60 compose the greatest percentages of homeless veterans, but Domiciliary Care for Homeless Veterans (DCHV) has reported that of these homeless Veterans, 90% suffer from Substance Use Disorders, 68% have serious psychiatric problems and 61% are being dually treated. One out of every six men and women in homeless shelters is a Veteran, and Veterans are 50 percent more likely to fall into homelessness compared to other Americans. Looking at returning Veterans from Iraq and Afghanistan, the VA recently report that through the end of September 2012, 26,531 of these returning Veterans were living on the streets, at risk of losing their homes, staying in temporary housing or receiving Federal vouchers to pay rent. This figure is up from 10,500 in 2010 for returning

Iraq and Afghanistan Veterans and the VA says the numbers could be higher because they include only the homeless the Department is aware of. While the VA has expressed its goal to end homelessness amongst Veterans by 2015, much work still needs to be done.

AUSN looks forward to hearing about the progress on combating homelessness amongst Veterans and urges the House and Senate Veterans' Affairs Committee to consider legislation this Congress that addresses these issues and seeks to lower these shocking numbers. One such bill is S. 287, which would include as a homeless Veteran, for purposes of eligibility for benefits through the VA, a Veteran or Veteran's family fleeing domestic or dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in a current housing situation.

Claims Processing

Claims backlogs are an area where there is a broad consensus that a lot of improvement is needed and that existing negative public perception amongst the Veteran community is undoubtedly drawn from the VA's shortcomings to process them. AUSN is pleased with VA's heightened efforts to modernize itself and these efforts are being bolstered by DOD's modernization efforts as well. In the FY13 NDAA, for example, Section 682 required a report by the VA on claims process transformations that the VA is currently implementing, whereby no later than 60 days after the NDAA was passed into law, the Secretary of Veterans Affairs is to submit to the Committees on Armed Forces and the Committees on Veterans' Affairs of the Senate and House, a report on the plan of the Secretary to reduce the backlog of claims for benefits that are pending and to efficiently and fairly process claims for such benefits in the future. AUSN looks forward to the findings of this report. It is important in such transformation and modernization efforts to allow Veterans to have the ability to transfer their complete service jacket (medical records, etc.) with a single click. This effort would seek to completely transform and evolve the VA's claims process into a streamlined system and improve the lives of Veterans throughout the country.

However, integration of these claims systems into one has to be continued in order to process claims efficiently. Communication and integration of the Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA) needs to be further developed to have continuity of filing in the VA. The creation of E-BENEFITS, integrating DOD and VA resources into a 'one-stop-shop' webpage, is a great start, but there are still a few overlaps that cause confusion when Veterans file claims and, consequently, when the VA tries to get them processed quickly and, most importantly, efficiently. Recent numbers at the VA have shown that there are 1.4 million various disability compensation and pension claims, which include 4 million education claims, processed in a given year. The VA has noted that by the end of this year, no more than 40% of compensation and pension claims will be more than 125 days old which is a significant cut from the 60% of claims exceeding that mark this past year.

With 1 million new Veterans expected to be utilizing the VA claims system upon returning home from deployment in OIF and OEF, this system of processing needs to improve. AUSN continues to be concerned with the efficiency of the claims system for our nation's Veterans and would like Congress to be on the forefront of any efforts to monitor and improve this process at the VA. Even with increases in funding over the past few years and positive developments, there still appears to be much work to be done in processing claims.

Veteran Education

AUSN was pleased to see passage of one of the most significant education bills introduced last year, H.R. 4057, the Improving Transparency of Education Opportunities for Veterans Act of 2012, which offers a critical first step in ensuring that student Veterans are properly informed about their benefits and have proper recourse for fraud, waste and abuse. AUSN understands that the VA is already taking proactive steps to ensure current service members receive educational material through the transition assistance program (TAP) and that Veterans who apply for GI Bill benefits are exposed to critical information before utilizing this benefit. H.R. 4057 also highlights available resources to help GI Bill beneficiaries choose the school best meeting their educational needs, as Veterans sometimes fall of track towards achieving a higher education. AUSN applauds Congress for coming together to help ensure that Veterans and beneficiaries are well versed in how to utilize this benefit.

