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Statement of the Fleet Reserve Association
on its
2010 Legislative Goals

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By

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INTRODUCTION

Distinguished Chairmen, Ranking Members and other Members of both Committees, FRA's membership appreciates this opportunity to present the Association's FY 2011 legislative goals. The Association appreciates the enactment of advanced funding for the Department of Veterans Affairs health care accounts, the gradual re-opening of access to VA health care services for Priority Group 8 veterans (256,000), the Department's acknowledgment of Agent Orange exposure for veterans on ships that entered inland "brown water" waterways in Vietnam, and authorization of a service-connection for those who have B cell leukemia, Parkinson's disease or ischemic heart disease. FRA also welcomes the effort by the VA to streamline claims processing for veterans with Post Traumatic Stress Disorder (PTSD).

Our membership is grateful for the concern, active interest, oversight, and progress generated by the Committees in protecting, improving, and enhancing benefits for our Nation's veterans. The Association also appreciates the opportunity to participate in the House Veterans' Affairs Committee Round Table discussion on female veterans' issues and top priorities. As repeatedly stated in the past, an overriding FRA priority is ensuring that wounded troops, their families and the survivors of those killed in action are cared for by a grateful Nation.

CARE FOR WOUNDED WARRIORS IS IMPROVING

FRA appreciates the Departments of Defense (DoD) and Veterans Affairs (VA) announcement last November that beginning in January 2010, the Disability Evaluation System (DES) pilot program for wounded warriors will expand to six additional installations across the country. The program is testing a new process aimed at eliminating the duplicative, time-consuming, and often confusing elements of the DoD and VA disability systems. Key elements of the program include

one medical examination and a single-sourced disability rating. More than 5,431 service members have participated since the program's inception in November 2007.

The new locations will include: Fort Benning, Ga.; Fort Bragg, N.C.; Fort Hood, Texas; Fort Lewis, Wash.; Fort Riley, Kan.; and Portsmouth Naval Medical Center, Va. The site expansion is scheduled to be complete by March 31, 2010, and is expected to increase the number of beneficiaries participating in the pilot program by 20 percent. When complete, 27 military facilities will be using the pilot program, including the original three in the national capital region and 18 other sites designated in October 2008.

This FRA-supported program was authorized by the FY 2008 National Defense Authorization Act (NDAA) and stems from the recommendations made by the Task Force on Returning Global War on Terrorism Heroes, the Independent Review Group, the President's Commission on Care for America's Returning Wounded Warriors (the Dole/Shalala Commission), and the Veterans' Disability Benefits Commission (VDBC).

The Association supports fully implementing the program system-wide. Although DoD and VA have made great progress in sharing information and resources, much more is needed, particularly with regard to access standards, to truly provide a "seamless transition" from military service to veteran status. FRA advocates that a truly seamless transition can not be implemented and maintained without the oversight of a permanent joint VA/DoD office that is staffed by both DoD and VA personnel.

FRA is especially grateful for the inclusion of the Wounded Warrior assistance provisions as part of the FY 2008 NDAA, and for the Congressional oversight and funding to ensure prompt implementation. However, additional improvements, a two-front war, a lengthy occupation and repeated deployments for many service members has put a strain on the DoD/VA medical system that treats our wounded warriors. The system is strained not only by volume but by the complexity of injuries and the military has shown that it is still inadequate in recognizing and treating cases of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD), even though more than 3,900 new mental health employees have been hired since 2005 – bringing the total number to more than 17,000. Soaring medical costs, decades of inadequate appropriations and increasing demand for medical services have unfortunately hampered timely access to quality health care for our Nation's sick and disabled veterans.

The recent announcement that five new Federal Recovery Coordinators (FRCs) will be hired is welcomed, bringing the total to 20 FRCs helping coordinate care for our Nation's most severely wounded, ill, or injured service members, veterans, and their families. The program is administered by the VA and operated jointly with DoD. The FRC program was created as part of the FY 2008 NDAA to assist severely injured service members, veterans and their families with access to care, services and benefits provided by the VA, Department of Defense (DoD), other federal agencies, states, and the private sector. Currently, the FRCs work with 419 of the most severely wounded, ill, or injured service members and veterans.

