



## **OFFICIAL STATEMENT OF**

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

**LEGISLATIVE PRIORITIES FOR  
THE SECOND SESSION  
OF THE 114TH CONGRESS**

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## **CURRICULUM VITAE**

Chief Master Sgt. (Retired) Robert L. Frank is the Chief Executive Officer of the Air Force Sergeants Association (AFSA). He oversees the daily operations, advocacy efforts, outreach and support on behalf of the Association's 100,000 dues-paying members world-wide. Mr. Frank served 26 years in the United States Air Force at numerous stateside and overseas locations. His last duty assignment was on the Air Staff as the First Sergeant Special Duty Manager in the Office of the Chief Master Sergeant of the Air Force. While there he led, established policy, and provided guidance for more than 2,500 Regular Air Force, Air National Guard and Air Force Reserve First Sergeants. Before joining the Air Force Sergeants Association, Mr. Frank served as the Veteran Outreach Specialist with the Consumer Financial Protection Bureau's Office of Servicemember Affairs where he established a new position and Veteran engagement strategy for this startup government agency. He assumed his current position at AFSA on May 26, 2014.

## **DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS**

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

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Chairmen Isakson and Chairmen Miller, on behalf of the Air Force Sergeants Association (AFSA), I thank you for this opportunity to offer the views of our members on legislative priorities for the second session of the 114<sup>th</sup> Congress, specifically the decisions that have to be made as we move toward Fiscal Year 2017.

AFSA is a 100,000 member-strong, federally chartered, worldwide Veterans and military service association representing the quality-of-life interests of current and past enlisted Airmen as well as their families. We are in a unique position to have a good understanding of the views of enlisted service members as half of our membership is currently wearing a military uniform, and half are retirees or Veterans. Our members are well-aware of issues that impact Veterans as they are proud to hold that status while in uniform—and are well aware that they will be impacted by your decisions today and in the future. We have chapters at almost every Air Force base around the world, as well as a variety of retiree/Veteran chapters. As such, we have the pulse of our members and regularly receive feedback on a variety of important issues. The matters addressed by these Committees are closely watched and appreciated by our members: those who join the military and put their lives at risk to serve the national interests of our people.

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

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

For nearly 55 years, the Air Force Sergeants Association has proudly represented active duty, guard, reserve, retired, and Veteran enlisted Air Force members and their families. Your continuing effort toward improving the quality of their lives has made a real difference, and our members are grateful. The content of this statement reflects the views of our members as they have communicated them to us. As always, we are prepared to present more details and to discuss these issues with your staffs.

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**The Independent Budget (IB).** From the outset, we want to state that AFSA concurs with funding levels recommended by *“The Independent Budget--Veterans Agenda for the 114<sup>th</sup> Congress,”* a document jointly authored by the VFW, DAV, and PVA. This annual report, which outlines funding requirements for the programs administered by the Department of Veterans Affairs (VA), proposes \$84.4 billion in total for the VA. The Administration's FY 2017 budget request for the VA is \$78.7 billion. However, VA proposes to spend an additional \$5.7 billion for community medical care previously appropriated by the 2014 “Choice Act”, bringing total spending in FY 2017 to \$84.2 billion. *The Independent Budget* report also includes the following recommendations:

- 72.8 billion for total medical care
- \$3.1 billion for the Veterans Benefits Administration
- \$2.5 billion for all construction programs
- \$740 million for medical and prosthetic research

I know you are already aware of these proposals so I will not comment on them further. I do want you to know we fully support these recommendations, and, as in past years, I'm confident you will give them the consideration they deserve.

**Advance Funding for VA Programs.** We recognize the hard work of both Committees in supporting advance appropriations for VA benefit programs. Last year's legislation ensured mandatory accounts are now included (disability, survivor, pension, GI Bill, etc.) and we thank you for your efforts to provide certainty for critical VA programs.

## **VA HEALTH CARE MATTERS**

**Veterans Choice Program.** AFSA commends Congress for passing the Veterans Access Accountability and Choice Act (PL 113-146). Your subsequent work on this act has given the VA the capability to make significant progress toward satisfying the health care needs of Veterans. That said, the AFSA requests these Committees take the following actions regarding the Veterans Choice Program.

