



Statement of the  
Fleet Reserve Association  
on its  
2020 Legislative Goals

Presented to the:

U.S. House of Representatives and  
United States Senate  
Veterans' Affairs Committees

By

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## **The FRA**

### *“Heading to 100 Years”*

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

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

The Association testifies regularly before the House and Senate Veterans’ Affairs Committees, and it is actively involved in the Veterans Affairs Voluntary Services (VAVS) program. A member of the National Headquarters’ staff serve as FRA’s National Veterans Service Officer (NVSO) and as a representative on the VAVS National Advisory Committee (NAC). FRA’s VSOs oversee the Association’s Veterans Service Officer program and represents veterans throughout the claims process and before the Board of Veteran’s Appeals.

In 2016, FRA membership overwhelmingly approved the establishment of the Fleet Reserve Association Veterans Service Foundation (VSF). The main strategy for the VSF is to improve and grow the FRA Veterans Service Officers (VSO) program. The newly formed foundation has a 501(c) (3) tax exempt status and nearly 800 accredited service officers with FRA.

The VSF is sponsoring the “Healthy, Wealthy and Wise” Conference in Alexandria Va. in June 2020. The conference will provide subject matter experts in Aging, Health and Financial advice. There will also be a VSO training track. The audience will be those employees at the federal and state or local level who administer and navigate the VA, DoD and other agencies, providing veterans and active duty help.

FRA became a member of the Veterans Day National Committee in 2007, joining 24 other nationally recognized VSOs on this important committee that coordinates National Veterans’ Day ceremonies at Arlington National Cemetery. FRA will host the ceremony their centennial year, 2024. The Association is a leading organization in The Military Coalition (TMC), a group of 33 nationally recognized military and veteran’s organizations collectively representing the concerns of over five million members. FRA senior staff members also serve in several TMC leadership positions.

The Association’s motto is “Loyalty, Protection, and Service.”

## **Certification of Non-Receipt of Federal Funds**

Pursuant to the requirements of House Rule XI, the Fleet Reserve Association has not received any federal grant or contract during the current fiscal year or either of the two previous fiscal years.

### **FY 2021 VA Budget**

FRA welcomes the proposed 10.2 percent increase in the Department of Veterans Affairs FY2021 budget, which is a \$22.6 billion increase from the current budget. The proposed budget provides for 14,000 more employees, of which 7,000 are medical staff. The VA anticipates more than 33,000 veterans to enroll in VA healthcare in FY 2021.

The VA budget also provides for \$1.2 billion (\$485 million more than 2020) for the Caregiver program, which includes the expansion of the FRA supported program. The proposed budget provides \$2.6 billion to modernize the electronic health records (EHR). The process will provide a seamless transition to the VA for injured and wounded service members. The budget further includes \$137 million to support the processing of Blue Water Navy disability claims. The VA expects a total of 70,000 Blue Water Navy (BWN) claims. Since the first week of January, the VA has received 14,000 BWN claims and has paid \$7.5 million in retroactive benefit payments to 218 veterans and their survivors.

### **Agent Orange**

FRA is thankful that finally, the VA has begun to adjudicate Blue Water Navy claims January 1, 2020. This change was required by FRA-supported legislation, sponsored by HVAC Chairman Mark Takano (CA) and Ranking Member Phil Roe (TN) and by federal court mandate (*Procopio v. Wilkie*). Prior to these measures, only Vietnam War Veterans who served on the ground or within Vietnam's inland waterways were eligible to receive disability compensation and other benefits based on a presumption of herbicide exposure. FRA is grateful to the Chairman and Ranking Member for their efforts to help sick Blue Water Navy veterans.

This law specifically affects Blue Water Navy Veterans who served offshore of Vietnam between Jan. 6, 1962 and May 7, 1975. The Act signed into law June 25, 2019 also applies to veterans who served in the Korean Demilitarized Zone (DMZ) between Jan. 1, 1967 and Aug. 31, 1971. These veterans can apply for disability compensation and other benefits if they have since developed one of 14 conditions that are presumed to be related to exposure to herbicides such as Agent Orange. Veterans no longer need to prove that they were exposed to herbicides.