FRA also appreciates efforts by the VA to improve the disability claims process for service members experiencing PTSD including elimination of the requirement that a veteran provide evidence, including another eye witness, to prove they witnessed or experienced a traumatic

event while in a combat zone. Before VA implemented this regulation service members had to specify a specific date and event to qualify for benefits. The new regulation gives the injured veteran the benefit of the doubt and applies only to veterans from the combat zone and still requires a psychiatrist or psychologist to diagnose PTSD.

Another important aspect of seamless transition and quality services for wounded personnel is de-stigmatizing PTSD, TBI, and other mental health conditions to allow for early and improved diagnosis. This should include mental health assessment for all service members returning from the combat zone, outreach and family support efforts and counseling. Reducing or preventing combat impact on mental health is important and studies show PTSD and depression affect large numbers of troops. A 2008 RAND study entitled, "Invisible Wounds of War: Psychological and Cognitive Injuries, their Consequences, and Services to Assist Recovery," indicated that about one in five OEF/OIF veterans suffer from PTSD or major depression and another 10 percent experience some level of TBI. The report stressed that if the government fails to invest in essential immediate treatments for these personnel, it will face high alternative costs in the years ahead due to homelessness, unemployment, underemployment and lost tax revenue.

Congress has done the right thing by establishing the Center of Excellence for Psychological Health and Traumatic Brain Injury. In addition, the Defense Centers of Excellence (DCoE) is a collaborative effort with VA and DoD toward optimizing psychological health and traumatic brain injury (TBI) treatment for wounded warriors. Further, FRA believes that the VA Polytrauma Transitional Rehabilitation Program (PTRP) is an essential and very important resource with regard to support for wounded warriors. Currently the program has four VA outpatient and residential programs that provide comprehensive, post-acute cognitive retraining and community re-entry rehabilitation to TBI patients. The treatment regimen lasts an average of ten months, but continues as long as the patient is making significant progress. Most rehabilitation treatment takes place in a group setting; however, all patients receive one-on-one therapy as needed. DoD and the VA are working to expand the number of qualified mental health providers to meet the explosive growth in requirements.

The Association is cautiously optimistic regarding recent research on new training intended to reduce post-combat psychological distress. Service members who returned from Iraq and participated in DoD's "Battlemind Training" program reported fewer sleep problems, and there were less-severe PTSD symptoms, compared with service members who had received either no post-deployment mental health training or a briefing about stress, according to research psychologists with the Walter Reed Army Institute of Research.

Continued funding of research is clearly needed to combat PTSD and TBI, the two signature injuries of the War on Terror.

TREATING GULF WAR ILLNESSES

FRA welcomes the recent VA decision to re-examine disability claims of Gulf War veterans suffering from ailments they blame on their service during the first Gulf War. This could be the start of a process to compensate Gulf War Veterans almost twenty years after the war ended. Secretary Eric Shinseki wants a "fresh, bold look" at what's commonly called "Gulf War illness." According to a 2008 congressionally-mandated committee that based the estimate on

earlier studies about 175,000 to 210,000 Gulf War veterans have a pattern of symptoms that include rashes, joint and muscle pain, sleep issues and gastrointestinal problems. The cause of these symptoms has long been unanswered. Related to this a law enacted in 1994 allows the VA to pay compensation to Gulf War veterans with certain chronic disabilities from illnesses the VA could not diagnosis and according to the VA approximately 3,400 Gulf War veterans have qualified for benefits under this category. The VA will be reviewing regulations and giving veterans the opportunity to have a rejected claim reconsidered. The VA plans to also improve training for medical staff who work with Gulf War vets, to make sure they do not simply tell vets that their symptoms are imaginary-as has happened to many over the years. The changes hopefully signify a shift in how VA may ultimately care for some 700,000 veterans who served in the Gulf War. It also could change how the VA handles war-related illness suffered by future veterans.

SUICIDES

FRA appreciates the House Veterans Affairs Committee (HVAC) hearing to explore the potential relationship, if any, between psychiatric medications and veteran suicides. Unfortunately, suicide rates for service members and veterans continue to increase at a disturbing rate and research indicates that mental disorders and substance-abuse disorders are linked to more than 90 percent of the people who die by suicide. There are two schools of thought regarding the clausal effect of using psychiatric drugs and suicides. Some doctors believe that suicides are driven by so called drug-induced adverse reactions, while others believe that suicide attempts are lower among patients treated with antidepressants than those who were not. The Association believes that this hearing will help the committee develop a better understanding for the reasons why more and more service members and veterans are taking their own lives and what the VA and DoD are doing to prevent more suicides.