- *Strongly encourage the VA to carry out the Choice Program with the spirit and intent of Congress—letting Veterans know this is a program their Department of Veterans Affairs is implementing with enthusiasm and with an intention to make the program succeed.*
- *Commit to this “test” program until its conclusion with full Congressional support.*
- *After the 3-year program is concluded, seriously consider if it is appropriate to make the Veterans’ Choice Program permanent for those Veterans residing 40 or more miles (commuting distance) from a health care procedure-capable VA facility. The 30-day appointment wait standard possibly can be corrected by the VA through staff changes, better practices, etc. However, the 40-mile distance disadvantage can only be overcome through new construction or, in a very few cases, by shifted missions and services. It must be remembered Secretary McDonald has already recommend the closure of facilities considered “excess infrastructure”—not building new ones. For that reason, we believe these Committees should direct a close examination toward the possibility of changing the paradigm of a “brick and mortar facilities-only” system of satisfying the health care needs of Veterans to the “combined use of brick and mortar facilities and use of non-VA care providers (funded by the VA)” for certain locations. **We must emphasize our intent is that non-VA care should be viewed as supplementing/complementing in-house VA care--not replacing it.** We must ensure the VA continues to be responsible for the care provided to this nation’s*

Veterans, and responsible for the coordination and execution of payment for any “outsourced” care.

- *Direct the Congressional Budget Office (CBO) to do a cost-benefit-savings analysis of the Choice Program considering the overall impact of this program, especially considering the savings that result in avoiding travel reimbursement, the avoided cost of VA resources for Choice Veterans, and the availability of VA providers to care for other Veterans with more appointments now available.*
- *Streamline numerous VA programs – currently there are too many conflicting and/or competing options with different reimbursement levels as well as different provider requirements. These variances create confusion with non-VA (aka community) providers, VAMC staff, contractors and in the end the Veterans. Consolidation or efficiencies should be explored.*

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

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

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

Confusing data about Veteran suicide is published with great regularity, and some of it appears to be a deliberate skewing of the facts. For instance, a myth exists that most Veterans who commit suicide are younger Veterans, but recent data shows the average

age of male Veterans who took their own lives was 59.6 years of age; consistent with the national percentage of non-Veteran men of that age, according to VA data. Veteran suicide is a national tragedy made worse by the fact the vast majority of Veterans taking their own lives are not enrolled in VA health care.

The department estimates that over one million uninsured Veterans *could qualify* for VA health care; because they don't know, or are provided misinformation, they may forego a lifetime of earned care and benefits. If we hope to make meaningful progress in preventing Veteran suicide, this problem must be addressed nationally, not just in VA.

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

While we believe "Clay Hunt" was a great step in the right direction, more needs to be done. VA should continuously pursue new ways to deliver mental health services, including establishing and/or revising protocols with DoD to seamlessly transfer high-risk service members with mental health, or drug or alcohol abuse conditions directly (live hand-off) to a designated VA or partner provider prior to discharge from the military to ensure continuity of care. *Congress must continue to enable the expansion of VA and DoD suicide awareness and prevention programs to increase awareness and access and capitalize on peer support programs.* Simply put, we must continue to fight this plague and ensure that those who leave military service for psychological conditions are fully accommodated within the VA health care system.

**Integrated Electronic Health Record (iEHR).** For several years, Congress provided a great deal of funding to have DoD and the VA jointly develop an iEHR that would follow a member throughout his/her military years and throughout that individual's life as a Veteran. We believe an iEHR remains critical for continuity of health care, VA claims processing, transparency, and because of the enormous demand for mental health care and other medical services arising from the drawdown of forces in Afghanistan, as well as scheduled cuts in our Armed Forces.

Many pledges have been made in this regard to you and the American people. Unfortunately this goal remains elusive. Conceived as a simple goal to improve the care of Veterans, this is something seemingly well within the grasp of modern technology but over the past several years has consumed billions in taxpayer dollars. Not long ago, DoD and VA announced they were abandoning their joint effort, choosing instead to "strike out on their own." This action left Veterans wondering why the two departments were

throwing in the towel on this important endeavor; and how the “meaningless” expenditure could be justified. This is not the first time the two departments have stepped back from an effort like this. Plans to create an iEHR go back to the mid-1980s at least.

Numerous times this effort has been set aside usually followed by a new pledge, publically and with vigor, that the two Secretaries will “resolve this problem once and for all.” Eventually the superfluous hype begins to lose its meaning and it is time for action.

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

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

**Support the judicious use of VA-DoD sharing arrangements.** AFSA supports the judicious use of VA-DoD sharing arrangements involving network inclusion in the DoD health care program, especially when it includes consolidating physical examinations at the time of separation. It makes no sense to order a full physical exam on your retirement from the military and 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 common-sense approach that should eliminate problems of inconsistency, save time, and take care of Veterans in a timely manner while saving funding dollars.

