



*Serving America's Veterans with Disabilities,
Their Dependents and Survivors*

Written Testimony

of

VetsFirst

Submitted by

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Before the

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Regarding

VetsFirst's 2010 Public Policy and Legislative Priorities

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Chairman Akaka, Chairman Filner, Ranking Member Burr, Ranking Member Buyer, and other distinguished members of the committees, I appreciate the opportunity to submit for the record the 2010 public policy and legislative priorities for VetsFirst, which is a program of United Spinal Association.

United Spinal Association was founded in 1946 by a group of World War II veterans with spinal cord injuries. Today, United Spinal Association is not only a VA-recognized national veterans service organization, but is also a leader in advocacy for all people with disabilities. United Spinal Association, through its veterans services program, VetsFirst, maintains a nationwide network of veterans service representatives who provide representation for veterans, their dependents and survivors in their pursuit of VA benefits and health care before the VA and in the federal courts.

VetsFirst's 2010 public policy priorities work toward systemic changes that must be realized to allow veterans with disabilities to experience a greater sense of self-sufficiency and ensure their continued health and welfare. In order to accomplish these changes, VetsFirst has developed a robust public policy agenda to address five main areas of concern for veterans from all eras and their loved ones. These policies attempt to provide substantive solutions to remedy core deficiencies in the current VA health care and benefits systems.

Reforming the VA Claims System

Despite continued efforts to reduce the overwhelming backlog of VA claims and appeals, approximately one million veterans and other VA benefits claimants are currently enduring lingering waiting periods for final decisions on their claims for VA disability compensation and other vitally needed benefits. Since establishing entitlement to VA disability benefits is often the gateway into the VA health care system, these delays prevent veterans from receiving critical health care that could save their lives or prevent current disabilities from

worsening. Previous increases in funding and staffing levels for the Veterans Benefits Administration (VBA) have not been effective in reducing the backlog of claims and appeals. For example, between fiscal years 2000 and 2008, the average claims processing time did not decrease despite periodic increases in budgetary and staff resources.¹

Improved Claims Processing and Accountability

Successfully reforming the VA claims adjudication process will require fundamental, systemic changes in VBA's claims development and adjudication methods. Although VetsFirst believes that VBA must have adequate staffing resources, other changes are needed to significantly impact the claims process. For example, modifications must be made to ensure improved quality and increased staff and supervisory accountability.

The fiscal year 2002 reorganization of VBA into processing silos has hampered the ability of rating specialists and veteran service representatives to holistically review claims. Developing expertise around a particular function, such as development of the evidence, has not been successful in streamlining the claims process. The development of a claim is a lengthy process that could be streamlined with the input of a decision-maker. To ensure that claims are not overly developed, experienced rating specialists who are familiar with all of the procedural and substantive issues presented by the claim(s) should be involved in the initial claims processing.

Instead of specializing in a particular aspect of the process, it may be more effective to organize processing based on the service-connected disability for which benefits are being sought. With the need to consider complicated medical evidence to make claims determinations, the benefits of specialization may be realized by developing processing teams that focus on issues such as Traumatic Brain Injury or Post-Traumatic Stress Disorder and other mental health issues. Specifically, VetsFirst believes that specialized teams would be able to process claims more quickly and accurately based on their specialized training and experience with disabilities and claims adjudication in their specialty areas.

Claims could be screened upon receipt by an early intervention team that would review all incoming claims prior to assignment to the rating specialists. The early intervention team would be able to search out claims submissions that present an immediate opportunity to take dispositive action, rather than to assign the case to an adjudication team, which would significantly increase the waiting time on claims decisions that could be resolved at the beginning of the process. Examples of immediate, dispositive action include: disposing of claims that are legally impossible to grant (e.g., nonservice-connected pension claim for a veteran without wartime service), awarding benefits where the evidence is fully developed and the claim is ready to grant or rate; and separating issues that are ready for adjudication in multi-issue claims from issues that may require protracted development of the evidence. The Board of Veterans' Appeals uses an early intervention team model that may be of value in determining the best way to constitute an early intervention team for the VBA.