There have been drastic improvements to education assistance provided to our nation's Veterans, which AUSN has been pleased to see over the years. The Post-9/

11 GI Bill is a magnificent benefit for today's Veterans and correcting certain oversights within the bill has improved its usage for the more than 606,000 service members, Veterans and family members and survivors that it serves. This benefit has potential to help shape and mold future leaders, and AUSN opposes any efforts to scale back the benefit as a disservice to the men and women who have fought in defense of our nation for the last decade.

Since the VA implemented the Post-9/11 GI Bill, the Department has primarily focused on ensuring student Veterans receive timely, accurate payments to finance their education. Unfortunately, as more and more Veterans sought to take advantage of their earned educational opportunities, the VA has stated unequivocally that the system used for decades to process Montgomery GI Bill claims would not be able to handle the more complex Post-9/11 GI Bill program. Consequently, Congress authorized \$100 million to develop a new system, what is now called the "Long Term Solution," or LTS. The major development effort has focused on automating supplemental claims which would comprise the bulk of the interactions between the VA, students and schools. This decision left original claims relatively un-automated. As a result, an original claim still takes about 45 minutes to process, a time little changed from 2009. Without making the system and its information more accessible to Veterans and schools, the process of filing the claim is incomplete. It is very apparent that LTS needs to continue evolving in order to handle more complex claims under the new Post-9/11 program. In addition, the system still hampers student Veterans from receiving up-to-date information about their claims and funding they are being provided. Student Veterans have stated that to receive funds, and/or information, the turnaround time could be as long as 2-5 months, a serious time delay, when many schools will require funds by certain deadlines. AUSN supports any effort to revise the LTS system in order for claims to not only be filed, but fulfilled with an adequate response in a timely manner.

AUSN continues to advocate for legislative solutions for issues that arise with Veteran educational assistance and programs which make Veterans able to use their benefit with fluid and flexible options. For example, AUSN supports H.R. 357 and S. 257, the GI Bill Tuition Fairness Act of 2013, introduced by Representative Jeff Miller (R-FL-01) and Senator John Boozman (R-AR), which would amend title 38, U.S. Code, to require courses of education provided by public institutions of higher education that are approved for purposes of the educational assistance programs administered by the VA to charge Veterans tuition and fees at the in-state tuition rate. Many Veterans of the uniformed services are unable to use their GI Bill at an institution of higher education of their choice, because their permanent residence is in another state. As public colleges and universities seek ways to offset decreasing revenues, many have significantly raised the costs of out-of-state tuition. The cap for GI Bill benefits often falls short of this high out-of-state rate. Furthermore, because of the nature of military service, Veterans and beneficiaries often have a difficult time establishing residency for purposes of obtaining in-state tuition rates. Circumstances such as these, which oftentimes require individual Veterans to live in certain areas, especially during the time when they are separated from the uniformed services, pose significant challenges to using this important benefit.

In regards to flexibility, AUSN members, particularly those in the Individual Ready Reserve (IRR) have been vocal about the concerns regarding flexibility for family member transfer of GI Bill benefits. Currently, in regards to Post 9/11 GI Bill benefits (Chap. 33, 38 USC), Reserve and Guard GI Bill transfer is based on a commitment to continue in the Reserves. This regulation applies to any member of the Armed Forces (Active Duty or Selected Reserve, officer or enlisted) on or after 1 August 2009 who is eligible for the Post-9/11 GI Bill and has at least 6 years of service in the Armed Forces on the date of election and agrees to serve 4 additional years in the Armed Forces from the date of election and has at least 10 years of service in the Armed Forces (Active Duty and/or Selected Reserve) on the date of election (precluded by either standard policy (service or DOD) or statute from committing to 4 additional years).