FRA is deeply concerned that more service members have taken their own lives by November 2009 than have been killed in either the Afghanistan or Iraq wars. Congressional Quarterly reports that as of November 24, 334 service members have committed suicide in 2009, compared with 297 killed in Afghanistan and 144 who died in Iraq. In response to this, Congress has significantly increased funding for mental health in the DoD and VA budgets that established a suicide hotline. DoD and VA also sponsor annual conferences on this issue. Jurisdictional challenges notwithstanding, it is critically important that Congress further respond and enhanced coordination between the Veterans' Affairs and Armed Services Committees is key to addressing this. As of the above date the Army has had 211 of the 334 suicides, while the Navy had 47, the Air Force had 34 and the Marine Corps (active duty only) had 42. Increases in the number of suicides are not limited to only active duty members, the Department of Veterans Affairs (VA) has indicated that veterans suicides have also been increasing at an alarming rate.

TOP PRIORITY RECOMMENDATIONS

Per Chairman Filner's request for the Association's top five 2010 legislative priorities, the following key issues were submitted and referenced during the special House Veterans' Affairs Committee round table discussion on January 20, 2010.

1) Improved Claims Processing: FRA is deeply concerned about the backlog of claims at the Department of Veterans Affairs. The Association appreciates that the FY 2010 MilCon/VA appropriations bill funds an additional 1,200 claim adjusters and the VA has hired nearly 4,200 additional employees since January 2007. Despite the additional resources and manpower the backlog of disability claims increased by more than 80,000 since the beginning 2009. The FY 2011 proposed budget adds 4,000 additional claims adjusters and provides for a 27 percent increase over the current fiscal year.

The Association believes there is strong bi-partisan support to reform the system and that lawmakers have made clear that they want to improve the antiquated disability claims process to eliminate bureaucratic delays and ensure more uniformity between branches of the military and the VA in how they rate disabilities. The VA has an overriding responsibility to maintain an effective delivery system, taking decisive and appropriate action to correct deficiencies and improve processes. That said the VA can promptly deliver benefits to veterans only if it has modern technology, adequate resources and staffing.

The January 3, 2010 60 Minutes report clearly demonstrated that the disability claims backlog is a systemic problem and new technology should be deployed to reform the antiquated Veterans' Benefits Administration (VBA) paper claims system. Currently, there is no comprehensive system that allows for a streamlined transition of health care records between DoD and the VA. FRA strongly supports the Administration's efforts to modernize veterans' health care by creating a Joint Virtual Lifetime Electronic Record (VLER). The creation of a VLER for every service member would be a major step towards the Association's long-standing goal of a seamless transition from military to veteran status and would permit a DoD, VA, or private health care provider a timely, seamless access to a veteran's health data. There is some sharing now between DOD and VA, but information in the private sector is invisible to VA. The VLER strategy would utilize secure messaging standards, similar to that which is used for email, to securely relay information between sources. The VLER working group is working with VBA and their paperless processes and while being HIPPA compliant, there are legislative hurdles to overcome, similar to that which the VBA is facing with its paperless process.

A recent GAO report (GAO–10-450T, February 10, 2010) indicates that there are gaps in the Benefits Delivery at Discharge (BDD) program management, accountability, and access. The BDD involves VA and DoD work in partnership to streamline access to veteran's disability benefits by allowing some current service members to file a VA disability claim and undergo a single collaborative exam process prior to being discharged. The report also indicates that VA's Quick Start initiative designed to streamline the claims process for members of the Reserve Component could not be verified by VA data, and that the VA was ineffective in its efforts to increase awareness of the program in Reserve Component communities.

FRA also notes that health information interoperability efforts between the VHA and the Military Health System (MHS) suffered another recent setback when VA cut off access to the Defense Department's AHLTA EMR system when errors were found in medical records downloaded from AHLTA. According to the VA, no patients were injured as a result of the inaccurate data, but the possibility exists for incorrect medical decisions regarding patient care due to be incorrect or incomplete data.

