



OFFICIAL STATEMENT OF

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AIR FORCE SERGEANTS ASSOCIATION**

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

**LEGISLATIVE PRIORITIES FOR
THE FIRST SESSION
OF THE 115TH CONGRESS**

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**** A participating organization in The Military Coalition ***

CURRICULUM VITAE

Chief Master Sgt. (Retired) Mark C. Stevenson is the Chief Operating Officer of the Air Force Sergeants Association. He oversees the daily operations, advocacy efforts, outreach and support on behalf of the Association's 100,000 dues-paying members world-wide. Mr. Stevenson served 26 years in the United States Air Force at numerous stateside and overseas locations culminating his career at Andrews Air Force Base as the 11th Security Forces Group First Sergeant responsible for overseeing the health and welfare of more than 800 enlisted members charged with the security of President of the United States. Before joining the Air Force Sergeants Association, Mr. Stevenson served as the Command Training Manager for the Military Element, Defense Intelligence Agency where he built a proficiency and ancillary training program for more than 1,400 Active Duty Air Force Defense Attaches throughout the world. He assumed his current position at AFSA on June 14, 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 Roe, on behalf of the Air Force Sergeants Association (AFSA), I thank you for this opportunity to offer the views of our members on legislative priorities for the first session of the 115th Congress, specifically the decisions that have to be made as we move toward Fiscal Year 2018.

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 servicemembers as approximately half of our membership are 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 132 chapters, many of which are located 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 each and every day 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 more than 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). AFSA concurs with funding levels recommended by “The Independent Budget for the Department of Veterans Affairs (VA): Policy Recommendations for the 115th Congress and the Administration” a document jointly authored by the VFW, DAV, and PVA. I know you are already aware of these proposals so I will just briefly comment on one area identified in the IB. We share their concern about the level of FY 18 advance appropriations requested by the previous Administration and subsequently approved by Congress. Last year, the former Secretary of Veterans Affairs admitted that the Fiscal 2018 advance appropriations request was significantly short. If the new Administration's budget request fails to properly address this issue, it is imperative for this Congress to step in quickly and take the necessary action to properly resource the VA health care system.

We recognize the hard work of both Committees in recent years to provide advance appropriations for many of VA's programs. Right now VA is one of only a handful of federal agencies currently operating on a full-year budget and I thank you for your efforts to provide certainty for critical VA programs.

VA HEALTH CARE MATTERS

Veterans Choice Program. It's been nearly three years since Congress passed 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. In truth, we don't hear too much about the program from our members these days. We do know that those who use Choice are extremely satisfied with the program and they worry Congress may take it away. That said, the AFSA requests these Committees take the following actions regarding the Veterans Choice Program.

- *Continue to 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.*
- *Reauthorizing the program, even if only temporarily, would not only benefit veterans, but it would also provide Congress with the time it needs to work with Secretary Shulkin to reevaluate & refine the program to create the next generation of Choice and standardized VA's network of community care. To be clear, AFSA believes the program should be reestablished on a more permanent basis.*
- *Remove the current 30-day, 40-mile rule to ensure that every veteran has flexibility and choice — no matter where they live or how long they have been waiting for care. This will help account for man-made barriers the veteran must negotiate like traffic in major metropolitan areas such as the National Capitol Region. **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.*
- *Continue to 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 servicemembers. *We urge these Committees to ensure all VA medical facilities include professional staffing to screen, diagnose, and treat Veterans who have been such victims. Ensure funding is provided within the VA system so requisite training is also provided. Finally, we request these Committees continue to ensure the support, training, and resources are available to ensure fair adjudication of disability claims relative to military sexual assault.*

Suicide Prevention and Mental Health Services. AFSA applauded the passage of recent legislation like the “Clay Hunt Suicide Prevention for American Veterans Act” and “Female Veteran Suicide Prevention Act” as steps in the right direction toward preventing this extremely serious problem among Veterans and those still serving. We need to continue making improvements to ensure that struggling veterans have access to the VA programs that have proven to work, and provide the personnel, services and tools to support them.

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.

We concur with Secretary Shulkin’s recent decision to expand mental health care to former servicemembers with Other-Than-Honorable Discharges (OTH) and in crisis. Suicide is a national crisis and its prevention should be one of our top priorities. Who better to address the needs of these individuals who, regardless of their current status have a condition caused or aggravated by their military service?