A majority of these servicemembers use their GI Bill benefit prior to their enrollment in IRR unless they have come directly off of Active Duty into the IRR (as is the case with a few groups of service members). Consequently, current law only provides for transfer eligibility for "Selected Reserve" members. Despite these IRR members serving qualifying time for GI Bill benefits completed in either an Active Duty or Selected Reserve status, servicemembers that are currently in IRR status are ineligible for the transfer option as it currently exists. The requirements for transfer of GI Bill benefits affect members in the IRR, as there is no "guarantee" anyone who completes their initial service commitment, could have continued with the Reserves past this initial commitment. Also, current Active Duty members with no Reserve commitment are also not "guaranteed" to join the Reserves for six years

after leaving 10 years of service. Servicemembers transfer to the IRR for a variety of reasons, such as civilian jobs, travel commitments and even complex family situations, with many staying in that status for several years. AUSN would like to see this definition for transferability of the GI Bill benefit expanded to include Armed Forces in the IRR.

Navy Reserve

Veteran Status for Reservists

AUSN supports the classification of certain affected groups of our Navy Reservists as Veterans of the Armed Forces. Currently, as it exists in the U.S. Code, a member of the Reserve Component can successfully complete a Guard or Reserve career but not earn the title of, "Veteran of the Armed Forces of the United States," unless the member has served on Title 10 Active Duty for purposes other than training. Currently, Title 38 excludes from the definition of "Veteran" career those Reservists who have not served on Title 10 Active Duty for other than training purposes. Drill training, annual training, Active Duty for training and Title 32 duty are not deemed qualifying service to qualify for "Veteran" status. For example, the service of our Guard and Reserve members in Operation Noble Eagle (ONE) would not qualify to earn the status of "Veterans of the Armed Forces" because it is technically a "training" status.

AUSN applauds the House of Representatives for passing H.R.1025, the Honor America's Guard and Reserve Retirees Act, in the 112th Congress and sending the bill to the Senate. However, H.R.1025, and its Senate companion bill, S. 491, did not see any additional action and an amendment to the FY13 NDAA was put on hold, despite its strong support amongst the Military Coalition (TMC) and its neutral cost to taxpayers, as scored by the Congressional Budget Office (CBO). AUSN was pleased to see that the bill was re-introduced in the form of H.R. 679 with a bipartisan list of cosponsors including Representatives Tim Walz (D-MN-01), Jon Runyan (R-NJ-03), Jeff Denham (R-CA-10), Duncan Hunter (R-CA-50), Tom Latham (R-IA-03), Jim Matheson (D-UT-04) and Nick Rahall (D-WV-03). H.R. 679 would authorize Veteran status under Title 38 for Guard and Reserve members of the Armed Forces who are entitled to a non-regular retirement under Chapter 1223 of 10 USC but were never called to active Federal service during their careers through no fault of their own. Furthermore, the bill was written to explicitly include stronger language with a, "Clarification Regarding Benefits," section which states that as a result of passage of this bill, no additional benefits may be conferred by persons receiving status of 'Veterans' under this act. This zero-cost bill also has the potential to help combat high levels of unemployment amongst the Reserve Component community, providing 'Veteran' status for them to be hired by employers that actively seek Veterans in the workplace.

Again, H.R. 679 would not bestow any benefits other than the honor of claiming Veteran status for those who honorably served and sacrificed as career Reserve Component members. AUSN believes that our Reserve Component deserve nothing less.

Other Veteran Items of Interest

AUSN is increasingly concerned with the findings of the impact that Military Sexual Trauma (MST) is having upon separating servicemembers. According to DOD, 19,000 sexual assaults occurred in the military in 2010, but only about 13 percent of victims reported the attacks. In 2011, fewer than 8 percent of reported cases went to trial, and fewer than 200 attackers were eventually convicted. In recent studies, more than 85 percent of all military sexual assaults go unreported, which means Veterans have a hard time meeting the burden of proof when applying for VA benefits. A Navy Sailor's story, Ms. Ruth Moore, has inspired legislative action. Ms. Moore enlisted in the Navy at age 18 and was the victim of sexual assault twice. Ms. Moore reported the attacks, but the attacker was never charged or disciplined, and she was later labeled as suffering from mental illness and discharged from the Navy. Ms. Moore fought for 23 years to get the benefits she was owed after noticing her records were tampered with and that she was even diagnosed with a mental illness she did not have. AUSN supports legislation by Representative Chellie Pingree (D-ME-01) and Senator Jon Tester (D-MT), in the forms of H.R. 671 and S. 294, appropriately titled the Ruth Moore Act of 2013, which would amend Title 38 of the U.S. Code to improve the disability compensation evaluation procedure of the VA for Veterans with mental health conditions related to military sexual trauma.