Survivors of veterans could file claims for benefits, based on the veteran's service, if the veteran died from at least one of the presumptive conditions associated with Agent Orange. The law also

provides benefits for children born with spina bifida, if their parent is or was a veteran with certain verified service in Thailand during a specific period. The Blue Water Navy Act also includes provisions affecting the VA Home Loan Program. The law creates more access for veterans to obtain no-down-payment home loans, regardless of the loan amount. Also, the home loan funding fee is reduced for eligible Reservists and National Guard first-time borrowers who use their home loan benefit. Certain Purple Heart recipients do not pay any funding fee.

The VA recently sent a report to the House and Senate Veterans Affairs Committees asking to delay adding new presumptive conditions. It explains their concern with the scientific evidence behind the link between bladder cancer, hypothyroidism, parkinsonism, hypertension and exposure to Agent Orange herbicide. The VA claims that the National Academies of Sciences, Engineering, and Medicine did not identify any “definitive causal links” between Agent Orange and the diseases. The VA is now waiting on the results of its own study. The National Academy of Medicine has already established an association between Agent Orange exposure and these four diseases. The FRA is supporting the “Fair Care for Vietnam Veterans Act” (H.R.5610), which would increase the presumptive conditions linked to exposure of the Agent Orange herbicide to include parkinsonism, bladder cancer, hypertension and hyperthyroidism. The FRA has signed onto a letter to President Trump, with several other associations, requesting that he intervene and add these ailments to the list of Agent Orange presumptive conditions for disability benefits immediately.

FRA welcomes The VA releasing an updated Department of Defense list of locations outside of Vietnam where tactical herbicides were used, tested or stored by the United States military. The DoD conducted a thorough review of research, reports and Government publications in response to a November 2018 Government Accountability Office report. Defense Secretary Mark Esper has pledged to get the list updated as information becomes available.

## **Mental Health/Suicide**

“In 2017 the VA reported an increase in veterans’ suicide. This increase is even more disturbing considering the total number of veterans is decreasing each year, as the older generation of World War II veterans pass away. The total number of veterans in America dropped almost 2 percent from 2016 to 2017 (about 370,000 veterans) and was down almost 18 percent from 2005 to 2017.”<sup>1</sup> The Association praises the Senate Veterans Affairs Committee approval of the FRA-supported “Commander John Scott Hannon Veterans Mental Health Care Improvement Act” (S. 785) sponsored by Senators Jerry Moran (KS) and Jon Tester (MT), SVAC Chairman and Ranking member respectively. The bill is a comprehensive and aggressive approach to connect more veterans with the mental healthcare they need and earned. Their bill seeks to improve VA

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<sup>1</sup> [Marine Corps Times](#) 10/07/2019, *Veterans Suicides Still Increasing*, Leo Shane III

care by bolstering the VA's mental health workforce and increasing rural or hard-to-reach veterans' access to VA care, while making sure veterans have access to alternative and local treatment options like animal therapy, outdoor sports and activities, yoga and acupuncture.

It is estimated that more than 20 veterans die by suicide every day. Of those, 14 have received no treatment or care from the VA. The bill will improve outreach to veterans and their mental healthcare options in five major ways:

1. Bolster the VA's mental health workforce to serve more veterans by giving the VA direct hiring authority for more mental health professions, offering scholarships to mental health professionals to work at Vet Centers, and placing at least one Suicide Prevention Coordinator in every VA hospital.
2. Improve rural veterans' access to mental healthcare by increasing the number of locations at which veterans can access VA telehealth services and offering grants to non-VA organizations that provide mental health services or alternative treatment to veterans.
3. Strengthen support and assistance for service members transitioning out of the military by automatically giving every service member one full year of VA healthcare when they leave the military and improving services that connect transitioning veterans with career and education opportunities.
4. Study and invest in innovative and alternative treatment options by expanding veterans' access to animal, outdoor, or agri-therapy, yoga, meditation, and acupuncture and investing in VA research into the impact of living at high altitude on veterans' suicide risk and identifying and treating mental illness.
5. Hold the VA accountable for its mental healthcare and suicide prevention efforts by examining how the VA manages its suicide prevention resources and how the VA provides seamless care and information sharing for veterans seeking mental healthcare from both the VA and community providers.

