



TESTIMONY OF

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National President

Of

THE RETIRED ENLISTED ASSOCIATION

Before a

HEARING

Of the

HOUSE VETERANS AFFAIRS COMMITTEE

On

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DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Retired Enlisted Association does not currently receive, nor has it received during the current fiscal year or either of the two previous years any federal money for grants or contracts. All the Association's activities and services are accomplished completely free of any federal funding.

Mr. Chairman, Ranking Member Evans and members of the Committee : It is always an honor for The Retired Enlisted Association to testify about the needs and concerns of America's veterans and their families and survivors. It is a particular honor for me, the new National President of TREA, to testify before this Committee on what has happened in the last year and what we hope the future will bring.

The Retired Enlisted Association is a Veterans Service Organization founded over 40 years ago to represent the needs and points of view of enlisted men and women who have dedicated their careers to serving in all the branches of the United States Armed Services: active duty, National Guard and Reserves, as well as the members who are doing so today.

Today there are hundreds of thousands of enlisted men and women serving in war zones and dangerous locations throughout the world. While they protect our freedom abroad we at home embrace the duty to make sure that when they return they will find all the care and benefits they need and were promised. This includes health care and education and much more. The Nation also has a sacred duty to provide for the survivors of those who will not be coming back. Additionally, we have a duty never to forget those who protected us in past years and conflicts and to make sure that they are properly cared for and treated. It is an honor for TREA to be a part of the noble work that Congress, the VA and our brother and sister organizations do to make sure that these goals are reached.

A review of what has occurred this year in Congress, the Department of Veterans Affairs and elsewhere to provide help and support for our brave military (those "who has born the battle") and their families and survivors is a daunting task. To suggest what will be needed in the future is a very difficult but crucial job. Such an analysis should always be done with this guiding principle: are we doing what is right and what is sufficient to support all our citizens who presently or in the past risked everything to protect and

guarantee our freedom? And indeed the freedom of the entire world. Are our actions and programs sufficient? Mr. Chairman TREA is very grateful to be asked to participate in the early planning hearing of how we should accomplish this sacred trust the Nation has been given.

VA HEALTH CARE

When looking back at the past year the real surprise is the dog that did not bark. TREA's primary concern whenever we are privileged to appear before this Committee is to make sure that first rate and adequately funded healthcare is available for our Veterans. We were very pleased that this year the worries about adequate funding have been much less profound than in prior years. Initially we were relieved that the Department requested \$80.6 billion for its budget for FY07. This included \$34.3 billion for Health care. While it was far from all that was needed it was a reasonable starting point. We were very pleased when this Committee (and your counterpart in the Senate) rejected the Administration's proposals to increase the VA drug co-pays to \$15 and to create a \$250 yearly enrollment fee for those Veterans already in Categories 7 and 8. Not only did you once again reject this draconian proposal but you voted to replace the amount of money into the health care budget that the Department estimated these proposals would raise. Again TREA was very pleased and wishes to thank this Committee.

After looking back on this year we must now look forward towards what we hope next year will bring. If history is any guide we expect that next year the Department will once again proposed increases in co-pays and in all probability some sort of enrollment fees for Categories 7 and 8. TREA is well aware that members of this panel are in favor of such proposals but we are firmly opposed. The Veterans in VA Categories 7 and 8 are made up primarily with Veterans, including many Military Retirees, who are elderly and living on fixed incomes. They have come to depend on the VA for affordable and first class health care. Some members of Congress may wish that they did not create this program. But you did and now numerous elderly heroes rely and depend on it. It is believed by some that a large enrollment fee will persuade enrollees in Categories in 7 and 8 to drop their membership. We have heard the argument that some are not presently using the system but maintaining their enrollment in case they are in need in the future. But why should that be a worry if they are not presently using the VA they are not costing us anything. They are not placing a burden on the system. But if we impose an enrollment fee the demands may very well continue. At this time there are no access standards applying to 7 and 8 (like there are for Service Connected treatments and on the DOD side in TRICARE Prime). It is really functioning as a space available system. And the waiting times are improving. If a substantial fee was imposed we believe there would

be a huge push for the VA to comply with access standards. After all they would be paying for coverage and should be guaranteed some treatment. Rather than easing the pressures on the VA an enrollment fee would make the pressure of Categories 7 and 8 much worse.

