



**STATEMENT  
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**FOR THE  
JOINT HOUSE-SENATE COMMITTEES ON VETERANS  
AFFAIRS**

**FY 2005 VETERANS ADMINISTRATION  
BUDGET PRIORITIES**

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COMMITTEE  
CURRICULUM VITAE**

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



Mr. Chairman and distinguished members of the House and Senate Veterans' Affairs Committees, thank you for this opportunity to present this association's views on the Fiscal Year 2005 priorities for the Department of Veterans' Affairs (VA). In this statement, I will comment on some of the concerns we receive from our members in letters, phone calls, and during field visits. AFSA and its 135,000 members represent those who are currently serving, those veterans who have reached retirement, and those who have simply separated--in all components of the Air Force.

Even before this nation was created, young men and women responded to our most important constitutional responsibility--the defense of the country. They are America's veterans. Today, another generation of the nation's finest defends our interests in Iraq, Afghanistan, and nearly 130 other countries around the world.

America reaps the fruit of the service and sacrifice of 26 million veterans. However, their willingness to serve imposes upon our citizenry a reciprocal obligation: to honor them, to provide them with decent pay and benefits, to care for them if they are wounded, and to care for their families if the military member is killed or seriously disabled. No budget balancing or subordinated funding priorities should make this government renege on that obligation.

How a nation fulfills its obligation to those who serve reflects the greatness of this country. How we treat them also influences our ability to recruit future servicemembers since a significant percentage of those wearing the uniform today were once members of military families. They watched to see how their moms and dads were treated as they put their lives on the line for America. And that trend continues. People observe how the servicemember is taken care of during service and after they have served. Simply speaking, if we want to keep good people in the military, it is important that our country live up to the commitments made to our veterans--the role models for today's force and tomorrow's.

Your committees have always served in a singularly nonpartisan way on behalf of this nation in viewing America's veterans as a vital national resource rather than as a financial burden. As you deliberate on the needs of America's veterans, this association is gratified to play a role in the process. We believe this nation's response for service should be based on certain principles. This association urges these committees to use the following as a guide during your deliberations. These imperatives provide an underlying foundation to make decisions affecting this nation's veterans.

## **GUIDING PRINCIPLES**

### **1. VETERANS HAVE EARNED A SOLID TRANSITION BACK INTO SOCIETY.**

This country owes its veterans dignified, transitional, recovery assistance. This help should not be based on rank or status, but simply because they served in the most lethal of professions.

**2. MOST VETERANS ARE LOWER-PAID ENLISTED MEMBERS.** Enlisted veterans served with lower pay, generally re-entered the civilian populace with non-transferable military skills, probably had relatively little civilian education, and most likely served in skills that are less marketable. Certainly, “a vet is a vet,” but for enlisted veterans, we must factor in their unique circumstances.

**3. DECISIONS ON VETERANS’ FUNDING PRIMARILY SHOULD BE BASED ON MERIT--NOT COST.** Funding for military veterans must, of course, be based on fiscal reality. However, Congress and, in turn, the VA must never make determinations simply because “the money is just not there” or because there are now “too many” veterans. Funding for veterans programs should be viewed as a ““must pay”” situation.

**4. REMEMBER RESERVISTS ARE FULL-FLEDGED VETERANS.** In Iraq, Afghanistan, and around the world, reserve component members are valiantly serving, ready to sacrifice their lives if necessary. Record numbers, nearly 350,000 to date, have been called up to support operations since September 11, 2001. By spring of this year, nearly 40 percent of U.S. forces serving in Iraq will be guardsmen and reservists. Without question, enlisted guardsmen and reservists are full-time players as part of the “Total Force.” Any differences between reserve component members and the full-time force, in terms of VA programs or availability of services, need to be critically examined and, where appropriate, systematically erased.

**5. THE VA MUST OPENLY ASSUME THE RESPONSIBILITY FOR TREATMENT FOR THE MALADIES OF WAR.** *The VA focus on health care conditions caused by battle should be on presumption and correction, not on initial refutation, delay and denial.* It is important that the decision to send troops into harms way also involves an *absolute commitment to care for any malady that may have resulted from that service.* Many veterans call and write to this association about our government’s denial, waffling, then reluctant recognition of illnesses caused by conditions during past conflicts. We applaud recent VA decisions that show a greater willingness to judge in favor of the service member. We ask these committees to reinforce a commitment to unconditional care after service.

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This statement will focus on three main areas: education, health care, and general issues

that we hope you will consider as you deliberate the FY 2005 VA budget and policies.