That said, we have a couple concerns in the area of mental health care. First, appointment cancelations with mental health providers have left veterans waiting for up to six months for a new slot. These appointments are far too critical to delay but there may be no easy answers. The harsh reality is that there is a tremendous shortage of mental health providers throughout our nation, not just in VA.

While it is more desirable for a patient to meet face-to-face with their provider—we are OK with using technology to provide tele-mental-health services. This may be the only way to reach veterans in rural areas and is the means to utilize excess capacity in one part of the country to care for veterans elsewhere.

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 Hotline number to Americans nationwide, and expanded the suicide prevention coordinator outreach work to 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.

Again, while we believe legislation like the "Clay Hunt Act" 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.* For example, a program run by Stax Solutions utilizes Veterans to establish bonds with at risk individuals and has prevented more than 380 suicides over a two year period. Jimmy, a USMC OEF/OIF veteran tells us "*STAX's Team is phenomenal! When you have veterans who truly understand you and where you have been and where you're going within a deep rut, they give you a second-chance at life and keep you on your feet.*" Samantha, a USCG OEF/OIF Veteran echoes Jimmy's experience. "*You guys have literally saved my life. If it weren't for your meeting with me, I would've taken my life. My husband and I are now doing awesome...thanks to your team at STAX!*" Sadly, programs like this have largely gone unnoticed in the previous administration but the most effective solution is likely to be a blend of traditional care and peer programs like this. Simply put, we can and must do better for our Veterans.

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, but this time we need 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 our veterans?

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

Support the judicious use of VA-DoD sharing arrangements. AFSA supports the judicious use of VA-DoD sharing arrangements involving network inclusion in the DoD health care program, especially when it includes consolidating physical examinations at the time of separation. It makes no sense to order a full physical exam on your retirement from the military and then within 30 days, the VA orders its own complete physical exam with most of the same exotic and expensive exams. The decision to end that duplication process represents a good, common-sense approach that should eliminate problems of inconsistency, save time, and take care of Veterans in a timely manner, not to mention save critical funding dollars.

However, AFSA recommends these Committees closely monitor the collaboration process to ensure these sharing projects actually improve access and quality of care for eligible beneficiaries. A word of caution, DoD beneficiary participation in VA facilities

must never endanger the scope or availability of care for traditional VA patients, nor should any VA-DoD sharing arrangement jeopardize access and/or treatment of DoD health services beneficiaries. The VA and DoD each have a lengthy and comprehensive history of agreeing to work on such projects, but follow-through is sometimes lacking. *We urge these Committees to encourage joint VA-DoD efforts, but ask you to exercise close oversight to ensure such arrangements are implemented properly.*

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

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

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

Oftentimes TBI and PTSD do not produce visible signs until long after the battle is over. Nor are they easy to treat. There is no “one size fits all” treatment and VA must research and ensure a variety of effective ones are readily available. *We are also concerned that VA may not have adequate resources to address the influx of Veterans with auditory and visual disabilities, and believe this area of care merits further study by these Committees.*

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

Veterans who were medically retired and unable to work are often shifted out of TRICARE due to their Medicare-eligibility. The first problem for those enduring the pains, literal and figurative, of their post-military medical adjustments lie in the fact that 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 once again eligible for TRICARE, paying the more expensive Medicare rates all the while putting forth

Herculean efforts to rejoin 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 eliminate the eight and a half year requirement or allow 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.

Certified Registered Nurse Anesthetists (CRNAs). The Veterans Health Administration's final rule granting three of the four Advanced Practice Registered Nursing groups full practice authority (FPA) is a step in the right direction, but it does not go far enough to take the necessary steps to ensure our veterans have timely access to the highest quality care they have earned and deserve. In light of the recommendations from the bi-partisan Commission on Care and the \$68 million dollar VHA Independent Assessment, the overwhelming evidence showing CRNAs are not only extremely safe but are also cost effective, and the fact that CRNAs are currently serving as full practice authority in all branches of the military and on the front lines in Combat Support Hospitals and Forward Surgical Teams. ASFA urges the VHA to take additional steps to improve Veterans access to quality care by recognizing the FPA of CRNAs in the VHA.

