



OFFICIAL STATEMENT OF

**CMSGT (RET.) JEFFREY LEDOUX
INTERNATIONAL PRESIDENT
AIR FORCE SERGEANTS ASSOCIATION**

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

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

March 14, 2018



**AIR FORCE SERGEANTS ASSOCIATION
5211 Auth Road, Suitland, Maryland 20746
301.899.3500 | www.hqafsa.org
Email: staff@afsahq.org**

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

CURRICULUM VITAE

Chief Master Sgt. (Ret.) Jeffrey E. Ledoux is the 26th International President of the Air Force Sergeants Association (AFSA). He is responsible for the leadership, direction, budget, policy, oversight and overall management of the association. He leads and guides seven Division Presidents, 127 Chapter Presidents, and 100,000 members across the globe. Mr. Ledoux retired from the Air Force in 2005 after more than 30 years of service which included serving as the Command Chief Master Sergeant of the 332 Air Expeditionary Wing at Balad Air Base, Republic of Iraq, from November 2003 to March 2004. His career culminated in serving as the Eighth Air Force Command Chief Master Sergeant, Barksdale AFB, LA. Upon leaving military service, Mr. Ledoux entered the federal civil service as the Deputy Inspector General for the Eighth Air Force and where he later became the Inspector General. In January 2010 Mr. Ledoux was selected as Chief of the Investigation and Oversight Division for Headquarters Air Force Global Strike Command where he was responsible for the oversight and management of all Inspector General complaints, investigations and oversight programs for AFGSC. He retired from civil service in December 2016.

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 the Association's activities and services are accomplished completely free of any federal funding.

* * * * *

Chairmen Isakson and Chairmen Roe, on behalf of the Air Force Sergeants Association (AFSA), we thank you for this opportunity to offer the views of our members on legislative priorities for the second session of the 115th Congress, specifically the decisions that have to be made as we move toward Fiscal Year 2019.

AFSA is a 100,000 member-strong, federally chartered, worldwide military and veteran service organization representing the quality-of-life interests of current and past enlisted Airmen as well as their families and those who will serve in the future. We are in a unique position to have a good understanding of the views of enlisted service members 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 understand they will be impacted by your decisions today and in the future. We have 127 chapters, many of which are located in close proximity to Air Force bases around the world, as well as those located in more rural areas. 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 country.

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 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 will 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 57 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 commitment 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.

* * * * *

The Independent Budget (IB). The president proposed generous increases for VA in his FY2019 and FY2020 proposals for which we are grateful. As in past years, AFSA concurs with funding levels recommended by "The Independent Budget for the Department of Veterans Affairs (VA)", a document jointly authored by the VFW, DAV, and PVA. Your continued willingness to use the IB as a guide during your budget deliberations is greatly appreciated.

We also recognize the hard work of both Committees in recent years to provide advance appropriations for many of VA's programs. The fact that VA is one of only a handful of federal agencies currently operating on a full-year budget stands as a testament to your actions, and we thank you for your efforts to provide certainty for critical VA programs.

VA HEALTH CARE MATTERS

Health Care Reform/Veterans Choice Program. It's been nearly four 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. Our members who use Choice are extremely satisfied with the program and they express concern that Congress may take it away as part of the overall reform effort.

Last year both Committees developed, discussed and approved comprehensive plans to revamp VA health care and consolidate the department's many community care programs including Choice. We appreciate all the collaborative efforts and work that went into Chairman Roe's "VA Care in the Community Act" (H.R. 4242) but feel Chairman Isakson's "Caring for our Veterans Act" (S. 2193) to be the more comprehensive and promising approach for meeting the needs of veterans who use VA health care.

S. 2193 would establish a permanent, streamlined "Veterans Community Care Program" to provide veterans with access to health care and services in their own communities. Under this legislation, a veteran and his or her doctor will decide where that veteran will receive care, taking into consideration the veteran's health care needs and the availability and quality of both VA and community care.

In addition, the legislation will help improve existing VA health care and services by removing barriers for VA health care professionals to practice telemedicine, strengthening opioid prescription guidelines for VA and partnering community care providers, and eliminating impediments to hiring and retention of VA health care professionals.

The "Caring for Our Veterans Act" also expands eligibility for the VA's Program of Comprehensive Assistance for Family Caregivers to veterans of all generations, including Vietnam-era veterans. Additional provisions would

- Authorize access to walk-in community clinics for enrolled veterans who have previously used VA health care services in the last two years.
- Allow the VA to enter into agreements with community health care and extended care providers that easily meet veterans' demands for care in the community.
- Create reporting requirements to ensure all VA and community care programs are operating efficiently and effectively based on many factors including veterans' satisfaction and quality standards, among others.
- Create standards for timely payment to community care providers.