FRA hopes that this legislation will be "fast-tracked" to ensure passage as soon as possible.

The Association applauds VA launching a new program, the Solid Start Program, to inform new veterans about benefits and support services at VA in an effort to ease transition issues. The VA believes this will help with suicide prevention. These veterans will get three phone calls from VA. The first call, expected within 90 days of separation from the military, will include an in-depth conversation with veterans about their goals and challenges, to better target what VA services may be of use to them. This program is expected to reach out to more than 200,000 veterans. Subsequent phone calls will check on veteran's transition and answer any questions the veteran may have about VA benefits and services available to them. Among the programs the callers will discuss are the free mental health resources available through VA for all separating

service members for their first year of post-military life, regardless of discharge status or service history.

FRA also welcomes efforts by the Federal Communication Commission, working with the VA, to create a 988 suicide hotline. A nationwide three-digit number for suicide prevention and mental health crises we believe will be helpful in stemming the tide of suicide. The FCC official recommendation to create the three-digit hotline was originally made following a report that showed a three-digit number would improve access for those in crisis. The goal of the number's similarity to 911, is to significantly increase the hotline's effectiveness. For veterans, the hotline also provides access to specialized help, thanks to the FCC's coordination with the VA.

Just like the current suicide prevention hotline, veterans can press 1 after dialing 988 for specialized support and counseling including text and chat functions. That same line currently answers an average of 1,800 to 1,900 calls each day, or a total of 3.5 million calls since it was launched in 2007.

Last year President Trump announced the creation of a new task force lead by VA Secretary Robert Wilkie to focus on the issue of veteran and military suicide prevention. The Task Force will issue its final report in the near future.

## **VA MISSION Act**

The FRA appreciates the recent Senate Veterans Affairs Committee oversight hearing on the VA MISSION Act. We understand the concern expressed at the hearing regarding how the VA is building the Community Care Network and delinquencies discovered in many non-VA care providers. At a recent HVAC hearing Dr. Richard Stone, Executive in Charge of VHA explained that the problem is due to large volume of claims since the MISSION Act became accessible to many more veterans.

The Department of Veterans Affairs, Community Care Network (CCN) program that was part of the VA MISSION Act. Senior officials of the Veterans Health Administration (VHA) and the CEOs of both CCN providers testified at the hearing. All the witnesses claimed that the implementation of CCN is progressing smoothly. There were questions about the pace at which providers are being reimbursed as well as the backlog of provider payments on the VA's books. The VA is working on new processes to speed up the turnaround time for reimbursements. They expect to be caught up by the fall. The issue was raised that CCN contracts do not reflect MISSION Act standards for community care. The contracts were awarded prior to the MISSION Act's passage into law. The VA pledged to move toward MISSION Act standards with the program and the CEOs both testified that they will strive to meet the MISSION Act's more stringent standards for access and timeliness.

## **Caregiver Expansion**

FRA and many caregiver families are disappointed that the implementation of the MISSION Act, which in part expands the Caregivers Act, has been delayed until the summer of 2020. The VA MISSION Act expands the VA Caregiver program to include all catastrophically disabled veterans. The previous caregiver law only applied to veterans disabled or wounded on or after September 11, 2001. This expansion was part of FRA's 2018 Legislative Agenda. The program will provide a monthly stipend, and health care benefits for the caregiver. The new law will provide training for caregivers, and up to 30 days of respite care.

A 2014 RAND study commissioned by the Elizabeth Dole Foundation estimates the services these caregivers provide save our nation \$13.6 billion annually, yet these caregivers too often pay a price, suffering physical and emotional stress and illnesses; difficulty maintaining employment; financial, legal and family strains; and isolation.