Conclusion

The Association of the United States Navy understands that there are difficult decisions ahead in regards to the Continuing Resolution (CR) for the remainder of FY13 and the forthcoming FY14 Budget Request. A looming concern here at AUSN is the effects of this automatic sequestration trigger upon the DOD. AUSN was pleased when DOD military personnel accounts and the VA were exempt late last spring from sequestration, however there are many factors to be considered that may affect Veterans. Many Federal agencies, DOD included, have preferential hiring practices for veterans, which currently make up close to 44% of DOD's workforce. Sequestration could result in higher unemployment numbers amongst the Veteran community. We encourage members of both the House and Senate to look at our website which has a daily updated Bills of Interest section where we have more legislation that is within our priorities that we are tracking on behalf of our members at <http://www.ausn.org/Advocacy/BillsofInterest/tabid/2668/Default.aspx>.

AUSN believes that the Department of Veterans Affairs (VA) and the Department of Defense (DOD) are both moving in the right direction, as it pertains to their shared commitment to improving the way they care for Veterans. Whether looking at modernization of servicemembers' health records and fitness reports or the much improved collaboration efforts between the two Departments themselves, AUSN is confident that the framework these two Departments laid out in the 112th Congress is of sound structure and will significantly ease the many hardships our brave Veterans now face as we enter the 113th Congress.

AUSN understands that the VA has, almost since its inception, faced a public perception that views it as an Agency filled with incompetency and waste. The VA's sole purpose is to lessen the suffering and adversities faced by those brave few willing to stand and risk life and limb for our nation's ideals and what public perception fails to understand is that the very reason for the VA's existence forces the Department, at times, to be more reactionary than proactive. We cannot see wars coming a decade before they do. Moreover, we cannot predict what types of tactics and warfare our enemy will use, and what types of wounds we will have to learn how to heal. War has irreversible consequences, and the VA is continually adapting to try to reduce these consequences as much as possible. AUSN stands ready to be the Voice for America's Sailors, abroad and upon their return home, and looks forward to working with Congress and the VA on serving our Veterans. Thank you.

LTG Guy C. Swan, USA Ret., Vice President, Association of the United States Army

Messrs. Chairmen and Members of the Committees:

Thank you for the opportunity to present the views of the Association of the United States Army (AUSA) concerning veterans' issues. Both in personal testimony and through submissions for the record there exists a long-standing relationship between AUSA and the Senate and House Committees on Veterans' Affairs. We are honored to express our views on behalf of our members and America's veterans.

The Association of the United States Army is a diverse organization of almost 100,000 members – active duty, Army Reserve, Army National Guard, Department of the Army civilians, retirees and family members. An overwhelming number of our members are entitled to veterans' benefits of some type. Additionally, AUSA is unique in that it can claim to be the only organization whose membership reflects every facet of the Army family.

Each year, the AUSA statement before the committees stresses that America's veterans are not ungrateful. Much of the good done for veterans in the past would have been impossible without the commitment of those who serve on the committees and the tireless efforts of their professional and personal staffs.

The inherently difficult nature of military service has never been more self-evident than during the current conflicts. While grateful for the good things done for veterans, AUSA reminds our elected representatives that we consider veterans benefits to have been duly earned by those who have answered the nation's call and placed themselves at risk – these are not "entitlements".

AUSA is heartened that Congress has expressed a commitment to support America's veterans. Despite this, many are concerned that the declining number of veterans in Congress might in some way lessen the value this institution places on veterans and their service to the nation. We, at AUSA, do not share this opinion. AUSA is confident that you - well-intentioned, patriotic men and women – will faithfully represent the interests of America's veterans during fiscal deliberations.