Whatever the result may be, it is imperative that Congress pass legislation that unifies VA's multiple non-VA health care programs to make it easier for VA and the veteran to navigate. Regardless what plan is chosen, it is equally important that the department receives the necessary resources to implement it. This includes the necessary funding to bolster IT infrastructure, expand telehealth access and recruit top notch doctors, nurses and other

health care professionals to administer various programs. Until that time it is important that Congress *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.*

Care of Women Veterans. The number of women serving in the military is the highest in history and the fastest growing group within the veteran population. These populations are expected to continue to climb, especially considering the DoD policy change opening all military occupational specialties to women starting in 2016. VA tells us the women veteran population now accounts for 10 percent of all veterans and they expects that number to grow to 15 percent by 2030. The system must be prepared to address not only the most frequent medical conditions women face, but also the unique and evolving issues associated with women in combat. Even though VA has made tremendous progress to improve services for women, they still lack consistent access to a full range of gender-sensitive health care benefits and services. Women veterans require and should be able to receive the full continuum of health care, including comprehensive primary care (care for acute and chronic illness and gender-specific care), specialty care, mental health care, disease prevention and screening, emergency care, and women’s health specialty care (e.g., advanced breast and gynecological care, maternity care, and some infertility treatments). The latter being one area of care where the department is lacking. There also needs to be emphasis on programs for women veterans with special needs, including rural, homebound, and aging veterans as well as women who have lost limbs. Finally, the lack of privacy at some locations is an issue we have heard of. Each major VA facility should have dedicated areas where women veterans can go to receive their treatment. VA has made good progress in women’s health care, but there needs to be a concerted effort to grow and develop these programs if the department is expected to keep up with the growing demand. We appreciate these Committees’ long-standing support of women veterans and encourage Congress to consider passing provisions of the Deborah Sampson Act (S. 681 and H.R. 2452) that eliminate access barriers for women at VA and create health care options that meet their unique, gender-specific needs.

Military Sexual Trauma. Military sexual assaults—both reported and unreported—are a travesty impacting those who serve this nation. The victims include both men and women 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. Suicide among veterans is 22 percent higher than for civilians of the same age, and broken out by gender, the rate is a startling

2.5 times higher for women according to data released by VA last year. For the past 10 years DoD and VA have poured resources into countering this problem and thankfully the push has yielded some results.

VA made a great effort to reduce veteran suicide by expanding the Veterans Crisis Line, campaigning to destigmatize mental illness, hiring suicide-prevention coordinators, and implementing complementary and integrative health treatments. A program at the VA has been launched to predict who may be at risk and to intervene before there is a crisis and, with congressional approval, expanded mental health care to former service members with Other-Than-Honorable Discharges (OTH) and in crisis. A move this Association agreed with. Who better to address the needs of these individuals who, regardless of their status, have a condition caused or aggravated by their military service?

VA competes for the same limited quantity and quality of providers and resources as health systems across the country at a time when demand is outpacing supply. Therefore, the department must have the financial resources necessary to recruit, train and retain high quality mental health professionals. At the same time, the department needs to continually examine and improve programs targeting high-risk veterans and those with debilitating issues associated with homelessness, chronic medical conditions, drug and alcohol abuse, brain or traumatic injuries, and suicidal ideation. As the members of these Committees well know, this problem is so complex, no one solution will do. Part of the solution lies in the much greater, national effort to curb the intentional loss of life. After all, veterans and service members are civilians first. But veterans who are at risk or reach out for help must be able to receive assistance when and where they need it in terms that they value. We should be willing to do everything possible to prevent suicide among the veterans we serve and to reach all veterans through partnerships and collaboration.

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 career 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 Congress 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, publicly 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.

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. The practice of ordering a full physical exam upon retirement from the military and then within 30 days, the VA ordering its own complete physical exam with most of the same expensive exams is redundant and inefficient. 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 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 sustainability and accountability 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.*

We’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 five 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.

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 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.

SUPPORTING VETERANS' CAREGIVERS

Program of Comprehensive Assistance for Family Caregivers. The Program of Comprehensive Assistance for Family Caregivers (PCAFC), as established in PL 111- 163, the "Caregivers and Veterans Omnibus Health Services Act of 2010", has allowed VA to provide additional supports and services to family caregivers of eligible veterans injured in the line of duty on or after September 11, 2001. VA has done a stellar job in implementing and fine-tuning the PCAFC over these many years—the only health system in the country to provide extensive wrap around medical care and support services, such as a monthly stipend, travel expenses, health insurance, mental health services and respite care specifically for caregivers.