Expand VA Chiropractic Care. Public Law 108-170 and Public Law 107-135 are the two congressional directives that made it possible for some Veterans to receive the chiropractic care they so desperately need at VA facilities. We understand increasing numbers of Veterans are receiving care by chiropractic providers but this service is extremely limited at many facilities and not available at others. It's vitally important that all of our veterans have access to non-drug approaches to pain management like those offered by chiropractic physicians, particularly in light of the opioid epidemic that is gripping our country.

State Veterans Homes. The State Veterans Homes program is a very successful federal-state partnership in which VA and States share the cost of constructing and operating nursing homes and domiciles for America's veterans. Federal State Home Construction Grants help build, renovate, repair, and expand both nursing homes and domiciles, with States required to provide 35 percent of the cost for these projects in matching funding. Only those projects that already have State matching funds are in VA's Priority List Group 1 projects, which include critical life and safety projects. Those that have not yet received assurances of State matching funding are put on the list among Priority Groups 2 through 8.

For each of the past three fiscal years (FY 2015-2017), groups supporting the State Veterans Homes program requested that Congress provide \$200 million for the State Home construction grant program to address the rising backlog of projects now over \$1 billion. Unfortunately, Congress provided just half that amount in the last three budgets, appropriating only \$90 million for FY 2017. The VA State Home Construction Grants Priority List for FY 2017 includes 99 grant requests, 57 in Priority Group 1, with a total federal share of approximately \$639 million, which is an increase of \$89 million above the total in the FY 2016 list. With just \$90 million in FY 2017 funding, VA will not make any progress in reducing the \$550 million backlog of unfunded Priority 1 projects, not to mention the other \$433 million in Priority Groups 2 thru 8. For FY 2018, we are strongly recommending that Congress appropriate \$300 million to cover just under half of the Priority Group 1 construction grant projects that already have State matching funds.

Several years ago, these Committees were instrumental in passing legislation that 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. Additional savings are possible by enacting legislation to create a “full cost-of-care” Adult Day Health Care (ADHC) Program to support severely disabled Veterans. The medical model ADHC Program provides comprehensive medical nursing and personal care services, combined with engaging social activities for physically or cognitively impaired adults, staffed by a team of multi-disciplinary healthcare professionals. In the 114th Congress, legislation was introduced to create a new ADHC program for severely disabled veterans rated 70% or higher that would pay the full cost-of-care, similar in concept to the higher per diem rate for severely disabled veterans receiving skilled nursing care. H.R. 2460 was introduced by Rep. Zeldin (D-NY) and passed the full House in 2016 without any opposition. In the Senate, S. 3198 was introduced by Senators Hatch (R-UT) and Hirono (D-HI); however further action was not taken before adjournment. Both of these bills were reviewed by the Congressional Budget Office (CBO) and did not receive a score that needed to be offset. Both bills were also strongly supported by most major Veterans Service Organizations (VSOs). Representative Zeldin reintroduced his bill in the 115th Congress (H.R. 1005) and Senator Hirono is expected to do the same in the Senate shortly. We encourage members of these Committees to expeditiously approve these bills and ensure they are passed by this Congress.

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.*

“*The Military and Veteran Caregiver Services Improvement Act*,” S. 591 and H.R. 1472 (respectively), which were introduced earlier this month by Senators Patty Murray and Susan Collins and Representative Jim Langevin. These bills would, among other things:

- Make veterans of all eras eligible for caregiver support services. Currently, only post-9/11 veterans are eligible;
- Make the program more inclusive of mental health injuries;
- Reauthorize the Lifespan Respite Care Act and expand essential respite options for caregivers;
- Give veterans the opportunity to transfer GI Bill benefits to a dependent, to help unemployed or underemployed spouses of injured veterans prepare to become the primary income for the family;
- Make caregivers who work in the federal government eligible for flexible work schedules; and
- Provide assistance with childcare, financial advice and legal counseling, which are all top, and currently unmet, needs.

Again, it is time to expand support for caregivers to all military service periods. AFSA supports S. 591 and H.R. 1472 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 implemented), 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 service. 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 explore opportunities available to them. *We urge these Committees to fully support and work to fund these programs.* These programs should also steer those transitioning toward the ways they can use TAP resources in the future, after separation. Training provided to staff can make VA Centers the go-to places for Veterans to seek such support.

