

STATEMENT BY
THE ASSOCIATION OF THE UNITED STATES ARMY

SUBMITTED FOR THE RECORD TO
COMMITTEES ON VETERANS' AFFAIRS

United States Senate
United States House of Representatives

115TH CONGRESS

Joint Hearing

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The Association of the United States Army has not received any federal grants or contracts relevant to the subject matter of this testimony during the current or previous two fiscal years.

Messrs. Chairmen and Members of the Committees:

Thank you for the opportunity to present the views of the Association of the United States Army (AUSA) concerning veterans' issues. Both in personal testimony and through submissions for the record there exists a long-standing relationship between AUSA and the Senate and House Committees on Veterans' Affairs. We are honored to express our views on behalf of our members and America's veterans.

The Association of the United States Army is a diverse organization of committed members – Regular Army, Army Reserve, Army National Guard, Department of the Army civilians, retirees, veterans and family members. An overwhelming number of our members are eligible for veterans' benefits of some type as an earned benefit for their service.

Health Care

No promise is as important as the nation's sacred promise to properly care for every man and every woman who has selflessly served to defend our freedom and security around the world. Over the last few years, America has taken a hard look at how we care for our injured and ill veterans and the discoveries have, at times, been painful. But, by working together, great improvements have been made. There is still much work to do.

AUSA is grateful for the significant increase in resources and appropriations, as well as the advanced appropriations process, provided by the Congress for veterans' health care. We urge Congress to continue to sustain the current levels of funding.

In response to well-documented reports on failures by the VA to deliver quality and timely health care, Congress quickly passed the Veterans' Access Choice and Accountability Act which offered veterans more health care options than they previously had. However, in implementation, it was a temporary fix which was plagued by poor coordination, access problems and payment delays.

The Choice program will expire later this year. Although it is unclear what will replace the program, Congress and the VA now have the opportunity to implement real changes to the VA health care system by adapting to the evolving veteran community and working to meet their needs. Merely patching the current system would be a waste of time and effort.

AUSA believes that the VA should put veterans first by allowing them to get the best possible health care and services regardless of the source. In that regard, we are encouraged by plans outlined by the new Secretary of Veterans' Affairs, Dr. David Shulkin to improve the VA's health care delivery system. Shulkin's plan would change the VA from being a direct-care provider to one that integrates the best capabilities of the VA system with public and private health care providers in the community. His "whole-health" model of care will result in better access and broader capabilities than simply relying on the VA's internal capabilities and current infrastructure.

Those who care for injured and ill veterans must also be considered. Congress must ensure full implementation of all caregiver laws. Also, the VA Caregivers Act must be extended to full-time caregivers of catastrophically-disabled veterans of conflicts before September 11, 2001.

Mental health care access remains a significant problem for the veteran community. We encourage Congress to continue to support and fund programs to expand and improve care. Behavioral health staff and outreach must be increased to address the alarming suicide rates among veterans.

Timely and accurate disability ratings are the key to a veteran's seamless transition from military service into civilian life. AUSA recognizes that progress is being made in reducing the unacceptably high numbers of backlogged disability claims. We applaud the recent passage of legislation that temporarily expands the U.S. Court of Appeals for Veterans Claims from seven to nine judges to help address the large backlog of veterans' appeals.

We also support initiatives to upgrade the claims processing system such as accepting private medical evidence when processing disability compensation claims and investing in much needed upgrades in software and hardware.

Much more needs to be done to ensure that returning combat veterans, as well as all other service men and women who complete their term of service or retire from service, receive timely access to VA benefits and services. This issue encompasses developing and deploying an interoperable, bi-directional and standards-based electronic medical record; a "one-stop" separation physical supported by an electronic separation document (DD-214); benefits determination before discharge; and sharing of information on occupational exposures from military operations and related initiatives.

AUSA strongly supports preservation of dual eligibility of uniformed service retirees for VA and DOD healthcare systems. We applaud Congress' opposition to "forced choice" in the past and encourage you to hold the line in the future.

AUSA remains opposed to the imposition of an annual deductible on veterans already enrolled in VA health care and any increase in the co-payment charged to many veterans for prescription drugs. AUSA urges Congress to continue to oppose such fees.

Veterans Education

AUSA has long endorsed a 21st century GI Bill that is built on the principles of simplicity, equity and adequate reimbursement of the cost of education/training. AUSA believes there should be a unified architecture for all GI Bill programs for Regular, Guard and Reserve components under the principle of awarding benefits according to the length and type of duty performed.

AUSA strongly encourages Congress to raise education benefits for National Guard and Reserve service members under Chapter 1606 of Title 10. For years, these benefits have only been adjusted for inflation. Currently, Reserve GI Bill benefits have fallen to less than 21 percent of the Regular Army benchmark giving them much less value as a recruiting and retention incentive. This sends a signal to Reserve Component personnel that their service is undervalued. Further, a transfer of the Reserve MGIB-Select Reserve authority from Title 10 to Title 38 will permit proportional benefit adjustments in the future.

AUSA remains concerned about current and future unemployment of veterans. Consequently, we believe additional full time counseling staff is needed for the Vocational Rehabilitation and Employment (VRE) program to support the rising number of disabled veterans. Additionally, AUSA supports establishing a cost of living stipend for VRE participants in order to provide them with the resources they need to successfully complete the training program.

Veteran Homelessness

AUSA applauds continued efforts to reduce and eliminate veteran homelessness. We are pleased by the 2016 announcement by the Housing and Urban Development and Veterans' Affairs departments that the number of veterans experiencing homelessness had been decreased by 47 percent since 2010. However, we recognize that there is still much work to be done particularly with efforts to combat homelessness among female veterans and their children.

Conclusion

The committees safeguard the treatment of America's veterans on behalf of the nation. As you make your decisions, please do not forget the commitment made to America's veterans when they accepted the challenges and answered the nation's call to serve.

Thank you for the opportunity to submit testimony on behalf of the members of the Association of the United States Army, their families, and today's soldiers who are tomorrow's veterans.