## **EDUCATION PROGRAMS**

In recent years, these committees have done a good job of increasing the value of the MGIB. As a member of the Partnership for Veterans' Education, we continue to ask that you transform the program to something similar to the post-WW II G.I. Bill. We ask these committees to *work toward funding a program that pays for books, tuition, and fees, and that the benefit be annually indexed to reflect the actual costs of education.*

Also, when young men and women opt for military service, they should know that this "company" will provide them with a no-cost, complete education, as do numerous companies in the private industry. But our government does not do this in the way that it should. It gives them a one-time chance to enroll in the MGIB during basic training, it charges them \$1,200 to enroll (at a time when they can least afford it), it limits the use of the benefit (rather than allowing them to spend it on all educational expenses), and it imposes a benefit-termination clock that starts ticking when the service member separates from military duty. All of these are viewed by airmen, and sailors, and soldiers, and Marines as governmental efforts to discourage enrollment and participation in the MGIB. These aspects of the education "benefit" speak volumes about the government's view of its obligation to those who serve.

Despite the extremely commendable, recent value increases in the MGIB (which, in October 2003, increased to \$985 per month for 36 month), more needs to be done. If this nation is going to have an effective, beneficial military educational, program it should mirror the comprehensive ones provided by civilian industry. Recent studies show that the average costs for colleges and universities are approximately \$1,470—a figure that reflects the cost of books, tuition, and fees at the average college or university for a commuter student. That means that despite the recent increases in the MGIB, it will only cover about 63 percent of the average cost of a four-year public college or university for academic year 2003-2004. Next year, a veteran can expect to pay on average about \$1690 per month for full-time study at a four-year public college or university (according to Dept. of Education data). Without automatic indexing for inflation, MGIB purchasing power continues to erode, thereby negating the previous hard work of these two committees. We ask that you look toward further increases in the program. We ask this committee to legally index the MGIB benefit to increases in "educational" inflation

**THE NEED FOR AN MGIB OPEN ENROLLMENT OPPORTUNITY.** Without

question, the greatest need cited by our members is to provide a second chance for those who turned down their initial opportunity to enroll in either the Veterans Educational Assistance Program (VEAP) or the MGIB. *VEAP was a relatively insufficient, two-for-one matching program, that was poorly advertised, incorrectly counseled, and often discouraged by counselors because “something better” was coming along. Unfortunately, those who turned down VEAP were never allowed to convert to the MGIB.* There are nearly 77,000 military members still serving who declined their one opportunity to enroll in the VEAP—27,000 in the Air Force alone. Although many have already separated or retired, by July 1, 2004, all VEAP-era personnel will be eligible to retire from military service. These senior noncommissioned officers now face retirement without a transitional educational benefit. *Time is running out for Congress to provide these deserving individuals an enrollment opportunity.* Earlier this month you heard testimony from senior enlisted leaders indicating their support for an enrollment window. We concur with their recommendation and urge these committees to act quickly before it is too late.

Since the end of the VEAP program, tens of thousands more have declined enrollment in the MGIB. Most did so because they were (and still are) given a one-time, irrevocable enrollment opportunity at basic military training when many simply could not afford to give up \$100 per month for the first 12 months of their career. In fact, in the Air Force alone, there are now over 50,000 on duty who came in during the MGIB era but who declined to enroll in the MGIB. Hundreds communicate with us that they want a second chance to get into the MGIB, now that they can afford to do so. This is particularly a serious problem among enlisted members—those who generally enter military service without a college degree and with prospects of relatively little income. As we said earlier, thanks to the fine work of these committees, the MGIB value has been significantly increased each year for the past few years. Although more work needs to be done, the benefit is now a comparatively “lucrative” benefit—a far cry from that which most VEAP and MGIB non-enrollees turned down. *For that reason alone, fairness would dictate an enrollment opportunity for any military member not currently enrolled in the MGIB.* They have made freedom possible during their service; now let’s say “Thank You” to them!

**ELIMINATE THE \$1,200 MGIB ENROLLMENT FEE.** The Montgomery GI Bill is the only financial program in America that requires a student to pay \$1,200 (by payroll deduction when they are first employed in military service) in order to establish eligibility. *The \$1,200 fee amounts to little more than a tax penalty on a benefit that must be paid before it is received. Sadly, this fee causes many young servicemembers to decline enrollment* simply because they are given a one-time, irrevocable decision when they are making the least pay and under the pressure of initial training. Those who decline enrollment—many due to financial necessity—do not have a second chance to

enroll in the program. This is probably the biggest complaint we get from the lowest-ranking airmen. *They feel that, in a sense, it is a “dirty trick” to offer such an important program only when it is clearly a financial burden for them to enroll in the program.* Further, it sends a very poor message to those who enter service expecting a world-class educational benefit.