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

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

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

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.

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 ailments and injuries 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 servicemembers on their progeny—particularly in birth defects. Studies by the Institute of Medicine stated in a 2012 report, “the amount of research providing reliable information on the consequences of paternal exposure is extremely sparse not only for [Agent Orange] but also for the full array of environmental agents that may pose threats to the health of future generations.” *We believe the VA is the appropriate government agent to conduct this research to find the truth. More research and accountability is warranted.*

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

We strongly recommend these Committees take another look at the use of burn pits and the ill effects they have had on military service members. For quite some time, the disposal of trash on military bases through open-air burn pits exposed service personnel deployed in Iraq, Afghanistan, and other locations in Southwest Asia to airborne particulate matter and other potential health hazards, which in turn raised concerns about acute and chronic health consequences in these individuals. Public Law 112-260, § 201 (enacted January 10, 2013) directed the Department of Veterans Affairs (VA) to establish and maintain a registry for service members who may have been exposed to toxic airborne chemicals and fumes generated by open burn pits. But a congressionally mandated report from the National Academies of Sciences, Engineering, and Medicine looking at this registry determined that additional means are necessary and should be developed to further evaluate the potential health effects resulting from toxic emissions on service members. Therefore, AFSA supports the passage of S.319 the “*Helping Veterans Exposed to Burn Pits Act*” which seeks to create a “center of excellence” within the Department of Veterans Affairs to further “prevention, diagnosis, mitigation,

treatment and rehabilitation of health conditions relating to exposure to burn pits”.

On behalf of AFSA members who served in the sea services, AFSA supports the "Blue Water Navy Vietnam Veterans Act" (H.R. 299 and S. 422) 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 AFSA oppose H.R. 985, the Furthering Asbestos Claims Transparency (FACT) Act which the House passed recently. Simply put, this legislation is a *"solution looking for a problem."* It is bad 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 their claims. It places no requirements on the corporations that produced this dangerous material to make more disclosures that would assist the victims in their claims process. AFSA urges Senate members to vote against this ill-advised legislation (H.R. 985 or Senate companion bill) should it come up for a vote.

EDUCATION PROGRAMS

A BIG Thank You! The Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) provides Post-9/11 GI Bill benefits to the children and surviving spouses of Servicemembers who died in the line of duty while on active duty after September 10, 2001. Eligible beneficiaries attending school may receive up to 36 months of benefits at the 100 percent level. Thanks to the efforts of these Committees, a new provision of the law was signed on December 16, 2016, extending benefit eligibility to January 1, 2021 for the spouses of Servicemembers who died in the line of duty between September 11, 2001 and December 31, 2005. This allows this deserving group of surviving spouses' additional time to use the Fry Scholarship benefits.

Post 9/11 GI Bill. 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, and affords the opportunity to become a more educated and productive member of society.

Over the past couple of years, there has been a great deal of discussion surrounding the Post 9/11 GI Bill, and I ask this Committee to steer away from making any significant benefit changes like reducing the rate of BAH for dependents. We are still a nation at war and our family members serve in a capacity many cannot understand, and making any changes that disrupts the family environment during these turbulent times, is simply not the right thing to do for those that have given so much, so consistently.

AFSA supports H.R. 1112 and S. 410, *"The Shauna Hill Post 9/11 Education Benefits*

Transferability Act” which would allow Veterans to reallocate their Post 9/11 GI Bill education benefits when the dependent whom they have assigned their benefits to passes away prematurely. This legislation was drafted after Congressman Raul Labrador (R-ID) met with Captain Edward Hill, from Eagle, ID, and learned about his tragic situation. Captain Hill served 28 years in the U.S. Navy which included 3 combat tours. He was qualified for the full utilization of the educational benefits allotted to him through the Post 9/11 GI Bill. During his retirement process he assigned his education benefits to his oldest daughter Shauna Hill, who had dreams of attending college and becoming a doctor. Prior to using her father’s education benefits, Shauna tragically passed away in a car accident. Following her passing, Captain Hill contacted the VA in an attempt to reassign his education benefits to another daughter only to find out that was impossible. Current VA policy strictly prohibits the transfer of education benefits after retirement, regardless of the situation. H.R. 1112 and S. 410 will allow retired members of the military to transfer their Post 9/11 GI Bill education benefits in situations where the dependent whom they have assigned their education benefits to passes away before using their assigned education benefits. We urge the members of these Committees to support this legislation to prevent future Veterans from facing a similar situation after losing a loved one.