2) Ensure Maximum Access to Care: Another top FRA priority is adequate funding for VA and DoD health care programs to ensure access for all beneficiaries. The Association appreciates the significant progress on this, particularly with regard to the VA and there are a number of related issues which include the following.

FRA believes authorization of Medicare subvention for eligible veterans would improve access for Medicare-eligible veterans and enhance health care funding for the Department of Veterans Affairs (VA). Under current law, VA hospitals are not reimbursed for care provided to Medicare-eligible veterans who must choose between receiving veterans-centric specialized care at a VA hospital without benefiting from Medicare coverage and reimbursement to the facility, or seeing an outside Medicare provider his/her office or at a non-VA hospital.

FRA continues its strong opposition to new enrollment and pharmacy fees for veterans (and TRICARE beneficiaries) who have earned health care benefits through arduous service to our nation. Higher fees will impact access to care and use of the pharmacy benefit. FRA is aware of repeated proposals in recent years to impose tiered enrollment fees and higher pharmacy co-pays for veterans in Priority Groups 7 and 8 within the VA Health Care System (and drastically higher enrollment and pharmacy fees for TRICARE retiree beneficiaries).

FRA appreciates the lifting of the "temporary" 2003 ban on enrolling Priority Group 8 veterans, and is encouraged that the VA has opened enrollment for some of these beneficiaries. The ban is significant to access care and more than 260,000 veterans have been impacted by the ban. Our Nation made a commitment to all veterans for their service and limiting enrollment conveys the wrong message to our service personnel currently serving in Iraq and Afghanistan and those who've served in the past.

Expanding access to VA Hospitals and Clinics for TRICARE beneficiaries is important and FRA supports opportunities to expand DoD/VA joint facilities demonstration projects such as combining the VA Hospital and the Naval Hospital at Great Lakes Naval Base, Illinois, and ensuring that military retirees are not required to pay for care in VA facilities. (Currently 151 of the 153 VA medical centers accept TRICARE beneficiaries.)

Care for women veterans is especially important since women are the fastest growing segment of eligible VA health care users. There are more than 100,000 OIF/OEF women veterans, and more than 44 percent of them have enrolled in VA as compared to only 15 percent utilization by women vets from earlier eras. In addition, women represent about 15 percent of all active duty personnel, 20 percent of new recruits, and 17 percent of the Reserve Component. Women represent 5.5 percent of our 23 million veterans, and this number is expected to increase in the future. The VA needs to make every effort to provide adequate access to care for this growing population of beneficiaries with special needs.

De-stigmatizing Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other mental health conditions are addressed above and essential to ensuring early diagnosis and access to care. A Rand study indicates that about one in five OEF/OIF veterans suffer from PTSD or major depression and another 10 percent experience some level of TBI.

Assistance for family members who serve as caregivers, is important and while the VA provides severely disabled veterans a modest allowance for aid and attendance, it is payable to the veteran, not to the caregiver. Further, it is authorized only for spouses, but care givers are often parents, siblings or other loved ones.

3) Eliminate Restrictions on Agent Orange Disability Claims: This is an issue especially important to FRA's membership. The Association has repeatedly addressed the need to reverse current VA policy that prevents so-called "blue water" veterans and military retirees who were deployed off the coast of Vietnam and may have been exposed to Agent Orange, a herbicide used during the Vietnam War. More than 500,000 service members served aboard ships off the coast from 1964-1975 and many have health problems commonly associated with herbicide exposure and have endured lengthy legal struggles to prove these problems are service-related. The Association appreciates efforts to address this issue including the VA's recent decision to establish a presumptive service-connection for Vietnam veterans who have B cell leukemia, Parkinson's disease or ischemic heart disease, although the regulation to implement this change has not yet been published in the Federal Register.

4) DIC Improvements: Although not under the jurisdiction of these distinguished Committees, FRA supports repeal of the SBP/DIC offset. Regarding issues for this committee, Dependency Indemnity Compensation (DIC) for surviving widows is now set at $1154 monthly which equates to 43 percent of the Disabled Retirees Compensation. By contrast, survivors of federal workers have their annuity set at 55 percent of their Disabled Retirees Compensation and FRA supports increasing DIC payments to that level. Legislation has been introduced addressing this long standing inequity. In addition, widows should also be allowed to remarry at age 55 (vice the current age of 57) and retain their DIC in order to bring this benefit in line with SBP rules and other federal survivor benefits. It would also bring it in line with the present rule allowing retention of CHAMPVA on remarriage at age 55.