*We believe that a good case could be made to show that eliminating the fee will not be as expensive as estimated since the administration of the fee (tracking and collection) most likely costs as much, if not more than the fee itself.* To our knowledge, this has never been investigated, and we encourage these committees to investigate this matter further. H.R. 1212, H.R. 1713, and S. 177 all contain provisions which would repeal the \$1,200 fee. We ask that you exercise your oversight role and eliminate this unfair charge on educational benefits.

**ALLOW MILITARY MEMBERS TO ENROLL IN THE MGIB LATER DURING THEIR CAREERS THAN AT BASIC TRAINING.** As we explained above, the one-time opportunity at Basic Training is a problem. Of course, *abolishing the \$1,200 fee would eliminate the non-enrollment problem while simultaneously reintroducing some honesty into the recruitment promises made concerning educational benefits.* This would alleviate the need for young recruits to make a monumental financial decision under the pressure of Basic Military Training when they are making very little money. Another option would be to allow them to enroll at any time during their first or subsequent enlistments. H.R. 3041, which was introduced by the House Veterans Affairs Committee member Representative Michael Bilirakis allows individuals to make an election to participate in the MGIB at any time during the first two years of service. AFSA strongly supports this important piece of legislation which would be a great step forward.

**EXTEND OR ELIMINATE THE TEN-YEAR BENEFIT LOSS CLOCK.** Once a MGIB enrollee separates or retires, they have ten years to use their benefit or they lose any unused portion. Transitioning from a military career to civilian life requires a period of readjustment and satisfying survival needs—especially for enlisted members. These include relocation, job and house hunting, and family arrangements, just to name a few. For many, using their earned educational benefit (for which they paid \$1,200), must be delayed a few years. Or the education must be pursued piecemeal, a class at a time, due to conflicting work and family obligations. However, the clock is ticking as the government prepares to take the benefit away. *We urge you to extend that ten-year clock to 20 years, or repeal the “benefit-loss” provision altogether.* The benefit program has been earned, the federal mechanism that tracks the program is not earmarked to go away, and extending the 10-year benefit loss clock would have negligible cost

implications.

**“PORTABILITY” OF MGIB TO FAMILY MEMBERS.** “Critical skills” portability for family members was signed into law in the FY2002 NDAA. However, only a very small percentage of personnel were ever provided this opportunity since the service secretaries get to determine just what “critical” means. For example, in the Air Force, less than 500 personnel in a dozen Career fields were provided this opportunity despite the fact that over 60 career fields are considered critical enough to require Selective Reenlistment Bonuses. The vast majority of MGIB enrollees, many of whom have been told their jobs are “critical,” find it unfair that they have not also been afforded this opportunity. *As an issue of fairness, we urge that the portability feature be extended to all MGIB enrollees.*

Portability would be an important career incentive for the vast majority of military members and, if we are wise, a good retention tool across the board. For *enlisted members*, in particular, it could mean the ability to offer greater educational opportunities to their children. *A career-promoting alternative would be to offer the option to transfer (at least a portion of) the benefit to family members once the individual has served 12 to 15 years.* This would make the option available in time to help send their kids to college, and it would serve as an incentive to stay in the service. Please work to extend the “portability” option across the board to all military enrollees (enlisted ones in particular).

**ALLOW NEW MILITARY MEMBERS TO USE THEIR MGIB BENEFIT TO PAY OFF OUTSTANDING STUDENT LOANS.** A large number of high school graduates have to take out loans to pay for college. Of course, not all of them complete college. Many enlist in the military. *We believe these servicemembers should have the ability to use MGIB benefits for pre-service college debt repayment and that this would be an excellent recruiting tool.* The government could arrange the MGIB so that if a member is given the ability to pay for their student loans, it would cost them a proportional part of their overall MGIB benefit.

Patriotism notwithstanding, getting and holding the right number of service members takes skill, effort, and the proper incentives to do so. High among the list of incentives for military service is the MGIB--a program that has proven so very effective in reintegrating veterans into civilian life. Thanks to the hard work of these committees, the value of the MGIB has increased significantly in recent years. Nonetheless, a stronger MGIB is necessary to provide the nation with the caliber of individuals needed in today’s Armed Forces. We hope you will continue working toward that end.