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;*
- *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.*
- *Restore GI Bill eligibility for Guard and Reserve activations under Section 12304b orders for “preplanned and budgeted Service-ordered missions.” In the same vein, Guard and Reserve personnel on medical holds should continue to earn GI Bill entitlement if they are injured, become ill or wounded from contingency operations or national emergency call up orders.*
- *Restore certain GI Bill benefits for student vets from schools forced to close like ITT and Corinthian.*

I would like to briefly touch on the topic of the Post-9/11 GI Bill and protecting the users of these benefits from deceptive practices. Numerous government reports and news media exposes have documented aggressive and deceptive college recruiting practices targeting the GI Bill, and thousands of veterans have complained to VA they were defrauded by a school. Last May, AFSA and 22 other VSOs and MSOs wrote to the VA Secretary requesting immediate action to protect veterans from deceptive college recruiting and to provide veterans with more information to recognize and avoid consumer fraud. We request the Committee's attention to this important issue. We recommend the Committee consider legislation to require minimum college qualifications to participate in the GI Bill or find alternative methods of weeding out the unqualified colleges that target the GI Bill. We also recommend the Committee take up oversight of VA and its obligations to better protect veterans from deceptive recruiting under 38 USC 3696.

We also request these Committees explore minimum quality for VA-approved schools that are not approved by the Education Department for Title IV. Currently, some academic degree programs, such as Bachelors in Philosophy, are approved for GI Bill but are not deemed worthy of Title IV funds. Why are we sending our veterans there?

We also are concerned by a GAO report that found 1 in 4 veterans is negatively affected by GI Bill overpayments, costing the nation half a billion dollars. The main cause of GI Bill overpayments is students dropping out or dropping a class after VA has paid for the semester. Rather than clawing back the money from the schools, as the Department of Education does, VA instead claws it back from the students, who must then beg the school to reimburse the student. This is very hard on students. VA also differs from the Department of Education in that VA sends the entire semester's tuition after the first day of class, while the Department of Education pro-rates the tuition across the semester. VA's policy does not allow veterans to take advantage of the add/drop period at the beginning of the semester, which the Department of Education does allow its students.

Last but not least, VA's current financial arrangement actually incentivizes the deceptive recruiting we raised. Schools are incentivized, as one whistleblower campus president told the Justice and Education Departments, to "do anything and say anything" to get a veteran to enroll for just 1 day, because then the school can collect the entire semester's GI Bill and the student is left holding the bag when he discovers the school is not what he was promised. We request Committee attention to this issue and recommend that VA follow the recommendations that GAO set forth, including allowing add/drop periods, checking student enrollment monthly instead of only each semester, and more closely matching the Department of Education's financial mechanisms.

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 payout 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

Thanks to the collective efforts of the Committees, VA, other federal agencies and a host of partner organizations there has been a significant reduction in Veteran homelessness across the United States since 2010. Despite those efforts, according to the US Housing and Urban Developments' 2016 Annual Homeless Assessment Report to Congress, on any given night there are still nearly 40,000 Veterans out in the elements. VA's specialized programs for homeless Veterans serve hundreds of thousands of homeless and at-risk Veterans each year. Independently and in collaboration with federal and community partners, VA programs provide Veterans with housing solutions, employment opportunities, health care, justice- and reentry-related services and much more.

More can be done and will be needed if we truly hope to eradicate the Nation's homeless Veterans problem 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.

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 this 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

Veterans Status for Certain Reserve Component Members. Last but not least, AFSA would like to thank these committees for recent legislation extending Veteran status for Reserve component members with 20 years or more of service, who did 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 couldn't claim that they were Veterans—at least not by the letter of the law. We have been pushing to change this for nearly six years and last year you made certain that it got done. Our hats are off to all of you, but our members would like to extend a special thank you to Chairman Isakson, Ranking Member Walz, as well as Senators, Blumenthal and Moran for their efforts to favorably resolve the issue.

Chairmen Isakson and Roe, 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 2018 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)