5) Ensure that Post 9/11 GI Bill Benefits are Distributed in a Timely Manner: The Post 9/11 GI Bill is a tremendous benefit for service members who qualify for benefits under the new program. This program has had an immeasurable improvement on the morale of those currently serving and FRA urges this distinguished committee to maintain appropriate oversight of the program implementation process to ensure that beneficiaries receive benefits in a timely manner and that institutions of higher learning receive payments on time. Unfortunately, despite the expanded number of processors until a new automated system is developed and implemented, and issuance of 30,000 checks of up to $3,000 each to students who had not yet received any benefits last October, and as of January 2010 more than 26,000 students have yet to receive any benefits.

FULL VETERANS STATUS FOR RESERVE COMPONENT SERVICE

FRA supports full veteran status for Reservists with 20 years or more of service, who do not otherwise qualify for veteran status with associated benefits under current law. The Association supports H.R. 3787 [illegible] introduced by Rep. Timothy Walz, (Minn.) and Senate companion legislation S. 1780, introduced by Senator Blanche Lincoln (Ark.).

VA 2011 BUDGET OUTLINE

Under the recently enacted advanced funding law, the Administration is authorized to request two future annual budgets for the VA. FRA appreciates the VA budget being excluded from the Administration's freeze on discretionary spending and the implementation of advanced funding for VA health care for FY 2012.

FRA notes that for FY 2011, the Administration proposed a VA budget of $125 billion, an $11 billion increase above this year's enacted budget. The Administration is requesting $51.5 billion for VA medical care, an increase of $4.1 billion over FY 2010 levels, and for FY 2012, has requested a five percent increase in funding above the amounts requested for 2011. FRA supports these increases and further notes that the VA requested a $460 million increase for processing disability claims, a 27 percent increase over the current fiscal year, plus an increase of $44 million for a new automated claims system for processing Post 911 GI Bill education benefits based on the expected education benefit claims of nearly 30 percent in FY 2011.

The Administration's budget recommends $2.1 billion for VBA, an increase of $460 million over 2010. FRA believes this reflects a commitment toward bringing down the massive claims backlog and providing timely, accurate education benefits to service members and veterans eligible for the Post-9/11 GI Bill.

FRA is, however, concerned about the level of funding recommended for construction projects and information technology. The VA is facing a massive backlog of important construction requirements and states are becoming more reliant on VA to contribute to the funding for construction of long-term care facilities and now is not the time to reduce this critical funding. Likewise, there are a number of critical information technology initiatives that need to be addressed. And as in the past, FRA questions projections that VA will actually receive $3.3 billion from third-party insurers.

PROJECT HERO OVERSIGHT

A House Health Care Subcommittee hearing assessed the performance of the Project HERO (Healthcare Effectiveness through Resource Optimization), the health care delivery pilot program the hearing focused on whether the program is meeting the goals of delivering efficient, high-quality care to America's veterans.

Per Public Law 109-114, Project HERO required VA to develop a model for better managing fee-basis care by establishing relationships with community providers to complement VA's health care system. Project HERO also focused on maintaining continuity of care between a veteran's private provider and the VA by ensuring that medical files generated by a private provider are included in the veteran's VA medical file.

Veterans residing in rural areas and others with unique health care needs often require assistance outside of the conventional VA system. The Department spends more than $2 billion through this fee-basis program to purchase private, non-VA health care for eligible veterans. Critics have expressed concern that Project HERO is a parallel health care system in competition with traditional VA facilities and supplanting the VA, rather than supplementing it. FRA believes that the economy of scale for serving rural area veterans requires a fee-based program to allow veterans to buy health care services outside the VA health care system. The program still requires

a veteran to wait for non-VA provider authorization and coordination, rather than allowing the veteran go to a private provider when needed, and then reimburse him or her after the appointment. FRA supports Project HERO with the caveat that there is adequate continuing oversight by Congress and the VA.

MEDICAL AND PROSTHETIC RESEARCH

VA's research must focus on improving treatments for conditions that are unique to veterans. Medical and prosthetic research is one of the most successful aspects of all VA medical programs and FRA appreciates the proposed eight percent increase ($148 million) in prosthetic research for FY 2011. The Association, however, is concerned that there is no increase in the FY 2011 medical research budget which could negatively impact research.