However, AFSA recommends these Committees closely monitor the collaboration process to ensure these sharing projects actually improve access and quality of care for eligible beneficiaries. A word of caution, DoD beneficiary participation in VA facilities must never endanger the scope or availability of care for traditional VA patients, nor should any VA-DoD sharing arrangement jeopardize access and/or treatment of DoD health services beneficiaries. The VA and DoD each have a lengthy and comprehensive history of agreeing to work on such projects, but follow-through is sometimes lacking. *We urge these Committees to encourage joint VA-DoD efforts, but ask you to exercise close oversight to ensure such arrangements are implemented properly.*

**Support VA-Medicare Subvention.** With a large percentage of Veterans eligible for Medicare, VA-Medicare subvention is a very promising venture, and AFSA offers support for this effort. Under this plan, Medicare would reimburse the VA for care the VA provides to non-disabled Medicare-eligible Veterans at VA medical facilities. This funding method would, no doubt, enhance elderly Veterans' access to VA health care and enhance access for many Veterans. *We urge these Committees to carefully study and consider supporting VA-Medicare Subvention.*

**Wounded Warriors.** Thousands of service members have been wounded in action over the past 14 years. Thousands of others have suffered service-connected illness and injuries in related support actions. As a Nation, we have no greater responsibility than to care for our warriors now suffering from the maladies of war. We are pleased with high levels of funding support for Wounded Warrior care and hope this trend never wanes.

Continued emphasis and funding is needed for VA programs that address Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD), the two “signature injuries” of current conflicts.

Oftentimes TBI and PTSD do not produce visible signs until long after the battle is over. Nor are they easy to treat. There is no “one size fits all” treatment and VA must research and ensure a variety of effective ones are readily available. *We are also concerned the 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.*

I'd like to draw your attention to an issue that while not new, has a workable solution.

Veterans who were retired medically as unable to work are often shifted out of TRICARE due to their Medicare-eligible status. The first problem for those enduring the pains, literal and figurative, of their post-military medical adjustments lies in the fact their new Medicare costs are almost 5 times more expensive than the Veteran-retiree preferred TRICARE.

For military personnel who are driven to succeed and overcome obstacles, returning to work is a tangible marker upon which many set sights. However, once on Medicare they are required to wait eight and a half years before they are TRICARE eligible again, paying the more expensive Medicare rates all the while regardless of personal, often Herculean efforts, to rejoin society as part of the work force.

In an era of extreme fiscal prudence concurrent to many efforts related to Veterans Choice Act provisions, it seems obtuse to not consider a mechanism allowing our Nation's most seriously injured Veteran retirees a less cumbersome financial path to medical care. While the inclination is to argue cost, it would involve a pay-for. The more palatable solution is to simply amend verbiage, either eliminating the eight and a half year requirement or by allowing those Veterans capable of returning to TRICARE to



do so without penalty.

We at AFSA view this a win-win for anyone involved in the solution and would happily partner or lend our efforts towards its resolution.

**Advanced Practice Registered Nurses (APRNs).** AFSA strongly supports the recommendation found in Sec. 6.4.2 of the Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs.

Recognizing the Full Practice Authority of all APRNs is consistent with recommendations from the Institute of Medicine, and aligns with current APRN policy in the Army, Navy, Air Force, Combat Support Hospitals, Forward Surgical Teams and the Public and Indian health services. This policy will further enhance the VA's capabilities to address the growing demands of the Veteran population.

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

- *Limit user fees and prescription co-pay increases at VA medical facilities*
- *Pursue the VA to have chiropractic care where possible*

## **SUPPORTING VETERANS' CAREGIVERS**

Thanks to the past work of these Committees, catastrophically disabled OEF/OIF Veterans whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. Spouses who are full-time caregivers are precluded from earning a retirement or Social Security benefits in their own right. However, when the Veteran dies, the surviving widow's income is reduced to the same Dependency and Indemnity compensation rate that other surviving spouses of Veterans receive when the death was service- connected. The percentage of replacement income can be as little as 15 percent whereas the income replacement of other federal survivor benefit plans is closer to 50 percent. To ensure fairness, AFSA recommends the Committees increase the income replacement rate for widows of catastrophically disabled Veterans to a more appropriate level.

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

In 2010, Congress enacted the “Caregivers and Veterans Omnibus Health Services Act” which became Public Law 111-163. This law sought to provide comprehensive support for Veterans injured on or after 9/11. It is time to expand support for caregivers to all military service periods. In sum, AFSA supports H.R. 2894, H.R. 914, S. 1085 and any other legislation that expands the Caregiver program to all eligible Veterans.