These military caregivers shoulder the everyday responsibilities of providing care to those who suffered the emotional and physical tolls of war. These dedicated individuals make many sacrifices to care for their loved ones, and they deserve our support. These Committees should provide adequate oversight of the expansion of this program.

## **Post 911 GI Bill**

FRA is supporting two legislative proposals that would improve the Post-9/11 GI Bill and set an end date for the Montgomery GI Bill recently passed the House. The Protect the GI Bill Act (H.R.4625), sponsored by Rep. Mike Levin (CA), ensures that schools receiving GI Bill funding inform prospective students of the cost of attendance, how much their benefits cover, student outcomes, and more. The bill empowers State Approving Agencies (SAAs) to flag or suspend new enrollments to schools that violate these requirements. The bill also contains several other protections, including a ban on schools misrepresenting themselves while marketing, recruiting and enrolling students.

Further, the GI Bill Planning Act (H.R.4162), sponsored by Rep. Jack Bergman (MI), gives new enlistees six months rather than just two weeks, to decide to pay \$1200 or opt-out of their Montgomery GI Bill (MGIB) benefit. It also ends with new enlistee enrollments in the outdated MGIB by October 2029. Both bills were approved by voice vote and have been sent to the Senate for further consideration. FRA wants to ensure the Post 9/11 GI Bill program works effectively and wants to improve other education benefit programs for veterans, and survivors of

disabled or deceased veterans, and preserve the military Tuition Assistance (TA) program. The Association opposes shifting significant part of the cost to active duty beneficiaries.

the U.S. Court of Appeals for Veterans Claims issued its final ruling on the case of *Bo v Wilkie* letting stand an earlier decision that the Department of Veterans Affairs practice of making veterans relinquish their MGIB eligibility in order to receive Post 9/11 GI Bill benefits is improper.

Federal officials argued in court that the arrangement is designed to make sure veterans aren't doubling up on their government benefits for personal profit; but the court rejected that argument, saying that instead veterans eligible for both programs should receive each set of payouts, just not simultaneously.

## **Veterans' Health Care Reform**

FRA supports the "Blast Exposure Protection Act" (H.R. 5739) sponsored by Rep. Nydia Velazquez (NY). This measure would establish a service-connection presumption for disabilities associated with blast exposures, which will make it easier for veterans to prove that health conditions are related to their military service. Traumatic Brain Injury (TBI) often goes unreported and these type of blast injuries go untreated. Symptoms of these injuries often take time to appear, making it difficult to connect the incident with the injury.

Combat veterans that served in Iraq, Syria, and Afghanistan have an opioid abuse rate seven times higher than civilians. "Patients in the Veterans Health Administration are almost twice as likely to die of opioid-related overdoses."<sup>2</sup> Between 2010 and 2016, deaths due to opioid overdose rose by 65 percent among veterans. During those same years, veteran deaths caused by heroin nearly quintupled and deaths caused by synthetic opioids like fentanyl increased by more than five-fold.

To combat this issue, the Veterans HOPE Act (HR 5774) sponsored by Rep. Greg Murphy (NC) would direct the VA to further investigate deaths caused by heroin and synthetic opioids. Upon conclusion of the study, the Secretary would report findings to the public and Congress and suggest veteran overdose prevention efforts to save lives.

Veteran's health care includes other significant challenges. "For example, an estimated 25% of veterans are diabetic; nearly triple the national average of 9.4%. The Veterans Health Administration reports that military veterans also are more likely to be diagnosed with chronic conditions associated with diabetes, including hypertension, chronic obstructive pulmonary

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<sup>2</sup> Opioid Epidemic Affects Combat Veterans More Than Civilians, [Washington Examiner](#), Oct 1, 2019, page 44, Cassidy Morrison

disease (COPD) and heart disease.”<sup>3</sup> According the numerous sources 30 percent of all VA medical appointments are now held in the community rather than in VA medical facilities. The law now allows authorized veterans to access “walk-in care” a limited number of times each year at clinics with VA contracts.