As elected representatives, you must be responsible stewards of the federal purse because each dollar emanates from the American taxpayer. AUSA emphasizes that the federal government must remain true to the promises made to her veterans. We understand that veterans' programs are not above review, but always remember that the nation must be there for the country's veterans who answered the nation's call.

"Providing for the common defense" is Job #1 for Congress and our national government. Providing for those who actually execute that task should have an equal level of priority for Congress.

Veterans seldom vote in a block, despite their numbers. This is one reason AUSA seeks this forum to speak for its members about veterans' issues. Our veterans have lived up to their part of the bargain; the Congress must live up to the government's part.

Those who have volunteered to serve their country in uniform deserve educational benefits that support their transition to civilian life. AUSA applauds Congress for enacting the Post-9/11 Veterans Educational Assistance Act of 2008 and the more recent Post-9/11 Veterans Improvement Act of 2010. These landmark pieces of legislation are helping educate a new generation of veterans by allowing them to enroll as a full-time students and to focus solely on education.

With the Committees' support, the Department of Veterans' Affairs has implemented the largest increase in education benefits for our fighting men and women since World War II. AUSA has long endorsed a 21st century GI Bill that is built on the principles of simplicity, equity and adequate reimbursement of the cost of education / training. As we work to fully realize Congressional intent for the program, AUSA believes consideration should be given to having hearings regarding a unified architecture for all GI Bill programs for active duty, Guard and Reserve under the principle of awarding benefits according to the length and type of duty performed.

Because of Congress' establishment of the Gunnery Sergeant John D. Fry Scholarship program, children of an active duty member who died in the line of duty after September 10, 2001 are eligible for substantially the same benefits as the Post-9/11 GI Bill when they reach age 18. However, surviving spouses are eligible only for Survivors and Dependents Educational Assistance (DEA) (Chapter 35, 38 USC) benefits, which for many means college or vocational training is unaffordable.

For college attendance, DEA pays even less than the Montgomery GI Bill stretched out over 45 monthly payments (instead of 36 months for the MGIB). For full-time college enrollment, a surviving spouse receives just \$987 per month. When Congress established the Post-9/11 GI Bill in 2008, it authorized a one-time 20% rate hike to the MGIB, but overlooked DEA. Today, the potential total DEA benefit is \$44,415 compared to \$56,304 under the MGIB. So surviving spouses receive substantially reduced benefits under DEA and are not eligible for a housing allowance or book stipend under the program. For many survivors with children, college or vocational training is beyond their reach.

Therefore, AUSA urges Congress to authorize Post-9/11 GI Bill benefits for surviving spouses of the current conflict, the same educational benefit available to their children under the Gunnery Sgt. John D. Fry Scholarships, in lieu of Dependents and Survivors' Educational Assistance (DEA) benefits. As an interim measure, if resources are not available to raise DEA reimbursement to the Post-9/11 GI Bill level, authorizing survivors of the current conflicts the Post-9/11 GI Bill housing allowance and book stipend under DEA.

Also, AUSA is concerned about the rising unemployment of Army and other veterans and believes additional full time counseling staff is needed for the Vocational Rehabilitation and Employment (VRE) program to support the increasing demand among the rising number of disabled veterans. VRE helps equip disabled veterans to transition back into the work force.

AUSA strongly encourages Congress to raise education benefits for National Guard and Reserve service members under Chapter 1606 of Title 10. For years, these benefits have only been adjusted for inflation. Currently, Reserve GI Bill benefits have fallen to less than 23 percent of the active duty benchmark giving them much less value as a recruiting and retention incentive. This also sends a signal to Reserve Component personnel that their service is undervalued. Further, a transfer of the Reserve MGIB-Select Reserve authority from Title 10 to Title 38 will permit proportional benefit adjustments in the future.