Last July, the VA began a pilot project at a VA regional office that follows a claims processing philosophy that is less fragmented than that used in the current system. In the pilot, one team handles all of the following processes: claims development, the ratings decision, and subsequent processing of the decision. In a report to the Senate Committee on Veterans' Affairs, the Government Accountability Office stated that the VA plans to review the pilot in May, but has not developed the criteria needed to determine if the pilot should be expanded.² VetsFirst urges the VA to develop proper evaluation tools for this and other pilot projects to ensure that the best reforms for eliminating the backlog are implemented.

¹ Government Accountability Office, "Veterans' Disability Benefits: Further Evaluation of Ongoing Initiatives Could Help Identify Effective Approaches for Improving Claims Processing," GAO-10-213, January 29, 2010, at 8.

² *Id.* at 23.

Allowing teams to view claims from a holistic perspective will increase the quality of decisions. Other changes must be implemented, however, to ensure that the performance of team members is not based on the quantity of decisions or actions taken on particular claims. Although production projections may be a helpful guide in judging optimal productivity, quantity must not overtake quality in importance or focus.

Evaluating staff based on quantitative rather than qualitative measures results in misaligned incentives. The current debate on health care reform has highlighted the issue of misaligned incentives in relation to the reason for increased health care costs. In health care reform, there is a belief that paying for or rewarding the performance of individual procedures gives the medical profession incentive to perform more procedures than may be needed to adequately treat the patient. Realigning the incentives so that medical professionals are paid based on episodes of care may decrease costs.

The health care debate is an example of the need to align incentives to receive the desired outcome. Rewarding staff based on movement of claims without regard to quality leads to outcomes that disregard quality in the same way that rewarding the medical profession for individual procedures leads to higher costs. The current number of successfully appealed denied VA benefits claims decisions are a testament to this effect. Although not all claims processors or medical professionals are ill motivated, misaligned incentives tend to negatively influence results. Thus, VBA must develop a system of processing claims that rewards *both* quality and quantity.

Although VetsFirst believes that it is necessary to reform the benefits system by changing the manner in which claims are processed, it is also important to institute new accountability requirements for staff members who process claims *and* their supervisors. Staff must be held accountable for their actions and determinations in processing individual claims. Supervisors must be held meaningfully accountable for permitting patterns of poor quality to continue. Establishing appropriate criteria for evaluating quality will allow for supervisors to be fairly evaluated based on the performance of their employees.

To ensure that staff and supervisors continue to possess the skills needed to properly review claims, regularly administered competency examinations must be developed and implemented. These examinations should be required upon completing initial training and on regular intervals for the duration of that adjudicator's tenure. These types of examinations are needed to identify areas in which refresher training or further evaluation is required. Without this type of testing, it will be difficult to identify and resolve potential problem areas quickly.

Consequently, the VA has a responsibility to staff and supervisors to ensure that initial training programs are adequate. Continuing education is needed, particularly as it relates to new court decisions and changes to statutes and regulations that impact claims processing. To supplement learning between continuing education programs, supervisors must develop and implement new methods of timely informing staff of key developments that impact claims processing. Veterans' claims must not receive incorrect decisions due to lack of staff knowledge concerning these types of changes.

Reforming the Substantive Regulations and Adjudicative Principles

Reforming the VA claims adjudication process alone, however, will not resolve the problems associated with the VA's disability compensation program. A systemic reformation of substantive regulations and adjudicative principles is long overdue. This will require a comprehensive review and analysis of the antiquated VA Schedule of Rating Disabilities and the evidentiary requirements necessary to establish entitlement to VA disability benefits in order to modernize and refine the VA claims adjudication process.

VetsFirst believes that innovative approaches must be considered in order to efficiently streamline the adjudication process. These approaches should be designed to create greater efficiencies in both the procedural and substantive aspects of VA claims adjudication. For example, revising the evidentiary burdens of

establishing entitlement to service connection could have such an impact. The VA currently allows many disabilities to be service connected through the use of legal presumptions of service connection. Diseases and disorders related to exposure to ionizing radiation, dioxin (Agent Orange) and other toxic substances, a host of chronic diseases, service in the First Persian Gulf War, amyotrophic lateral sclerosis, diseases specific to former prisoners-of-war and the veterans who served in the tropics during World War II, among other diseases and conditions, are currently granted service connection without the claimant having to furnish medical evidence of a causal nexus between a documented incident in service and a current diagnosis of one of the presumptive disorders. VetsFirst believes that extending the principles of presumptive service connection to the majority of service-connected disabilities asserted by claimants for VA disability compensation should be considered.