## MEDICAL CARE

The health care system administered by the Veterans Administration impacts, in one way or another, all of those who served. I wish to briefly touch on some issues that have been reflected in the many letters and phone calls that AFSA has received from the field. As a general rule, we tend to hear most loudly (and frequently) from those who are not happy with the adjudication of their claims or the treatment they have received. I am not going to go into isolated problems, because anecdotal information is just that. Rather, I want to briefly touch, instead, on some specific health-related situations that we feel need to be addressed.

**CURRENT STATE OF VA HEALTHCARE.** The VA health care system remains in a state of crisis due in part to chronic under-funding. For several years now, the VA health-care system has been operating under insufficient budgets and budget-reducing initiatives. Despite recent increases in VA appropriations, the budget shortfall is so significant that it imperils the health and benefits of millions of veterans. The demand for VA health care continues to exceed the available capacity to deliver care. A temporary VA policy (now in its second year) to deny access to Priority Group 8 veterans enabled the VA to reduce waiting times in high-demand areas. However, we continue to hear stories of veterans with serious medical conditions having to wait up to six months or more to see a specialist. Delayed care means denied care and without a significant infusion of additional funding, this situation will continue to exist.

**RENEWED COMMITMENT NEEDED.** *The pervading feeling among veterans is that the Administration's approach to providing adequate service to veterans is to shrink the number of patients by excluding increasing classes of veterans.* In other words, rather than funding for increased needs, they redefine their clientele by adding an increasing number of "Priority" groups, raise co-pays, and charge fees for use. The VA's "temporary" moratorium on Priority Group 8 enrollment has seemingly assumed a "permanent" status. Once again, the Administration's Fiscal Year 2005 Budget proposal calls for a usage fee to be applied towards Priority Group 7 and 8 veterans. The only difference from last year's proposal is the name has been changed to "user fee." No matter what you call it, AFSA feels this is unacceptable and urges Congress to reject it in similar fashion to last year's proposed \$250 "enrollment fee." The Administration's FY '05 budget request would increase the income threshold \$9,894 to \$16,509 for certain Priority Group 2 through Priority Group 5 veterans. This commendable action reduces pharmacy co-payments for veterans struggling to meet the sky-rocketing cost of health care. *However, the Administration's plan to raise co-pays from \$7 to \$15 for Priority Group 7 and 8 Veterans should be summarily denied.* The young men and women currently serving should not have to question the nation's commitment to care for them in the event they are injured in battle. As war continues to rage in Iraq and Afghanistan, we urge Congress to act quickly and send a resounding message to fulfill the promises made to America's veterans by a "grateful nation."

**RETURN VA FOCUS ON THE WELFARE OF THE VETERAN.** AFSA is especially pleased with provisions in the FY 2005 budget proposal to allow the VA to pay for emergency room care at non-VA facilities. This will prevent delays in treating life-threatening conditions, thereby saving the lives of veterans who do not reside in close proximity of a VA medical facility. This is an excellent example of how the VA can save money while simultaneously enhancing the care provided to the veteran! Sadly, it is one of just a few similar initiatives included this year's plan. We understand the VA's intent is to save money by reducing its expenses. However, we caution the VA that these reductions must not be the overriding target. The end goal must be full care and treatment of veterans. Participation in other avenues of revenue generation tends to steer focus toward a bottom line and away from the welfare of the patient. The "bottom line" in this system should always be the welfare of the veteran--period! AFSA believes there must be mandated access to VA health care for all veterans. All honorably discharged veterans must have the full continuum of care as mandated by law. This provision of care should especially apply to career veterans-- military retirees.

**SUPPORT VA SUBVENTION.** With more than 40 percent of veterans eligible for Medicare, VA-Medicare subvention is a very promising venture. It may even enhance some older veterans' access to VA health care, and we offer full support for this effort. The VA has an infra-structural network to handle this, and we anticipate the effort would be successful. Under this plan, Medicare would reimburse the VA for care the VA provides to non-disabled Medicare-eligible veterans at VA medical facilities. Here is an opportunity to ensure that those who served are not lumped in with all those who have not, and will no doubt save taxpayer dollars by potentially reducing an overlap in spending by Medicare and the VA for the same services.