VA is also working to expand and improve telehealth programs targeted at rural and underserved areas of the country.

Over the last three years less two percent of clinical drug testing sponsored by pharmaceutical companies include VA hospitals. According to the National Association of Veterans Research and Educational Foundations VA protocols review and approval processes are overly complicated. Clinical drug testing at VA hospitals take on average 120 days longer to begin than non-VA sites. “For veterans suffering from post-traumatic stress disorder, traumatic brain injury, hearing loss, alcohol and other substance disorders, cancer, and other conditions for which a clinical trial may be the next or only treatment option, delays are devastating”<sup>4</sup>.

Recently the House Veterans’ Affairs Subcommittees on Health, and Oversight and Investigations, held a joint hearing to discuss how VA supports survivors of military sexual trauma (MST). Survivors of MST often exhibit symptoms associated with PTSD, such as anxiety, sleeplessness, intrusive thoughts, agitation, and an inability to concentrate. Many survivors of MST do not report their assaults to their commanders or medical professionals, which makes it difficult to develop a claim for VA benefits. FRA wants to make sure that these types of claims are not “swept under the carpet.” Victims of MST need to be treated fairly.

## **Appeals Process Reform**

The Board of Veterans Appeals is adjudicating more disability claims appeals. The Board processed 11 percent more claims (more than 95,000) and held 38 percent more hearings in FY2019 when compared to FY2018. The improvement at the BVA is due to more staff and to a new appeals structure that was mandated by Congress and supported by the FRA. The Veterans Appeals Improvement and Modernization Act (H.R.2288-Public Law 115-55) sponsored by Reps. Mike Bost (IL) was enacted into law on August 23, 2017. The law created three “lanes” for veterans’ appeals including: The Local Higher Level Review Lane where an adjudicator reviews the same evidence considered by the original claims processor; The New Evidence Lane where the veteran may submit new evidence for review and have a hearing and, The Board Lane where jurisdiction for the appeal would transfer immediately to the Board of Veterans’ Appeals. The Act would allow some veterans, who were already going through the appeals process, to opt into the new system.

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<sup>3</sup> Express Script Inc. e-newsletter 11/9/18

<sup>4</sup> Increasing Veterans Access to Life-saving Therapies, Rick Starrs, [Washington Times](#) Oct. 30, 2019, B-4

## **Disability Claims Backlog**

FRA urges Congress to pass legislation that requires VA be held accountable for achieving the VA's stated goal to achieve an operational state for VA in which no claim is pending over 125 days and all claims have an accuracy rate of 98 percent or higher. Currently there are 70,689 claims that are backlogged (pending more than 125 days), and the current accuracy rate is over 95 percent. The backlog peaked at about 611,000 cases in March 2013 and was down as low as 70,000 cases in fall of 2015, when VA officials announced that zeroing out the backlog completely was likely impossible and could unnecessarily rush some cases.

## **Oversight of VA IT**

The Association believes Congressional oversight of ongoing implementation of VA technology upgrades is vital to ensuring improvements to the system. FRA wants to ensure adequate funding for Department of Defense (DoD) and Department of Veterans' Affairs (VA) health care resource sharing in delivering seamless, cost effective, quality services to personnel wounded in combat and other veterans and their families.

FRA welcomes the House Veterans Affairs Subcommittee on Technology Modernization recent oversight hearing (December 2019) on the VA's progress implementing the Electronic Health Records (EHR). The Department of Veteran Affairs (VA) is scheduled to "go-live" March 28, 2020 in Washington State. This will be the first phase of the 10-year EHR implementation timeline. Subcommittee Chair Rep. Susie Lee (NV) expressed concern that the system is not fully tested and not enough staff training has been conducted. She asked the VA for an honest assessment. Subcommittee Ranking Member Rep. Jim Banks (IN) encouraged the VA to take a few more weeks if needed.

The VA staff at the hearing claimed that everything will be ready to go-live March 28th. At the hearing then Deputy Secretary Byrne mentioned five milestones that are vital to the success of the implementation of the EHR throughout the next 10 years.