Members of the National Guard called to active duty under Title 32 in support of the current crisis do not receive veteran's status for their active duty military time. Those called to active duty under Title 10 do receive veteran's status. Similarly, Army Reserve personnel who are not called to active duty can complete a full reserve career and yet not be entitled to be called veterans. This inequity must be

addressed. Your support in allowing Guard and Reserve members to earn veterans' status on equal footing with their active duty counterparts will send the message that Reserve Component personnel are part of the Total Force.

Veterans' medical facilities must remain expert in the specialties which most benefit our veterans. These specialties relate directly to the ravages of war and are without peer in the civilian community. We are grateful for the significant increase in resources and appropriations, as well as the advanced appropriations process, provided by the Congress to the veterans' health care. Further, AUSA urges members of Congress to sustain the current levels of appropriation funding. After 12 years of war and approximately 10,000 new veterans per month, cuts to veterans' appropriations would be unconscionable.

AUSA applauds the unprecedented and historic legislation which authorized the unconditional concurrent receipt of retired pay and veterans' disability compensation for retirees with disabilities of at least 50 percent and the legislation that removed disabled retirees who are rated as 100 percent from the 10-year phase-in period. However, we cannot forget about the thousands of disabled retirees left out by this legislative compromise. The principle behind eliminating the disability offset for those with disabilities over 50 percent is just as valid for those 49 percent and below. AUSA urges that the thousands of disabled veterans left out of previous legislation be given equal treatment and that the disability offset be eliminated completely.

Another critical area needs to be addressed. For chapter 61 (disability) retirees who have more than 20 years of service, the government recognizes that part of that retired pay is earned by service, and part of it is extra compensation for the service-incurred disability. The added amount for disability is still subject to offset by any VA disability compensation, but the service-earned portion (at 2.5 percent of pay times years of service) is protected against such offset.

AUSA believes that a member who is forced to retire short of 20 years of service because of a combat disability must be "vested" in the service-earned share of retired pay at the same 2.5 percent per year of service rate as members with 20+ years of service. This would avoid the "all or nothing" inequity of the current 20-year threshold, while recognizing that retired pay for those with few years of service is almost all for disability rather than for service and therefore still subject to the VA offset.

Fortunately, legislation provided in previous defense bills extends Combat Related Special Compensation (CRSC) to retirees with less than 20 years of service with combat or operations-related disabilities. Unfortunately, retirees with non-combat disabilities forced to retire short of 20 years of service still have to fund their VA compensation dollar-for-dollar from their disability retirement from DoD, and this year funding of concurrent receipt for these Chapter 61 medical retirees is not included in the administration's budget.

AUSA supports legislation that establishes a presumption of service connection for veterans with Hepatitis C (HCV).

The rules for interment in Arlington National Cemetery (ANC) have never been codified in public law. Twice the House has passed legislation to codify rules for burial in Arlington National Cemetery. However, the legislation has not passed in the Senate. AUSA supports a negotiated settlement of differences between the House and Senate concerning codification of rules for burial in Arlington National Cemetery. Further, "gray area" reservists eligible for military retirement should be included among those eligible for interment at Arlington National Cemetery.

AUSA appreciates the help of the Veterans Administration in modernizing the records keeping and oversight of Arlington National Cemetery, but strongly urges that its administration should remain in control of the United States Army.

AUSA remains opposed to the imposition of an annual deductible on veterans already enrolled in VA health care and any increase in the co-payment charged to many veterans for prescription drugs. AUSA urges Congress to continue to oppose such fees.

AUSA supports continuing congressional efforts to help homeless veterans find housing and other necessities, which would allow them to re-enter the workforce and become productive citizens.

Much more needs to be done to ensure that returning combat veterans, as well as all other service men and women who complete their term of service or retire from service receive timely access to VA benefits and services. This issue encompasses developing and deploying an interoperable, bi-directional and standards-based electronic medical record; a "one-stop" separation physical supported by an electronic separation document (DD-214); benefits determination before discharge; sharing of information on occupational exposures from military operations and related initiatives. AUSA strongly recommends accelerated efforts to realize the goal

of “seamless transition” plans and programs and is deeply disappointed that the leadership of the VA and DoD have retreated for the total systems integration that is represented by “iEHR”.