However, 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.*

VA Secretary Dr. David Shulkin has also expressed an interest in extending the program to all veterans regardless of era. He is also supportive of a limited expansion of the program to cover just the most severely injured and incapacitated veterans—a move he believes would save the federal government around \$2.5 billion annually.

This issue has been a topic of discussion for quite some time now, and we are grateful to members in both Committees who have championed legislation to expand and improve the program over the past several years. These include "The Military and Veteran Caregiver Services Improvement Act," S. 591 and H.R. 1472 (respectively), which were introduced last year 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
- Assist 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 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 additional ways 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 to the oversight efforts of these Committees, tremendous progress has been made by the VA in reducing long-term claims but for a while, the number of appeals cases were rising. Last August the Veterans Appeals Improvement and Modernization Act of 2017 became law, and we understand that the number of pending appeals cases is declining. *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 new appeals process continues to unfold.*

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. Very recently, a judge under the U.S. Department of Labor determined that open-air burn pits are connected to lung disease and it is unclear how this ruling will affect veterans or their VA claims. Clearly more work is needed to capture the experiences of military service for research and analysis to better understand how military service affects a service member's health. This will require VA and DoD to work closely, capturing this data early at the start of the service member's accession into the military. The lessons learned from these earlier engagements can inform the VA as to the potential need for access to a wider variety of specialists. Similar benefits could be derived for DoD as well. *Congress must provide the necessary 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 the VA is the*

appropriate government agent to conduct this research to find the truth. More research and accountability are 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” and/or similar legislation 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' service organizations including AFSA oppose H.R. 985, the “Furthering Asbestos Claims Transparency (FACT) Act”, which the House passed recently. 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

Thank You! In a true display of patriotic bipartisanship, last year this Congress voted unanimously to pass the “Harry W. Colmery Veterans Educational Assistance Act of 2017” which most people refer to as the Forever GI Bill. This landmark legislation addressed many longstanding inequities of a benefit intended to recognize and reward the sacrifices military service members they and their families have voluntarily shouldered over many years at war. Five key elements of the Forever GI Bill addressed long-standing goals of the Air Force Sergeants Association:

- Equity for Guard and Reserve service members currently ineligible for or with limited ability to accrue Post-9/11 GI Bill benefits due to order status, convalescent leave, or medical leave
- Correction of limitations on Yellow Ribbon Program eligibility for survivors using the Marine Gunnery Sergeant John David Fry Scholarship
- Restoration of Post-9/11 GI Bill benefits to veterans affected by closure of their educational institution; and
- Extension of Post-9/11 GI Bill benefits to recipients of the Purple Heart
- Increased Dependents’ Educational Assistance (DEA) benefits under Chapter 35 of Title 38

Words cannot adequately express our member’s appreciation for the passage of this legislation. And while everyone in these Committees played a role in getting it passed, we wouldn’t be where we are today if not for the collaboration of Chairmen Roe, Isakson and Ranking Members Walz and Tester to push this endeavor across the finish line. Through your leadership, these Committees serve as a sterling example of what compromise coupled with a little pragmatism can accomplish in Congress. Service members and their families will benefit from your efforts for decades. All we can offer is our heartfelt “thank you” for making what many considered a dream, a reality.

Finally, this was a very complex bill and we realize VA may have some bumps along the way as department implements its various provisions. For example, we are aware that VA had some concerns with its IT infrastructure that could impact delivery of the forever benefit. It’s unclear where we stand on that issue today, but we have full confidence that Congress is monitoring the Forever GI Bill as it unfolds and will step in when and if a problem arises to correct it.

Protecting Post-9/11 GI Bill Beneficiaries from Deceptive Practices. AFSA remains concerned about inadequate quality standards and oversight of the GI Bill. Too many

veterans and too much GI Bill money is being wasted on extremely low-quality schools that are under law enforcement action for defrauding students and the government. We urge the Committees to consider minimum quality standards for GI Bill.

Second, we encourage the Committees to ensure that colleges spend veterans' benefits actually educating the veteran or their designated beneficiary. Some bad actor colleges spend veterans' hard-earned GI Bill on profit set-asides, luxury cars, stock options, and TV ads. That's not what veterans fought for.

Third, we urge the Committees to strengthen student protections at VA by aligning protections with the Departments of Defense and Education. Specifically:

(a) While the Education Department has a mandatory Program Participation Agreement governing schools that want Title IV funds, and the Defense Department has a mandatory Memorandum of Understanding for schools that want to participate in DOD voluntary education programs, VA has only a voluntary "Principles of Excellence." This leads VA to feel helpless to stop bad actor schools. We urge the Committees to consider codifying and strengthening the Principles of Excellence.