NATIONAL CEMETERY ADMINISTRATION

The National Cemetery Administration (NCA) maintains almost 2.8 million gravesites at 125 national cemeteries and 33 additional installations in 39 states, the District of Columbia, and Puerto Rico.

The VA estimates that about 24 million veterans are alive today. They include veterans from World War I, World War II, the Korean War, the Vietnam War, the Gulf War, and the War on Terror, as well as peacetime veterans. It is expected that one in every six of these veterans will request burial in a national cemetery. Annual internments for FY 2011 are estimated to increase by 3.8 percent to 111,000 over the FY 2010 level.

Related to burials, both of these Committees are urged to consider significantly increasing the current burial allowance of $300. There has been serious erosion in the value of burial allowance benefits over the years. While these benefits were never intended to cover the full cost of burial, they now pay for only a small fraction of what they covered in 1973, when the Federal government first started paying burial benefits.

COURT-ORDERED DIVISION OF VETERANS COMPENSATION

The intent of service-connected disability compensation is to financially assist a veteran whose disability may restrict his or her physical or mental capacity to earn a greater income from employment. FRA believes this payment is that of the veteran and should not be a concern in the states' Civil Courts. If a court finds the veteran must contribute financially to the support of his or her family, let the court set the amount allowing the veteran to choose the method of contribution. FRA has no problem with child support payments coming from any source. However, VA disability should be exempt from garnishment for alimony unless the veteran chooses to make payments from the VA compensation award. The Federal government should not be involved in enforcing collections ordered by the states. Let the states bear the costs of their own decisions. FRA recommends the adoption of stronger language offsetting the provisions in 42 USC, now permitting Federal enforcement of state court-ordered divisions of veterans' compensation payments.

CONCURRENT RECEIPT

FRA continues its advocacy for legislation authorizing the immediate payment of concurrent receipt of full military retired pay and veterans' disability compensation for all disabled retirees. The Association appreciates the progress that has been made on expanding Combat-Related Special Compensation for Chapter 61 retirees and for disabled military retirees deemed "individual unemployable" (IU) who had disability ratings of less than 100 percent. There still remain disabled service members collecting Concurrent Retirement and Disability Payments (CRDP) that are 50 percent disabled or greater that are slowly being phased in over a ten-year period (2004-2014). They should receive full benefits starting in FY 2010. Additionally those with CRDP and less than 50 percent disability rating should also receive full military retired pay and VA disability compensation without any offset.

UNIFORMED SERVICES FORMER SPOUSES PROTECTION ACT (USFSPA)

FRA urges Congress to take a hard look at the USFSPA with a sense of purpose to amend the language therein so that the Federal government is required to protect its service members against State courts that ignore provisions of the Act.

The USFSPA was enacted 27 years ago; the result of Congressional maneuvering that denied the opposition an opportunity to express its position in open public hearings. The last hearing, in 1999, was conducted by the House Veterans' Affairs Committee rather than the Armed Services Committee which has oversight authority for amending the USFSPA.

Few provisions of the USFSPA protect the rights of the service member, and none are enforceable by the Department of Justice or DoD. If a State court violates the right of the service member under the provisions of USFSPA, the Solicitor General will make no move to reverse the error. Why? Because the Act fails to have the enforceable language required for Justice or the Defense Department to react. The only recourse is for the service member to appeal to the court, which in many cases gives that court jurisdiction over the member. Another infraction is committed by some State courts awarding a percentage of veterans' compensation to ex-spouses, a clear violation of U. S. law; yet, the Federal government does nothing to stop this transgression.

There are other provisions that weigh heavily in favor of former spouses. For example, when a divorce is granted and the former spouse is awarded a percentage of the service member's retired pay, the amount should be based on the member's pay grade at the time of the divorce and not at a higher grade that may be held upon retirement. Additionally, Congress should review other provisions considered inequitable or inconsistent with former spouses' laws affecting other Federal employees with an eye toward amending the Act.

CONCLUSION

Distinguished Chairmen. In closing, allow me to again 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 Legislative Team stands ready to meet with you, other members of the Committees or their staffs at any time, to work together to improve benefits for all veterans.