1. Twenty Task Orders (TO) that allows the VA the flexibility to moderate work and modify implementation and deployment plans efficiently
2. Organizational structure and strategic alignment with DoD
3. Implementation planning and strategy
4. Change management and workflow councils – the VA has established 18 EHR Councils to support the development of national standardized clinical and business workflows for the VA's new EHR solution.
5. Infrastructure in place for both structural facilities and electronic capabilities

While prompt implementation of the EHR is important, it is also critical that veteran's data privacy should not be overlooked or minimized. FRA is thankful that the House Veterans' Affairs Subcommittee on Technology Modernization recent oversight hearing on the EHR focused on data privacy for users of VA services, including how data is collected by apps and VA partners. The subcommittee focused on the security of the integrated electronic health record, record sharing, and data collection and permissions from apps VA offers to veterans for use on smartphones.

## **Expand VA Dental Care**

The House and Senate just recently passed H. J. Res.80, Sponsored by House Veterans Affairs Committee Ranking Member Rep. Phil Roe (TN), to approve a request from the Department of Veterans Affairs to pursue a pilot program to increase veteran access to dental care. Currently only eight percent of veterans have dental coverage from VA for service-connected dental problems. The VA can now begin to implement the program.

Section 152 of the FRA-supported MISSION Act created a VA Center for Innovation for Care and Payment to test new payment and service delivery models that could increase quality of care for the nation's veterans while reducing taxpayer spending. The law requires VA to submit a report to Congress requesting waiver of any such authorities necessary for carrying out an innovation pilot and requires that Congress pass a Joint Resolution approving VA's request. This pilot program is limited to five years and must obtain appropriations funding.

On December 6, 2019, VA submitted a request to Congress asking to pursue a pilot program through the Center for Innovation for Care and Payment to increase access to dental care for veterans by entering into arrangements with dental providers in the community who agree to provide free or discounted dental services to veterans who are enrolled in the VA healthcare system but are not eligible for VA-provided dental care. The request would allow administrative staff in VA medical facilities to educate these veterans about their options for dental care in the community and to coordinate such care for them, as needed. H.J. Res. 80 would approve such request. Oral health is an important component of overall health and connecting veterans who cannot seek dental care in VA medical facilities with free or low-cost dental care in their communities would allow these veterans to be better served and to live healthier lives.

## **Women's Veterans Issues**

FRA welcomed Rep. Mark Takano (CA), Chairman of the House Veterans Affairs Committee, creating a new congressional task force to address barriers that women veterans face when trying to obtain Department of Veterans Affairs (VA) benefits and health care. The Association works to increase access to gender-specific medical and mental health care to meet unique needs of women service members and transitioning women veterans. Rep. Julia Brownley (CA) has been selected to serve as Chairman of the task force.

The Task Force endorsed the FRA-supported the "Deborah Sampson Act" (H.R. 3224) that passed the House on November 12, 2019 and sending it to the Senate for further consideration. The task Force endorsement result of several roundtables, site visits, and meetings with women veterans across the country to identify issues and barriers they face and will address many of the inequities and barriers that the Women Veterans Task Force has identified. The bill includes:

- Creating an Office of Women's Health at the VA;
- Establishing a comprehensive policy to combat harassment and sexual assault at VA facilities;
- Enhancing funding of women veteran health providers;
- Requiring the VA to assess the availability of gender-specific prosthetic items for women veterans;
- Mandating a report on VA efforts to retrofit facilities to address barriers to care for women veterans;
- Permanently authorizing PTSD counseling for women veterans in a retreat setting;
- Expanding eligibility for military sexual trauma counseling for the Reserve Component; and
- Authorizing extended newborn care coverage for women veterans.

FRA fully supports this measure and has the bill listed on its Internet Action Center to allow members to weigh in on this issue with their legislators.

## **Homeless Veterans**

Last year the House passed the FRA-supported "Homeless Veterans Families Act" (HR 95), sponsored by Rep. Julia Brownley (CA) to help homeless veterans with children find transitional housing. The bill is still awaiting action in the Senate.