Eliminating the medical nexus requirement for proving entitlement to service connection would require the veteran to establish only the onset or aggravation of a disease, disability, or injury during active military service and provide medical evidence of a current diagnosis. Without a general medical nexus requirement, an enormous evidentiary burden will be lifted from claimants in initial service connection claims, as would be the VA's concurrent burden to assist the claimant in developing the evidence favorable to his or her claim. This action alone would significantly reduce the time required to develop claims, significantly increase the timeliness of claims decisions, and reduce the level of erroneous decision-making based on under-developed records. Current presumptions should remain in effect, however, due to the unique requirements of each presumption.

Access to Health Care Services

Veterans with disabilities must have access to needed health care services through the VA health care system. Specifically, veterans must be able to receive accessible physical and appropriate mental health services, including long-term services and supports (long-term care). Congress must ensure that the VA health care benefits for which these individuals are eligible are provided in settings that meet their needs and that the VA has the appropriate staffing and resource levels to provide these benefits to veterans of all eras and genders.

Access to Acute Health Care Services

VetsFirst supports the role of VA-operated or allied community-based outpatient clinics to meet the needs of veterans living in areas that preclude easy access to the host VA medical center. These outpatient clinics are an important lifeline for many veterans and their role should be expanded to better meet the needs of veterans living in rural or remote areas. All clinics, however, must be compliant with section 504 of the Rehabilitation Act of 1973 to ensure that veterans with disabilities are able to access these services. Being able to physically access these clinics and other VA facilities must be viewed as a basic civil right for veterans with disabilities.

Another important component to ensuring access is the provision of sufficient resources for the Veterans Health Administration's workforce needs. Specifically, Congress must provide sufficient funding and the vigilant oversight necessary to allow the VA's current health care delivery capacity and infrastructure to keep pace with increased present and future demands. The VA is not immune to physician shortages in rural areas that impact the non-VA health care system. Current efforts to ensure appropriate staffing levels of medical professionals in underserved areas must be increased as many veterans of the wars in Iraq and Afghanistan reside in rural areas. Augmented partnerships with other federal, state, and local agencies may allow for increased resource sharing.

VetsFirst believes that advance appropriations will assist the VA in moving forward in these and other critical areas. The benefits afforded by advance appropriations will only be realized, however, if Congress ensures that the VA receives sufficient funding levels that will allow for appropriate long-term planning. An important component of this is ensuring that the VA receives appropriated funds in a timely manner. Veterans of the wars in Iraq and Afghanistan will demand new levels of care using diverse settings. The VA must be able to sufficiently plan to meet these new challenges and in addressing continued issues with waiting times for appointments for existing services.

One of the new challenges that the VA must address is the increase in the number of women veterans, particularly those exposed to combat situations, who will require care. Women veterans will require the VA to develop new processes and facilities to meet their unique physical and mental health needs. For instance, women veterans seeking treatment for Post-Traumatic Stress Disorder or sexual trauma that occurs during military service must have access to treatments and groups that accommodate their unique circumstances. Unfortunately, women veterans are sometimes referred to treatment groups that are better designed to meet the needs of male veterans.

Efforts must be made to integrate techniques and practices that are successful in working with women who have suffered trauma in non-military settings with the specialized support women veterans need to be successful. VetsFirst supports the advances for women's health care that are part of the Caregivers and Veterans Omnibus Health Services Act of 2009 (S. 1963). Without proper treatment options, women veterans with disabilities may be left behind, unable to access the services that will allow them to reintegrate into their communities.

Partnering with Community-Based Resources

Despite efforts to link veterans to the VA health care system, a substantial number of veterans are accessing health care through community-based, non-VA, providers and services. The VA must fully recognize the importance of veterans being able to receive a wide variety of services in their communities and develop robust partnerships to ensure that these services will be available to veterans when and where they need them. These partnerships will allow the VA to assist greater numbers of veterans who may not otherwise seek VA health care without suffering decreased capacity associated with serving greater numbers of patients in its existing medical facilities. Such partnerships also will allow the VA to develop best practice models that integrate the successes of existing care models for populations that are requiring new types of services, including women and people with significant brain injuries.