We encourage other positive steps toward mutual cooperation taken recently by the Department of Defense (DOD) and the VA. The closer we can come to a seamless flow of a servicemember’s personnel and health files from service entry to burial, the more likely it will be that former service members receive all the benefits to which they are entitled. AUSA supports closer DOD-VA collaboration and planning including billing, accounting, IT systems, patient records, but not total integration of facilities nor of VA/DOD healthcare systems.

AUSA strongly supports preservation of dual eligibility of uniformed service retirees for VA and DOD healthcare systems. We applaud Congress’ opposition to “forced choice” in the past and encourage you to hold the line in the future.

AUSA recognizes that progress is being made in reducing the unacceptably high numbers of backlogged disability claims. The key to sustained improvement in claims processing rests on adequate funding to attract and retain a high quality workforce to match the introduction of advanced technology into the VA information management system.

Finally, while AUSA acknowledges and understands the remarkable achievements of drone pilots and cyberwarriors during the past decade of war, it joins with many veterans and other military-related organizations in urging that the level of precedence of the new Distinguished Warfare Medal be adjusted so that it is below the Bronze Star or the Purple Heart in order to preserve the integrity and prestige associated with these awards.

The committees safeguard the treatment of America’s veterans on behalf of the nation. AUSA knows that you take this responsibility seriously and treat this privilege with the gratitude and respect it deserves. Although your tenure is temporary, the impact of your actions lasts as long as this country survives and affects directly the lives of a precious American resource - her military veterans. As you make your decisions, please do not forget the commitment made to America’s veterans when they accepted the challenges and answered the nation’s call to serve.

Thank you for the opportunity to submit testimony on behalf of the members of the Association of the United States Army, their families, and today’s soldiers who are tomorrow’s veterans.

Joseph A. Vater, Jr., Esq. (PA), President, ADBC Memorial Society

Chairmen Sanders and Miller, Ranking Members Burr and Michaud, Members of the Senate and House Veterans Affairs Committees, thank you for allowing us to present the concerns of veterans of World War II’s Pacific Theater to Congress. The American Defenders of Bataan and Corregidor (ADBC) Memorial Society represents surviving POWs of Japan, their families, and descendants.

In 2009, the Government of Japan belatedly recognized the extraordinary abuse suffered by the American POWs of Japan. An official apology was offered by the Japanese Ambassador to the United States and a course of reconciliation established called the POW/Japan Friendship Program.

Imagine our dismay when we learned that the new Japanese Prime Minister, Shinzo Abe, may rescind Japan’s war apologies. We naturally worry that the reconciliation effort, the POW/Japan Friendship Program, is also in jeopardy. Although our membership was, understandably, divided on the value of the 2009 apology, a repudiation of the apology and cessation of the popular visitation program would send an unambiguous message of disrespect to the former POWs and harm the U.S.-Japan Alliance.

The U.S. State Department’s involvement was vital to the effort to obtain the apology and to establish the visitation program. It is our hope that Congress will work with the Obama Administration to persuade Japan to hold to its promises and responsibilities. Japan needs to be encouraged to do more.

As way of background, it was at the final convention of the American Defenders of Bataan and Corregidor (ADBC) in May 2009 that the Government of Japan through the Japanese Ambassador to the U.S., Ichiro Fujisaki, and then again in 2010 through its Foreign Minister, Katsuya Okada, offered the American POWs of Japan an official apology:

We extend a heartfelt apology for our country having caused tremendous damage and suffering to many people, including prisoners of wars, those who have undergone tragic experiences in the Bataan Peninsula, Corregidor Island, in the Philippines, and other places.

The Japanese Government followed up the apology by initiating a provisional program for American former POWs to visit Japan and return to the places of their imprisonment and slave labor. Nearly all the original Japanese companies that used POW slave labor still exist and often continue to operate facilities at the same sites associated with their assigned POW camps. Thus far, there have been three trips: 2010, 2011, and 2012.