## **MILITARY-TO-VETERAN TRANSITION ASSISTANCE**

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

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

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

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

## **CLAIMS ADJUDICATION PROCESS/APPEALS**

Thanks in part to the oversight efforts of this committee, tremendous progress has been made by the VA in reducing long-term claims. Unfortunately the backlog of pending appeals has risen considerably.

Recently VA announced they completed 1.4 million claims in FY15—*67 thousand more than the previous year and the sixth year in a row that the department completed more than a million claims.* The VA also reported that the disability claims backlog stands at slightly more than 83,000. Assuming that more claims were accurately processed, this is good news considering that in March 2013 the backlog stood at over 600,000.

Unfortunately at the same time the number of pending appeals increased 30 percent—rising from 135,000 in 2011 to 176,000 in FY15. Veterans wait an average of 3 years for their appeal to be resolved but if it goes to the Board of Veterans Appeals, it could be 5 years or more before that happens. This matter is a major issue—one that does a disservice to those who put it all on the line for this nation. Access to VA health care and compensation and pension benefits are the lifeline for many Veterans with significant disabilities, and eligibility for these programs begins with the claims process. AFSA supports a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process. True, progress has been made—but much work remains. The communication we regularly get from our members is their perception of the VA’s institutional approach is to “disapprove first” rather than to expeditiously and properly recognize and compensate for disabilities caused by military service.

*We urge the members of these Committees to continue to support/direct VA efforts to streamline the claims/adjudication process, capitalize to the maximum extent on digital technology, direct the elimination of the practice of returning claims based on relatively minor technicalities, and work to enhance the transparency of the process by stronger communication between the VA and the Veterans as the claims process unfolds.*

## **ENVIRONMENTAL ISSUES**

The VA should be prepared and able to provide for the health care and compensation for the maladies of war. Fairly extensive recent media coverage has been focused on the need for the VA to compensate for burn pits, Agent Orange, Gulf War Illness, toxic herbicides in the Korean Demilitarized Zone (DMZ), and other environmental hazards

that were present during military service. *We urge these Committees to provide funding and continue to press the VA to treat and compensate for these conditions.*

**Treatment of Descendants of Exposed Veterans.** Like others, we call for more research on the health impact of toxic exposure of service members on their progeny—particularly in birth defects. Studies by the Institute of Medicine stated in a 2012 report, “the amount of research providing reliable information on the consequences of paternal exposure is extremely sparse not only for [Agent Orange] but also for the full array of environmental agents that may pose threats to the health of future generations.”

*We believe our government agent in this regard conducting research to find the truth, should rightfully be the VA. More research and accountability is warranted.*

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

On behalf of AFSA members who served in the sea services, AFSA supports the "Blue Water Navy Vietnam Veterans Act" (H.R. 969/S.681) which would clarify a presumption for filing disability claims with VA for ailments associated with exposure to Agent Orange herbicide during the Vietnam War. *We urge these committees to support this legislation and work toward its enactment.*

Many national veterans' organizations including oppose S. 357, the Furthering Asbestos Claims Transparency (FACT) Act. Simply put, it is a "solution looking for a problem." S. 357 is poor legislation for the victims of exposure to asbestos, 30 percent of whom are veterans and their families. The legislation places new obstacles and demands on the victims and makes it more difficult to file claims. It places no requirements on the corporations producing this dangerous material to make more disclosures that would assist the victims in their claims process. The House passed a version of the legislation in January (H.R. 1927) with all Democrats and 16 Republicans voting against passage. AFSA urges Senate members to vote against this ill-advised legislation should it come up for a vote.

## **EDUCATION PROGRAMS**

**Post 9/11 GI Bill.** Thanks to many of you who are currently on these Committees, the Post-9/11 GI Bill (Chapter 33) is providing unprecedented educational opportunities for thousands of men and women who served in uniform since 9/11 and many of their family members. Last year VA provided educational benefits to nearly a million students with more than half of the recipients receiving their education via the Post-9/11 GI Bill.

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

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

- *Allowing use of Post 9/11 benefits to cover other costs required in the pursuit of a degree;*
- *Expanding the VetSuccess On Campus program so that more Veterans can benefit from academic and career counseling support;*
- *Amending the educational counseling provisions in Chapter 36, 38 U.S.C., to mandate such counseling via appropriate means, including modern technologies, and permit Veterans to opt out of the program;*
- *Raising the \$6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments;*
- *Requiring all programs receiving funding under the GI Bill be “Title IV” eligible. In other words, post-secondary academic programs should be required to meet Department of Education accreditation and other requirements.*
- *Allowing Veterans to convert their GI Bill benefits into funds for starting, purchasing or expanding businesses—including the use of the value of the GI Bill for collateral for small business loans; and*
- *In collaboration with other Committees, work to authorize the Department of Education to fund Veteran education support centers on college campuses.*