Increased development of public and private partnerships will allow for the VA to go to the veterans. Public and private arrangements are needed to assist veterans who may not be aware of how the VA system can assist them or who want to seek assistance through non-VA organizations. At the same time, however, the VA must find better ways to reach out to veterans to make them aware of the assistance available. The best treatment is of no use to veterans if it is presented in a way that is not accessible. Partnering with non-VA providers that also serve veterans with disabilities will help individuals to learn about the VA and receive all of the services that they are eligible for as people with disabilities.

Evolving the Provision of Long-Term Services and Supports

Better access to health care will ensure that veterans are able to maintain their health and functioning, thereby reducing the need for long-term services and supports. When long-term services and supports are required due to disability or age, most people want to live in and be a part of their communities. Evolving the VA's system of long-term care to one that is more focused on community supports, funded by the VA, will ensure that veterans are receiving services and supports in the least restrictive setting appropriate to their needs.

Although the VA's responsibility to provide long-term services and supports does not diminish, the settings available to provide these services must evolve to ensure that veterans turn to the VA not out of desperation, but because it is a leader in providing long-term services and supports. The evolutions that have taken place in the larger disability community and that are now taking place in the aging community should serve as models for how the VA can be a leader in this continually evolving area. This includes challenging the notions about who can receive care in the community to ensure that the VA makes noninstitutional services feasible for individuals who have very severe disabilities but could live in their own homes with the proper supports.

As the paradigm of long-term care shifts, the VA must be proficient at meeting the demands of younger veterans with severe disabilities and aging veterans, particularly those who are baby boomers, for more community-based, noninstitutional care. Developing a VA case manager system to provide case management for veterans to connect them with services and supports in the community will help to make community-based long-term services and supports more accessible to veterans with disabilities. For those veterans and their families who choose to receive long-term services and supports in an institutional setting, including VA and non-VA institutional settings, a level of capacity must be maintained. A realistic balance of services based on needs must be accomplished. The type of setting in which services are provided is more ancillary.

Streamlining the Transition from Soldier to Veteran

VetsFirst believes that streamlining the transition from soldier to veteran is an important step in making VA health care services accessible. The Department of Defense (DOD) and VA must work together to ensure that veterans with disabilities, including those whose service-connected disabilities appear after their transition, are able to receive appropriate health care services and benefits. The DOD must see all servicemembers as future veterans who may need to access the VA for assistance with service-related health problems.

Although the care of servicemembers and veterans is bifurcated between the DOD and VA, it is the responsibility of these agencies to ensure that individuals' needs are seamlessly met. The DOD and VA must diligently work toward the development and implementation of an electronic records system for medical information and service-related documentation sharing that will help veterans in filing for VA benefits and receiving proper VA health care. For their part, all servicemembers must be required to complete physical and mental health examinations prior to separation. The sharing of information between all parties will help to ensure that veterans receive the benefits for which they are eligible.

Increased Employment Opportunities for Veterans with Disabilities

The unemployment rate among veterans of the wars in Iraq and Afghanistan with disabilities is currently 11.8 percent. Even during periods of prosperity, people with disabilities are underrepresented in the nation's workforce. As efforts to create jobs during these difficult economic times progress, every effort must be made to ensure that veterans with disabilities are able to fully participate in our nation's economy. Providing meaningful, accessible employment opportunities allows veterans to successfully reintegrate into their communities and families.

Vocational Rehabilitation and Employment (VR&E) services available through the VA are a critical component to ensuring that veterans with disabilities are able to successfully transition from soldier to veteran. With the wars in Iraq and Afghanistan, the number of veterans requesting and receiving these services has increased. Congress must ensure that the VA receives sufficient resources to successfully provide these rehabilitative services to all eligible veterans with disabilities. Specifically, sufficient funding is needed for additional staff and to increase the number of participants in the Independent Living program.