**MEDICARE PLUS CHOICE PLAN:** In January 2003, the VA announced their intent to establish a Medicare Plus Choice Plan for certain Medicare-eligible Priority Group 8 veterans. This program was intended to cover the Priority Group 8 veterans who would be denied VA healthcare as a result of the moratorium on their enrollment. To date, the program has yet to materialize despite assurances it would be available in the fall of 2003. Recently, VA officials indicated the program *may* be offered in the fall of this year. Here again is an example of "delayed care means care denied," and we urge these committees to help expedite implementation of this program. Additionally, if VA must meet Medicare access standards for those who agree to participate in the VA Plus Choice Plan, it should also establish Medicare access standards for all enrolled veterans. In the absence of nothing else, AFSA can support the VA Plus Choice Plan. However, we call on Congress to provide the funding necessary to ensure Medicare access standards are met for all enrolled veterans.

**SUPPORT JUDICIOUS VA-DoD SHARING ARRANGEMENTS.** We believe the enlisted force would be pleased with judicious use of VA-DoD sharing arrangements involving network inclusion in the DoD health care program, especially if it includes consolidating physicals at the time of separation. This decision alone represents a good, common sense approach that should eliminate problems of inconsistency, save time, and take care of veterans in a more timely manner. In that sense, these initiatives will actually save funding dollars. In a joint effort, DoD and VA have identified 60 potential sharing initiatives at the facility level. DoD has earmarked 20 of these projects as “priority” initiatives. Additionally, in response to a requirement in the FY 2003 National Defense Authorization Act, VA and DoD announced a series of eight demonstrations to test improving business collaboration in the participating health facilities late last year. AFSA supports these “tests” but recommends that the committee closely monitor the collaboration process to ensure these sharing projects actually improve access and quality of care for eligible beneficiaries. 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.

**EXPAND HEALTH CARE OPPORTUNITIES.** The VA health care system is viewed as needing significant improvement in terms of the quality of facilities and equipment, services offered, and patient treatment. In this sense, AFSA believes there needs to be a full national commitment toward facility improvement to expand health care opportunities for all veterans.

**ENSURE AVAILABILITY OF LONG-TERM CARE.** The administration’s FY05 budget proposal would provide institutional long-term care only for veterans with disability ratings of 70 percent or greater. We believe that is not enough—other serious need veterans must be accommodated in the VA system. The VA must be fully funded to provide for long-term care including nursing home care; care for chronically mentally ill veterans; and home care aid, support and services to *all* veterans who need it. This will only happen if adequate, earmarked, consistent funding is identified.

**CARE FOR WOMEN VETERANS.** We applaud the actions of this committee in recent years to directly address the issue of the unique health challenges faced by women veterans. The United States currently has about 1.6 million women veterans, most of whom have served in more recent years. About 60,000 female troops have been serving, or have already returned from Iraq and Afghanistan. As the changing demographics of the American military continue to increase the number of women veterans, the VA must

be funded to increasingly provide the resources and legal authority to care for women, including obstetric services and after-birth care for the mother and child.

## **GENERAL ISSUES**

**SPEEDIER CLAIMS PROCESSING.** For many veterans, care begins with the claims process. Recently, the Veterans Benefit Administration announced they had reached a steady state of 250,000 claims in progress. AFSA applauds the VA's substantial progress in reducing the unacceptably high numbers of backlogged disability claims. There have also been notable improvements in the average time to process an initial claim, now averaging less than 180 days. Despite these impressive improvements, more can be done. The key to sustained improvements in claims processing rests primarily on adequate funding to attract and retain a high-quality workforce of claims workers who are supported by full investment in information management and technology. We note that the Administration's FY 2005 Budget proposal slashes funding for nearly 540 employees needed to process disability and other benefit claims. This is unacceptable. Whereas improvements in technology and streamlined processes may justify these cuts in the future, to do so when thousands of veterans are awaiting decisions on pending claims would be extremely improper. Any reductions-in-force should not take place until the number of pending claims is reduced to an acceptable level.

**"SEAMLESS," TRANSFERABLE MEDICAL RECORDS.** The record numbers of veterans being generated by the wars in Afghanistan and Iraq underscore the importance of accelerating DoD and VA plans to seamlessly transfer medical information and records between the two federal departments. A lifetime service medical record could help veterans obtain early, accurate and fair VA disability ratings, and facilitate pre- and post-deployment research that will advance standards of care. Additional savings would be realized by preventing the "doubling" of diagnostic testing which currently occurs when VA runs similar testing (MRIs/X-rays, etc) to validate DoD findings. For years we have heard about this initiative, yet current predictions are the program will not be available for another two to three years. At an Oversight and Investigations Subcommittee hearing last November, it was pointed out that the technology already exists to accomplish the goal of a seamless record. We urge this committee to assume an oversight role and facilitate implementation of this important document as quickly as possible.