TREA believes firmly that the VA must continue to focus on the health care that is being provided for all those veterans coming home from Iraq, Afghanistan and that sufficient planning, coordination and money must be provided to guarantee the best care in the world for our veterans from both the VA and DOD. The VSOs and this Committee and your staffs have spoken together numerous times about the need to have a seamless transition from DOD to the VA.(please see below) This coordination is clearly crucial to provide for our heroes' needs as well as for our planning. TREA hopes and expects that this Committee will carefully oversee the future funding levels and coordination of care many crucial programs. One of the important programs for our returning veterans that is rarely talked about is the 2 year qualification for healthcare that all returning veterans from Iraq and Afghanistan are entitled to have at the VA. It is a very good idea. It provides all our veterans the care they may need today as they return to the civilian world as well as giving the federal government the chance to keep an eye on any illnesses or medical conditions that may unexpectedly develop in the future.(If handled correctly it may provide protection from being surprised by another Agent Orange medical effect.) However this program puts a large new burden on the VA and DOD should make sure that the service members have essential care prior to their separation. We have heard from members from both sides of the aisle on this panel that DOD needs to focus on performing normal dental care rather than sending them back to the VA after separation. This delay is costly but more important can cause long term dental problems for our troops. TREA will urge DOD to handle such problems before service members separation.

In the coming year the VA should increase the number and size of the "politrauma centers" dealing with the large numbers of severely and multiple injured veterans who are returning home and looking to the VA for hope in their future lives. There are presently 4 of these centers but we may very well need more as the War on Terror continues. As TREA has said before it is clear that next year (and into the future) will see a substantial increase in the necessity of mental health services (both outpatient and in patient) for Veterans returning from the War There will also be a growing need in increase the programs that the VA has wisely created to provide counseling for the Veterans families.. And for older Veterans there will be growing need for nursing home care. We know that the VA may indeed think we will think about the nursing home problem later but they cannot delay. The demographics of many of our elderly veterans will not let them. While providing care for elderly veterans the VA should be allowed to do what all other

qualified American providers are allowed to do: collect from Medicare. These Veterans have paid for the Medicare coverage throughout their careers. The VA should be allowed to become a Medicare provider and collect appropriate fees. We hope that next year will be the time when this may finally happen.

TREA is concerned that the budgetary calculations have not been sufficiently increased. We hope this Committee will again exercise its oversight function to make sure as the next year goes on that sufficient funds have been requested and will be obtained. There have been real improvements in the past year on all these issues. However we all realize that more needs to be done. Next year it is of course again critical that the VA's healthcare service is fully funded. It is also crucial that this full funding is predictable so the VA can truly make sensible long term plans rather than living from year to year's budget with no ability to predict the next several year's finances.

TREA urges this Committee to exercise your oversight to make sure that VA's crucial healthcare programs continue to be adequately funded throughout the next budgetary year.

TREA urges the Committee members to support legislation to allow the VA to become a Medicare provider.

DOD-VA COLLABORATION/SEAMLESS TRANSITION

As stated above, TREA is concerned that we still have not created a seamless transition for our troops going from DOD to the VA. It should not be a surprise that a member's status is going to change, at some point, from a member of the military to that of a Veteran. This is another area where this Committee's oversight function is critical. For years Mr. Chairman you have pushed for IT that would speak from DOD to the VA. We need to know whether the much praised VA electronic health record program will be able to speak to DOD's new ALHTA electronic health record program. We need to know when both Departments will be able to create an electronic health care record that all TRICARE and VA health care patients can carry with them wherever they are throughout the world for their entire lives. (and not place paper medical files on the stretchers with injured service members being evacuated out of war zones as is **still** going on today.) We need to know when will DOD and the VA be able to stand up throughout the country a single separation exam? This would be a boon to the Veteran, and both the VA and DOD. And it should help the VA in improving the speed and accuracy of determining VA claims. Years have gone by and only partial implementation has occurred. Now is the

time Congress should insist that the Government improve the hand off from DOD to the VA for the future.

TREA hopes your Committee will continue to monitor the progress in this crucial area.

IT SECURITY

At the beginning of the year TREA had no idea that one of our main, indeed overwhelming, concerns for the VA would be its IT Security. TREA is well aware that the Chairman and this Committee has been worried for the last several years about the VA's IT failures but we did not expect to have its shortcomings be demonstrated in such a dramatic fashion. (To be fair it is clear that the VA is not the lone Department and Agency within the federal government to have these holes and failings.) For years members of this Committee have urged the two Departments to create a system that will speak to each. The Chairman has called on the VA to upgrade its information security TREA hopes and expects that by the end of this session of Congress the bill passed in a dramatically bi-partisan manner to improve information security at the VA will become law.

TREA calls on Congress to pass and the President to sign HR5835 It also urges this Committee to continue, as it has done for years, to oversee the needed improvements in this area.

