



OFFICIAL STATEMENT OF

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

**LEGISLATIVE PRIORITIES FOR
THE FIRST SESSION
OF THE 116TH CONGRESS**

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

CURRICULUM VITAE

Keith A. Reed is the Executive Director 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. Reed is a 20-year Air Force Veteran and retired Master Sergeant. He joined the Air Force as an Administrator/Information Manager and spent most of his career in staff support and military protocol and eventually served this Nation as a United States Air Force First Sergeant, culminating his career at Maxwell Air Force Base as the 42nd Mission Support Squadron First Sergeant responsible for overseeing the health and welfare of more than 400 enlisted members. Mr. Reed brings over 20 years of AFSA-experience that positively connects leadership at all levels along with the veteran and military audience to ensure AFSA continues to advocate on behalf of the Total Forces, their families and survivors.

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.

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Chairmen Isakson and Chairmen Takano, 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 116th Congress, specifically the decisions that have to be made as we move toward Fiscal Year 2020.

AFSA is a 100,000 member-strong, federally chartered, worldwide Veterans Service Organization (VSO) and Military Service Organization 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 understand 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 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 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 tried 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 58 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). At the time this statement was prepared, the president had not yet released his proposed FY 2020 budget for VA, so we are unable to comment on those figures at this time. However, as in past years, the 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. For FY 2020, The Independent Budget recommends approximately \$88.1 billion in total medical care funding and approximately \$90.8 billion for FY 2021. The Independent Budget also recommends approximately \$3.04 billion for all VBA operations, roughly \$5.7 billion for Departmental Admin. and Misc. Programs, and nearly \$2 billion for the department's construction projects and programs in the coming fiscal year. We value the hard work and commitment to accuracy that goes in to preparing the IB; your continued willingness to use it as a guide during your budget deliberations is greatly appreciated.

VA HEALTH CARE MATTERS

VA MISSION Act. The “VA MISSION Act of 2018” will fundamentally transform elements of VA’s health care system and like many other VSO’s/MSO’s, we are preparing for its launch later this year. Due to the complexity associated with the new VA health care system, the delay is needed to make certain that new regulations are prepared, and all new system changes developed and tested so the department can make certain they are ready to go when the time comes. We would rather have them delay and be ready, than have them pretend they are ready and through a catastrophic failure prove they are not.

On January 30th VA proposed new standards for access to care which when finalized would go into effect later this year. Their eligibility criteria and final standards were based on VA’s analysis of all the best practices both in government and in the private sector and tailored to the needs of our Veteran patients. As you are probably aware, their access standards will be based on average drive time and appointment wait times.

- For primary care, mental health, and non-institutional extended care services, VA is proposing a 30-minute average drive time standard;
- For specialty care, VA is proposing a 60-minute average drive time standard; and
- VA is proposing appointment wait-time standards of 20 days for primary care, mental health care, and non-institutional extended care services, and 28 days for specialty care from the date of request with certain exceptions.

Eligible veterans who cannot access care within those standards would be able to choose between eligible community providers and care at a VA medical facility. For urgent care, the VA proposes a veteran could receive care at any provider in the community care network but may be charged a copay for that service

As a rule, we support basing eligibility on wait times and driving distance on time rather than straight-line mileage. We cannot support charging a Veteran for care of an illness or injury that is service connected—*which at first glance appears could happen under the proposed rules for urgent care*. We are still looking them over and look forward to working with the VA as they finalize access standards for the new program. At this point there is simply not enough information to fully gauge how they may affect veterans who choose to rely on VA for the care or for that matter, are they realistic and feasible. In truth, we may not know how effective they are until the program launches.

Finally, it is important that the department receives the necessary resources to fully implement the MISSION Act. This includes the necessary funding to bolster IT infrastructure, expand telehealth access and recruit top notch doctor’s nurses and other healthcare professionals to administer various programs. Care in the community is more

expensive than at VA facilities, and no funds should be diverted from existing VA programs or modernization plans just to make the community care piece work. It should be fully funded, without jeopardizing the health or safety of veterans receiving their care directly from VA.

Care of Women Veterans. Women's representation within the Armed Forces (16 percent), Military Reserves, and National Guard (20 percent each) is growing, composing an increasingly large share of the military and veterans' populations. Women veterans now comprise about 10 percent of the total veteran population, and more than 7 percent of the veterans using VA health care services. In the next decade, women are projected to make up more than 10 percent of VA's users. Therefore, 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 healthcare benefits and services. Female 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 healthcare 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. For that reason, we have endorsed S. 514, the *Deborah Sampson Act* because it seeks to 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 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. Suicide rates among veterans remains unacceptably high. The AFSA has long believed that VA needs to develop and sustain a comprehensive behavioral health system that enables the department to treat a plethora of

mental health conditions to combat the rising rates of suicides. It is unclear in 2018 if they did that, and we would encourage these committees to evaluate the current effectiveness of VA suicide prevention programs in the coming months.