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

## **HOMELESS VETERANS**

The Administration's Department of Housing and Urban Development (HUD) reports the number of Veterans homeless on any given night is steadily decreasing. Only 7 percent of the general population can claim Veteran status, but nearly 13 percent of the homeless adult populations are Veterans. Of particular concern are those who have young children because we understand their numbers are increasing. Another at risk group are younger Vets—those who served in Iraq and Afghanistan because unemployment rates in this group are much higher than the National average. They go overseas and fight to defend our interest then return home—only to find out there are no jobs available for them. The number of younger homeless Veterans is increasing, constituting about 8.8 percent of all homeless Veterans.

The VA is taking decisive action to end Veteran homelessness by the end of this year, and it is clear their efforts are having a positive effect on this problem. Thanks to your determination, the VA has more resources to provide opportunities for Veterans to return to employment which is an important element in preventing homelessness.

Compensated Work Therapy (CWT) is comprised of three unique programs assisting homeless Veterans in returning to competitive employment: Sheltered Workshop, Transitional Work, and Supported Employment.

Veterans in CWT are paid at least the highest of either federal or state minimum wage. The Homeless Veteran Supported Employment Program (HVSEP) provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes for homeless Veterans and Veterans at-risk of homelessness. Formerly homeless Veterans who have been trained as Vocational Rehabilitation Specialists (VRSs) provide these services.

In terms of providing direct housing support, VA's Homeless Providers Grant and Per Diem Program provides grants and per diem payments (as funding is available) to help public and nonprofit organizations establish and operate supportive housing and service centers for homeless Veterans. This important partnership goes far in reducing the

number of homeless Vets on our streets each night. The HUD-VA Supportive Housing (VASH) Program is a joint effort between the Department of Housing and Urban Development and VA. HUD has allocated tens of thousands of "Housing Choice" Section 8 vouchers across the country. These vouchers allow Veterans and their families to live in market rate rental units while VA provides case management services. The Acquired Property Sales for Homeless Providers Program makes all VA foreclosed properties available for sale to homeless provider organizations—at a 20 to 50 percent discount—to shelter homeless Veterans. The Supportive Services for Veteran Families (SSVF) Program provides grants and technical assistance to community-based, nonprofit organizations to help Veterans and their families stay in their homes.

VBA's Acquired Property Sales for Homeless Providers makes all of the properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on the market.

VA's Health Care for Homeless Veterans (HCHV) Program offers outreach, exams, treatment, referrals, and case management to Veterans who are homeless and dealing with mental health issues, including substance use. Offered at many facilities nationwide, this program and others like it are helping to meet the health care needs of our homeless Veterans.

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

**Protect VA Disability Compensation during Divorce Settlements.** Despite being clearly stated in law, Veterans' disability compensation has become an easy target for former spouses and lawyers seeking money. Courts have, in some cases, allowed this to transpire despite the fact the law states that Veterans' benefits "shall not be liable to attachment, levy, or seizure by or under any legal or equitable process, whatever, either before or after receipt by the beneficiary." Once a rare occurrence, we hear this is happening with increasing frequency. *Now is the time to consider enactment of a specific prohibition to specifically preclude the award of VA disability dollars to former spouses or third parties during civil proceedings.*

## **SUPPORT OF SURVIVORS**

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

### **Dependency and Indemnity Compensation (DIC).**

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

*Remarriage Provision. With current military deployments and increasing casualties, it is imperative we plan to properly take care of those who may be left behind if a military member makes the ultimate sacrifice. We commend these Committees for previous legislation, which allowed retention of 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, again placing them on equal footing with their civil service counterparts.*

## **CONCLUSION**

Chairmen Isakson and Miller, and Committee members, I want to thank you again for this opportunity to express the views of our members on these important issues as you consider the FY 2017 Budget. We realize those charged as caretakers of the taxpayers' money must budget wisely and make decisions based on many factors. As tax dollars must be prioritized, the degree of difficulty deciding what can be addressed, and what cannot, grows significantly. However, like you, we feel it is entirely appropriate this nation provide quality health care and appropriate benefit programs to properly recognize the devotion, sacrifice, and service of our nation's Veterans.

We sincerely believe the work of your Committees is among the most important that will take place on the Hill this year. These two Committees have historically illustrated the value of non-political cooperation with the full focus of your efforts on the well-being of



those who have served and are serving this nation. On behalf of all AFSA members, we appreciate your efforts, and as always, we stand ready to support you in matters of mutual concern.

(End)