VA CLAIMS BACKLOG AND IMPROVEMENT

This is a perennial concern and worry. Indeed if we had to predict what will be the most serious problem facing the VA in 2007 TREA believes that it will be the continuing claims backlog. With all the best efforts and motives in the world the VA disability claims backlog has not improved. According to the Department of Veteran Affairs submission in 2005 it took 167 days to process a claim as compared to 166 days in 2004. In 2005 the number of filed claims increased to 788,298 up from 771,115 in the year The VA stated that they expected a 3% increase in filings to 811,947 this year. (with an additional approximate 100,000 cases resulting from the new outreach program created in the FY06 Appropriation Act.) This means that the average case is taking almost half a year. Furthermore as the cases become more complicated from injuries returning from Iraq and Afghanistan the delays may grow even larger. This is just too long. Desperate people are anxiously waiting so they can know how they can move on with their lives. The decisions are slow in coming and often wrong. There has not been the consistency of outcomes throughout the Country that is essential for any fair judicial system. The VA must improve the quality and consistency of internal training of its decision makers

throughout the nation. The VA, as directed by Congress, has started to deal with this problem by going to 6 states where VA disability payments are inexplicably low attempting an outreach to Veterans who may deserve help. However the need for such a program shows how inconsistent the VA programs are administered throughout the country. More work needs to be done to correct this problem. The VA should also increase the number of people handling these cases. TREA is sure that all members of this Committee are extremely concerned about this continuing back log and inconsistency of decision making. Hopefully, correcting this problem will remain a top priority of the VA.

TREA urges Congress and most particularly this Committee to focus on requiring systemic improvements to the adjudication system. Changes must be made to improve the speed, accuracy and consistency of the fact finding.

IMPROVEMENTS IN THE MONTGOMERY GI BILL (MGIB)

Again when speaking on what happened this year TREA had hoped that there would be more movement to improve the Montgomery GI Bill for both Veterans from the Active Duty and those from the National Guard and Reserve. The Montgomery GI Bill is one of the most important benefits that this Nation provides to all our Veterans. It serves as a crucial recruiting tool and as a way for patriotic, disciplined and intelligent men and women to move up in the civilian world. However, with all its virtues the MGIB has structural flaws that should be changed. The Active Duty MGIB is sensibly under Title 38, Veterans Benefits and under this Committee's authority. However, Selected Reserve Programs are still under Title 10, the Armed Forces Code. Your many improvements to the Montgomery GI Bill have not been reflected in the Selected Reserve Program. With the massive call ups of the Guard and Reserve and the future outlook that this will not change it is time to properly coordinate the two programs. TREA feels strongly that it is time, for the long term good of the program that the SR MGIB should be placed under Title 38 and the jurisdiction of **this** Committee. Needed modifications and improvements could then be made in tandem in both programs. These include increasing the monetary benefit (as you have for the Active Duty plan) and allowing Guard and Reserve members to be allowed to continue using their benefits after they leave the Guard and Reserves. Since 9/11 the role the Guard and Reserve plays in our National Defense has changed dramatically

Additionally, with the increased pace of call ups and our increasing reliance on the Guard and Reserve (a reliance that TREA doubts will change in the foreseeable future) the benefit itself should be readjusted and increased. With your focus on the whole program this is the Committee with both the focus and the expertise necessary to properly coordinate the two programs.

When looking at the Active Duty program TREA, along with our fellow members of the Partnership for Veterans Education, has called for the Montgomery GI Bill to cover the average costs of a four year education at a State University. When hundreds of thousand of members of the military are stationed throughout the world fighting the War on Terror this would show our gratitude as a Nation and would make a huge improvements in these Service members' lives when they return home. It would also be a wonderful recruitment tool at this difficult time. The original GI Bill after World War II transformed the Nation. This change would also improve the future for the entire Nation, not just the Service members and their families who it will directly help. We also urge this Committee to broaden the types of education programs that can be paid for by the MGIB. This is a new world this is a new world where a great deal of critical higher education is presented in non-four year degree programs. These changes would reflect the changes in America's changing Education System.

TREA urges this Committee to attempt to move the SR Montgomery GI Bill under its jurisdiction in Title 38.

TREA urges that the SR MGIB benefit be readjusted to both reflect the improvements in the Active Duty MGIB program and to reflect the added duties and burdens that are being placed on the Reserve Components.

TREA urges this Committee to move toward having the Active Duty Montgomery GI Bill cover the costs of a four (4) year Public University education.

SURVIVORS BENEFITS

Everyday during this war on terror, wives, husbands, children, and more and more often parents are becoming survivors of our service members. We are losing members of the military every day. (Indeed even in peace time we lose an average of 1,500 Service members a year on active duty. The military is always a very dangerous avocation.) As Lincoln memorably told us in his Second Inaugural Address we, as a Nation, have a duty to take care of his "widow and orphan." In the last few years we have made great improvements in the benefits and help we provide for the families we are losing in the present war. We wish to thank Congress again for all these improvements. TREA is very grateful to all of Congress, and especially this Committee for last year's significant improvements in the SGLI coverage. When combined with the new \$100,000 death gratuity passed last year the families of those who recently "gave their full measure of devotion" for this Nation behind will be able to try to restart their lives without the extreme and immediate financial difficulties that they had to deal with in the past.