In 2010 the Department of Veterans Affairs (VA) established a goal of eliminating veteran's homelessness by 2015. That goal has not been achieved. The Department of Housing and Urban Development (HUD) and VA have a wide range of programs that prevent and end homelessness

among veterans, including health care, housing solutions, job training and education. VA, the Department of Labor, and HUD programs for homeless veterans have reduced homelessness. According to the National Coalition for Homeless Veterans claim that veterans experiencing homelessness decreased by nearly 50 percent since 2009. FRA wants the VA and other government agencies to invest in efforts to ensure that veteran's homelessness is rare, brief, and nonrecurring.

## **Increase Veterans Burial Benefits**

The VA pays a higher level of burial benefits upon the death of a veteran who dies from a service-connected illness or disability and lesser burial benefits upon the death of a wartime veteran who dies from a non-service-connected illness or disability. The current VA burial expense payment is \$2,000 for a service-connected death and \$300 for a non-service-connected death, along with a \$700 plot allowance. At its inception, the payout covered 72 percent of the funeral costs for a service-connected death, 22 percent for a non-service-connected death and 54 percent of the cost of a burial plot. Due to the dramatic increase in private sector funeral expenses, this benefit has been seriously eroded over the years. While these benefits were never intended to cover the full costs of burial, they now pay for only a small fraction of what they covered in 1973 when the VA first started paying burial benefits. The VA should provide the resources needed to meet increasing private-sector costs of burial.

Congress should increase the plot allowance for all eligible veterans and expand the eligibility for the plot allowance for all veterans who might be eligible for burial in a national cemetery, not just those who served during wartime.

## **Conclusion**

In closing, allow me again to express the sincere appreciation of the Association's membership for all that you and the members of both of the House and Senate Veterans' Affairs Committees and your outstanding staffs do for our Nation's veterans.

Our leadership and Legislative Team stand ready to work with the Committees and their staffs to improve benefits for all veterans who have served this great Nation.

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## **Donna M. Jansky**

### **FRA National President**

At FRA's 2019 (92<sup>nd</sup>) National Convention National in Memphis, Tennessee Vice President Donna M. Jansky became the first female to be elected national president for the Fleet Reserve Association – the highest position within the organization. Jansky served on active duty in the U.S. Navy for eight years and then completed 16 years as a reservist, including a one-year activation for Desert Shield and Desert Storm. She received an honorable discharge in September 1999, at the rank of Aviation Structural Mechanic Chief Petty Officer.

NP Jansky is a resident of Peabody, Massachusetts, and is a Life Member of the FRA. In 1992, she joined the Fleet Reserve Association and discovered one of her greatest passions — being a member of an organization that helps veterans receive their rightful benefits from the Department of Veterans Affairs and other government agencies.

Jansky's opening remarks after being elected National President were poignant and on target. She started by saying: "This is an extremely special moment for me. In the face of my upcoming duty, I feel humbled but at the same time, I also feel very honored and privileged. I am grateful to the FRA National Convention Delegates for giving me this opportunity to work for the better of the FRA and to lead for the next year. I will strive in every way to be worthy of your confidence and to fulfil my duties. We were founded on the human principles of honesty and service to our sea services. Even after 95 years, this should be the continuum of who we are.

"In my work, I will remember my predecessors and the examples they have given. I have closely followed the work of three presidents: George Hyland, Mark Kilgore and Bob Washington. They have all become role models whose work is a joy and an honor to continue. At the same time, their achievements have posed high expectations and goals for my own term, now, as I carry on after Shipmate Bob."

"Yes, I am the first female to be elected, just as last year, we had our first African-American national president. These are the indicators of the times to be all-inclusive within our sea service members — active duty, reservists, retirees and veterans. These are the convictions of our core values, regardless of position or titles, past or present, we simply must shoulder up to the call for each Shipmate, current and future."

"So, again, my sincerest thanks, and let's forge ahead to make the FRA the best association that cares for all our potential members."