Through regular interaction with our members, we know most veterans don't know what kind of mental health services VA offers. Respectfully, we were greatly disturbed when a Government Accountability Office study (GAO-19—66) released in November 2018 revealed that of \$6.2 million set aside for suicide prevention media outreach in fiscal 2018, only \$57,000 (less than 1 percent!) was used. Secretary Wilkie assured these committees that those funds won't go unspent again. The fact these monies were not spent as intended may be a sign of poor management or lack of concern and we hope you will step up oversight in the area of VA outreach.

Electronic Health Record (EHR). VA was the pioneer of the Electronic Health Record (EHR) with the development of Veterans Health Information Systems and Technology Architecture (VistA). However, after almost 40 years of use, VistA lacked the interoperability necessary to effectively serve veterans and according to many, was simply too costly to maintain. VA signed a contract with Cerner Corp. on May 17, 2018, to replace VistA with the new Cerner system, which is in development at the Department of Defense (DoD) as well. The modernized system will allow VA to have patient data shared seamlessly between VA and DoD.

We believe an EHR remains critical for continuity of health care, and VA claims processing. Therefore, VA must request, and Congress must provide, all the resources necessary to continue development of all of VA's Information Technology efforts until the new EHR system is not just implemented, but fully adopted and sustained.

Support the judicious use of VA-DoD sharing arrangements. The 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, the 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 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 are needed for VA programs that address Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD), the two "*signature injuries*" of our two recent conflicts.

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

VA's Comprehensive Assistance for Family Caregivers Program. We strongly believe there should be no distinction in the sacrifices made by severely disabled veterans or their families, regardless of where or when they served. So, we can't thank these two committees enough for expanding VA's Comprehensive Assistance for Family Caregivers Program to veterans from other eras. The program currently applies only to those who joined the military on or after September 11, 2001. Soon those who were injured in the line of duty on or before May 7, 1975, would be eligible for the caregiver benefits and two years after that, those injured after May 7, 1975, but before September 11, 2001, would be covered. We remain hopeful that the program will expand even further in future years to include veterans suffering from catastrophic illnesses that are also service connected. And, as the number of veterans in this program increases, VA must request, and Congress must

provide enough funding for the caregiver program within the medical services' appropriations.

Ahead of the expansion effort however, the current program requires your attention. Last September, VA's Office of Inspector General (OIG), reported (#17-04003-222) the department has not adequately monitored its Caregiver Assistance Program, resulting in patient care access limitations and insufficient program discharge processes. And in December, at Congress' urging, VA imposed a ban on removing families from the program following news reports that catastrophically injured veterans were being unceremoniously dropped from it. The OIG recommended several changes including that VHA establish policies and implement procedures to improve Family Caregiver Program operations. That would seem enough to warrant a hearing on this subject to ensure compliance.

MILITARY-TO-VETERAN TRANSITION ASSISTANCE

Transition Assistance Program (TAP). 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.

Licensing and Credentialing. *Of 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.

The 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 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

New Appeals Process. The new appeals program launched on time last month, but it is too early to tell how well it is working. We appreciate the fact it gives the Veteran a greater say in how their claim is handled and confident it will help the Board of Veteran Appeals clear through thousands of pending claims. Perhaps our only concern is the 30-minute time limit that has been placed on the in-person hearings. These official inquiries were intended to provide veterans a non-confrontational environment to tell their side of the story. That can be challenging when you are under the gun of a time clock. Your continued emphasis to ensure that the implementation and utilization of the new appeals system goes smoothly is greatly appreciated.

ENVIRONMENTAL ISSUES

Burn Pits. 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.

The AFSA supports the H.R. 1001, the Family Member Access to Burn Pits Registry Act of 2019 and H.R. 1005, the Burn Pits Veterans Revision Act of 2019, and 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”.

Blue Water Navy. Finally, on behalf of AFSA members who served in the sea services, AFSA supports the "Blue Water Navy Vietnam Veterans Act" and any other legislative

effort 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.*

EDUCATION PROGRAMS

Housing Stipend Glitch. Last year, a software issue prevented the VA from paying veterans housing allowances and other benefits provided by the GI Bill. Last we heard, the department was working the issue and it is imperative that these veterans receive every penny that they are owed.

Protecting Post-9/11 GI Bill Users 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 educating the veteran. 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 claw backs 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 servicemember'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.

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

Prevent Veteran Homelessness. On an average night in 2018, an estimated 37,878 veterans were experiencing homelessness. That's a reduction of nearly 2,200 from the year before according to U.S. Department of Housing and Urban Development (HUD) figures. Significant progress has been made in housing our nation's homeless veterans thanks in part to rapid re-housing through VA's Supportive Services for Veteran Families (SSVF) program and the HUD-Veterans Affairs Supportive Housing program. Numerous other programs contributed to the smaller number as well, including, outreach, employment, transitional housing, and substance use treatment.

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. The last Congress passed legislation to make the \$310-a-month Special Survivor Indemnity Allowance (SSIA) permanent and begin adjusting it for inflation each 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, I 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 servicemembers 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

Chairman Isakson, Chairman Takano, 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 2020 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)