In the 109th session of Congress TREA along with many of our other Veterans Service and Military Service Organizations has worked very hard to abolish the Survivor Benefit Plan Dependency and Indemnity Compensation Program (SBP/DIC) Offset. (The program often referred to as the widow's concurrent receipt.) While writing this testimony we are not aware whether we have made any progress on this issue or not. We are well aware that the VA pays the full DIC amount to the surviving widow and thus any change to this program will have to go through the Committee on Armed Services. It has been passed by the Senate but not the House. We hope that you can support the Senate's position on this issue in the next couple of weeks and finally end this unfair practice.

The Senate's version of the NDAA also moves up the paid up provisions for SBP. This would help elderly couples who have paid into SBP for at least 30 years and whose service member is at least 70 years old. These couples are clearly members of "our greatest generation. It is not expensive, is not an ongoing cost and will make these couples much more comfortable for the next two years.

Both provisions would help survivors who have served our Nation faithfully but have not been touched by recent improvements this Congress has enacted.

Indeed we hope that this Committee looks at the need to Update the basis of programs and then index them for predictable future cost increases. Throughout the system programs have not been modernized to reflect present conditions. Mr. Filner's HR 2747 demonstrates how this type of failure harms those who have given so much The Disabled Life Insurance's premiums are based on actuarial charts from 1941. Happily life expectancies are dramatically improved so the premiums disabled veterans must pay are much higher than they should. TREA hopes that this needed fix can be made. This is just one example of why all the VA programs should be kept up to date.

Additionally we hope that you will all support the concept in the House encompassed in Representative Michael Bilirakis' HR 1462 and allow survivors to retain DIC if they remarry at the age of 55 or older. At this time the age for retention of DIC is 57. However the age to retain CHAMPVA upon remarriage is the normal federal program age of 55. The difference is because the two benefits were reinstated in different years and during different Congressional negotiations. There are no policy reasons for this awkward and unequal distinction and we hope that this year it can finally be corrected.

TREA urges Congress to finally end the SBP/DIC dollar for dollar offset and urges this Committee support an end to the offset, urges the Committee to support the passage of HR2747 and allow surviving spouses to retain their DIC if they remarry after reaching the age of 55.

MILITARY RETIREES AND THE VA

This Committee knows well that all Military Retirees are Veterans. The combination of their military retiree benefits and their Veterans benefits make it possible for them to achieve the quality of life they deserve in their retirement years. They have served their nation for at least 20 years. Many of these Military Retirees are daily patients in the VA Health Care system. It is already true that 30% of all enrollees in Categories 1-3 (Service Connected Disabilities) are Military Retirees. They have been found to have been wounded, injured or developed illnesses and conditions while serving their Country. But many other retirees have also lived the hard and wearing life of a career service member. But this health care needs that are caused by this life have not been acknowledged by the VA. They deserve and need to be able to get the expert care for their service connected conditions from the VA while receiving normal healthcare near their homes through DOD's healthcare programs. They deserve to be seen as a special category of patients. To place retirees in Category 3 would acknowledge the lifetime of service they have provided to the military and their special medical needs.

TREA urges Congress to place military retirees into Category 3 of the VA Health Care System.

CONCLUSION

The members of TREA are grateful for the opportunity to speak about what has happened this year, what we learned, what must be corrected and how we should walk towards next year. An overview of the bills passed in the last year would give the impression of a gentle year. But all of us know that this is not true. The last year has been dramatic for the VA and this Committee. Through luck (and good police work) it appears that the VA barely averted a disaster when the personal records of over 22 million veterans and members of the active duty were stolen with a lap top computer and hard drive. Additional security breaches have occurred and are being dealt with. Changes are being made but more changes in this area should be directed by Congress. There was more and more call on the VA to provide medical care and other services to veterans returning from the war, new needs for their families and survivors. Veterans and their families need and deserve all the benefits and services- healthcare, education and others- that the VA provides and that you oversee. During this critical time for our Nation it is crucial that the VA has the money and expertise that is necessary to accomplish its duty. TREA is sure that this dedicated Committee will strive to make sure that our veterans, whether young or old, and their families are provided that they receive the quality care and benefits services that we owe them for the dedicated service they have given to their Country.

Biography of Patrick W. Corbett
National President
The Retired Enlisted Association

Patrick Corbett enlisted in the US Marine Corp in 1957 and retired in 1980 as a Gunnery Sergeant. His 23 years of service included 2 tours of duty in Vietnam. After retiring from the USMC Mr. Corbett and his brother established and ran a home improvement company in Denver Colorado. On September 1, 2006 he was elected President of the Retired Enlisted Association. Before his recent election he had served as a Member of the Board of Directors of TREA; its Second Vice President and then First Vice President.

President Corbett is the father of 3 adult children and 4 grand children and lives in Dellafonte Pennsylvania.