(b) VA should similarly align with the Defense and Education Departments on the disbursement and clawbacks of federal funds. While the Education Department disburses funds to colleges on a pro-rated basis during the semester, and while DOD disburses funds only upon the service member's successful completion of the semester, VA sends the entire term of GI Bill after a veteran sits for one day of class. This incentivizes bad actor colleges to lie to veterans about the college to get them to sit for just one day, and then, when the veteran realizes the college is lousy and drops out, bad actor colleges keep the veteran's GI Bill. While the Education Department recoups any overpayments from the schools directly, and while DOD suffers no overpayments because it pays only at the end of a term, VA recoups overpayments directly from the veteran, withholding veterans' disability payments and putting a lien on veterans' tax refunds, even though the school received the money. The US Government Accountability Office wrote a report criticizing this practice and noting that it caused more than \$400 million in overpayments in 2014 alone. Veterans should not be on the hook for money that was sent to a school.

(c) Finally, program approval and compliance monitoring for VA by the State Approving Agencies needs to be strengthened. Too many low quality fraudulent programs are being approved for GI Bill and the compliance monitoring is inadequate. Program approval and compliance are much stricter at both the Education and Defense Departments.

HOMELESS VETERANS

Prevent Veteran Homelessness. The U.S. Department of Housing and Urban Development (HUD) said local communities reported a total of 40,056 veterans

experiencing homelessness in January of 2017, an increase of 1.5 percent since 2016, primarily in the City of Los Angeles and Los Angeles County. Excluding this area, the national homelessness estimates among veterans decreased 3.2 percent since 2016. However, because of intense planning and targeted intervention, homelessness among veterans has been reduced 46 percent since 2010, prompting many states and local communities to declare an effective end to veteran homelessness in their areas. This decline is largely attributed to the close collaboration between HUD and VA. For example, since 2010, more than 480,000 veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness through HUD's targeted housing vouchers and VA's homelessness programs.

Homelessness is the result of problems that an individual cannot resolve without assistance. Generally, these problems can be grouped into three categories – economic hardships, health issues, and lack of affordable housing. These issues impact all homeless individuals, but veterans face additional challenges when trying to overcome these obstacles: prolonged separation from traditional supports such as family and close friends; highly stressful training and occupational demands that can affect their personality, self-esteem and ability to communicate with people in the civilian sector after their separation from military service; and non-transferability of some military occupational specialties into the civilian work force.

There is a direct correlation between homelessness and suicide and unfortunately no easy answers on how to end either of these problems in their entirety. To counter homelessness, we ask Congress to encourage further collaboration between VA, HUD, DOL, and their grantees to provide more seamless services to homeless veterans. Congress must also ensure that the key programs that serve veterans experiencing homelessness are sufficiently funded. These include Homeless Veterans Reintegration Program, Grants and Per Diem program, Supportive Services for Veteran Families and the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program.

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. Last year Congress agreed to raise TRICARE pharmacy fees to make permanent and begin adjusting for inflation the \$310-a-month Special Survivor Indemnity Allowance (SSIA) that was set to expire in May of this year. AFSA did not agree with this approach because it penalized all TRICARE beneficiaries and forced survivors to pay for their own earned benefit. We appreciate the fact that something was done to extend this vital income for survivors, but it's important to remember that SSIA was created by Congress because they agreed that it is wrong to deny the surviving spouse the full amount of compensation. So, we repeat the challenge made by my predecessors that *the members of these Committees to work with your colleagues on the House and Senate Armed Services Committees to end the SBP-DIC offset permanently.* 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 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.*

Mandatory Arbitration. Like many of our Coalition partners, AFSA opposes mandatory arbitration agreements in financial and employment contracts and encourages the passage of legislation to make them unenforceable in cases arising under the "Servicemember Civil

Relief Act (SCRA)” and the “Uniformed Services Employment and Reemployment Rights Act (USERRA).” These mandatory arbitration clauses limit service members ability to seek redress in court and prevent transparency in the legal process overall. We support legislation that would make mandatory arbitration agreements in financial and employment contracts unenforceable under SCRA and USERRA.

CONCLUSION

Chairmen Isakson and Roe, and Committee members, we want to thank you again for this opportunity to express the views of our members on these important issues as you consider the FY 2019 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, are serving and will serve this nation. On behalf of all AFSA members, we appreciate your commitment, and as always, we stand ready to support you in matters of mutual concern.

(End)