It concerns us that the Abe Administration wants to limit the program to former POWs and possibly end the program this year. Widows, children, and other descendants have also been profoundly affected by the POW experiences of their relatives and they should be included in future programs. We are concerned about how little Japan's Ministry of Foreign Affairs has publicized the program's accomplishments and goodwill. We are troubled that some Japanese companies have refused to allow our nonagenarian POWs to visit the sites of their imprisonment and slave labor.

The success of the POW/Japan Friendship Program should encourage Japan to do more.

Still we wait for Japan's great multi-national corporations to acknowledge their use and abuse of POW labor. Still we wait for Japan to create national memorials to the POWs who slaved and died on Japanese soil. Still we wait for memorials for American POWs who died on Japan's Hellships and in occupied territories outside Japan such as Taiwan, Northeast China, Wake Island, and Guam. And still we wait for Japan to establish a fund to continue this visitation program and to include research, documentation, people-to-people exchanges, and promotion of human rights.

We want to see the trips to Japan continued and to include widows, descendants, and researchers. We want the visitation program to be turned into a permanent program not subject to the Japanese government's yearly budget review.

Prime Minister Abe is in a unique position to extend and enhance this visitation program. Two of his Cabinet members have family ties to companies that used POW slave labor during the war.

By showing his government's acknowledgement of the pain inflicted on soldiers of what is now Japan's closest ally, the United States, Prime Minister Abe can strengthen bilateral relations at a fundamental level. It would engender trust among the Americans tasked with protecting Japan by honoring their veterans, and would signal to Japan's other wartime victims that meaningful reconciliation is possible.

As you can see from this sampling of impressions by former POWs of their trip to Japan, it has brought closure and peace of mind to those who participated:

This program has really helped my Dad [Harold Bergbower, Past National Commander, ADBC]. For years, Dad would have nightmares after any talk, show, or sometimes just because of his years as a POW. Since our visit his nightmares have gone. I cannot really put in words what that day at the Japanese Factory in Takaoka, Toyama, Japan did. He has not forgotten or totally forgiven but there is now a peace to his remembrance. If you are able please consider participating in this program. My Dad's memory is failing on his daily activities but he continues to recall his trip to Japan. Now when he talks about his POW experience he can now add closure. The audience is amazed at his story. I was honored to go with Dad to Japan. If you are a descendant please talk with your parent about the program. It truly is a life changer.

Mr. James Collier later reflected on the trip to Takaoka, whose natural beauty he had never recognized while being a POW: "After meeting the kind people at JMC and after observing the beautiful surroundings of the city, I realized that I had been robbed of the opportunity of truly knowing this place for the past 66 years. Takaoka had always remained as a dark and depressing place in my mind. Yet this visit has finally afforded me the opportunity to appreciate its beauty."

Mr. Roy Friese met up with Mr. Kensuke Morooka, Representative of the Association for Recording Air Raids of Omuta. His family home was completely destroyed in the fire-bombing of June 18, 1945. "I remember I saw POWs when I was a boy of thirteen. The skeletal POWs were crammed upright into trucks," he told Mr. Friese as they shook hands. "The facts of sixty-six years ago should never be forgotten. But instead of animosity, we have to hold onto our belief that stupid wars should never happen again," said Mr. Morooka. "I had felt various prejudices but they are all gone now," said Mr. Friese as he left the POW camp site.

More observations by former POWs who have participated in the POW/Japan Friendship Program are on the Outreach section of our website at www.dg-adbc.org. The program is a tangible benefit of the acknowledgement by Japan of some of Imperial Japan's injustices.

We are grateful for the State Department's recent efforts to encourage the Japanese government to do the right thing by initiating a process of reconciliation. The irony is that in 1995 the Japanese government established a program of reconciliation and exchange for all former Allied POWs with the exception of American POWs. We hope that Congress will now encourage the State Department to continue to make up for lost opportunities and time.

We ask for Congress and the Obama Administration to insist that Japan maintain its visitation program for former POWs and expand this remarkable program to include family members, to initiate a plan to preserve their history, and support for human rights education.

Thank you for this opportunity to address your committees.

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