**HOMELESS VETERANS.** The VA estimates that more than 299,000 veterans are homeless on any given night; more than 500,000 experience homelessness over the course of a year. Unfortunately, changes made by the VA in recent years to reform itself

have left unattended some of the needs of its most vulnerable patients--the mentally ill and homeless. All veterans deserve the opportunity to secure income at a level sufficient necessary to obtain (and maintain) housing, food, health care and other basic human needs. In the past, your work acknowledged that many veterans are homeless as a result of paying a tremendous price for serving their nation. We encourage Congress to expend an extra effort to assist this group of citizens.

**LEGITIMATE, SINCERE VETERANS PREFERENCE.** In recent years, Congress has taken steps toward making “Veterans’ Preference” a reality. We continue to urge these committees to support any improvement that will put “teeth” into such programs so that those who have served have a “leg up” when transitioning back into the civilian workforce.

**SUPPORT OF SURVIVORS.** AFSA commends these committees for last year’s legislation year 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, making it consistent with all other federal survivor benefit programs. We also endorse the view that Congress intended for remarried spouses with military Survivor Benefit Plan (SBP) annuities to concurrently receive earned SBP benefits *and* DIC payments related to their sponsor’s service-connected death.

**PROTECT VA DISABILITY COMPENSATION:** Despite being clearly stated in law, veterans’ disability compensation has become easy prey for former spouses and lawyers seeking money. This, 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.” Additional legislation is needed to enforce the probation against court-ordered awards to third parties.

**INCLUDE THE GUARD AND RESERVE IN ALL VA PROGRAMS.** Those who serve in the Guard and Reserve deserve full veterans’ benefits--especially in light of the total dependence the American military now has on both the Guard and Reserve. Record numbers are being activated and deployed. More and more, they face the possibility of personal risk. The concept of “weekend warriors” is now an anachronism. This nation’s current war against terrorism and other worldwide commitments simply could not succeed without the participation of the Guard and Reserve. Our nation owes them a great deal, the least of which is provision of a full benefits package for their service. *AFSA urges this committee to call for an immediate study to result in full inclusion of the Guard and Reserve into the full range of VA benefits and programs.* While such a notion

would not be popular with those making decisions based on budgeting, the full inclusion of the Guard and the Reserve in VA programs would be the right thing to do.

**PROVIDE A WRITTEN GUARANTEE.** Many veterans are frustrated and disappointed because promises that were made during their careers are simply not being kept. Due to an assault on many veterans programs, we are often told *that servicemembers and veterans feel that the covenant between the nation and the military member is one-sided, with the military member/veteran always honoring his/her obligation, and hoping that the government does not renege on its.* We urge this committee to support a guarantee in writing of benefits to which veterans are legally entitled by virtue of their service. To refuse to do so is to say that this nation is not prepared to be honest with its servicemembers.

**VETERANS DISABILITY BENEFITS COMMISSION.** In the FY 2004 Defense Authorization Bill, Congress established a blue ribbon commission to carry out a study of the benefits provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service. AFSA stands ready to assist the Commission and participate in the debate with relevant information and data affecting the full spectrum of disabled veterans and their families and survivors. We recommend these committees to ensure that the Veterans' Disability Benefits Commission focus on the fundamental principles that have served as the foundation for both the DoD disability retirement system and VA disability compensation processes -- principles of fairness, due process, and the unique aspect that military service is "24/7." We support the review and revalidation of the process as an important step toward resolving the remaining concurrent receipt inequity

Mr. Chairman, in conclusion, 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 2005 budget. We realize that those charged as caretakers of the taxpayers' money must budget wisely and make decisions based on many factors. As tax dollars dwindle, the degree of difficulty deciding what can be addressed, and what cannot, grows significantly. However, AFSA contends that it is of paramount importance for a nation to provide quality health care and top-notch benefits in exchange for the devotion, sacrifice, and service of military members, particularly while the nation remains at war. We sincerely believe that the work the House and Senate Veterans' Affairs Committees do is among the most important done on the Hill. Year after year, these two committees have illustrated the value of non-political cooperation with *the full focus of your efforts on the well-being of those serving this nation.* On behalf of all AFSA members, we appreciate your efforts and, as always, are ready to support you in matters of mutual concern.