To ensure that veterans with disabilities are allowed to reach their full potential, decisions by VR&E concerning the reasonable feasibility of a veteran meeting an educational goal should be appealable. Veterans with disabilities should not be denied, without due process, the right to pursue an educational or training goal that might require extraordinary efforts. People with disabilities continually reach beyond the perceived limits of their disabilities. Consequently, veterans with disabilities must have these options.

In addition, some states are turning away veterans from state vocational rehabilitation services and directing them to the VA without verifying that the veteran is eligible for VA VR&E. Veterans with disabilities are people with disabilities and should not be denied access to state vocational rehabilitation services simply because they are veterans. Furthermore, VetsFirst is not aware of any relevant laws or regulations that preclude

veterans who are eligible for both VA and state vocational rehabilitation programs from selecting one program over the other. Thus, veterans who are eligible for both state and VA vocational rehabilitation services should be made aware of the differences between the programs so that they can make an informed choice about which to pursue.

Legitimate training opportunities must also be available for veterans with disabilities who are not eligible for VA VR&E services, but who need to gain the skills that will allow them to be fully employed. VetsFirst supports the Veterans Training Act (H.R. 3813) which would allow veterans who are eligible to receive educational benefits under the Post-9/11 GI Bill to attend training programs that do not confer an associate's level degree or higher. This important change to the Post-9/11 GI Bill would help to ensure that all veterans with disabilities have access to a wide array of training programs that will help them to reintegrate into their communities.

A number of veterans with disabilities also seek to reintegrate into their communities by starting veteran-owned small businesses. The Center for Veterans Enterprise (CVE) was established to assist veterans in their entrepreneurial efforts. Unfortunately, the CVE has not been able to fulfill its mission. Congress must ensure that the CVE has sufficient resources to enable it to meet the challenges of today's veterans who are attempting to launch and maintain businesses during very difficult economic times.

Accessible Housing and Homelessness

VA programs that seek to address the unique housing requirements of veterans with disabilities must be adjusted to meet current need levels. People with disabilities have some of the most critical housing needs in our nation. Concerns related to affordability and accessibility can make it difficult for people with disabilities, including veterans, to find appropriate housing in their communities.

In some cases, veterans with disabilities and their families are forced to live with relatives in settings that are not fully accessible. Lack of affordable and accessible housing can be particularly difficult for veterans with disabilities who are attempting to reintegrate into their communities upon returning from the current wars. These problems, however, are common to veterans of all eras who have special housing needs related to their disabilities.

VA programs that provide funding to veterans with disabilities for housing adaptations are a critical component of the housing assistance provided by the VA. The maximum funds available through the Specially Adapted Housing grant and the Special Home Adaptation grant are simply not sufficient to ensure that veterans who have severe disabilities are able to successfully navigate and remain in their homes. The cost of adapting a housing unit has increased at a faster rate than the maximum amount available under either of these programs.

As of October 1, 2009, the Specially Adapted Housing maximum allowable grant is \$63,780. The Special Home Adaptation program's maximum allowable grant is \$12,756. Although the maximum allowable grant for each of these programs is indexed with the residential home cost-of-construction, the amounts available to veterans with disabilities are insufficient.

VetsFirst strongly supports H.R. 1169, which would provide a significant increase in not only these housing grant programs but also the grant to purchase an automobile. Under this proposed legislation, the maximum allowable Specially Adapted Housing grant would be increased to \$180,000 and the Special Home Adaptation program would be increased to \$36,000. Ensuring that veterans with disabilities, including those who served in Operation Enduring Freedom or Operation Iraqi Freedom, have access to the financial resources needed to adapt their homes will help these veterans to successfully reintegrate into their communities. Without the proper resources, veterans with disabilities may be forced to live in settings that limit their mobility and independence.

Veterans with disabilities who are temporarily living with family members should also have the option of making those residences accessible. Although the Temporary Residence Adaptation (TRA) grant program provides up to \$14,000 under the Specially Adapted Housing program or \$2,000 under the Special Home Adaptation program for this purpose, these funds are counted against the maximum amount that a veteran can receive from these programs. Veterans with disabilities should not have to weigh accessibility of a temporary residence against whether or not he or she will have sufficient funding to make a future, permanent home accessible. VetsFirst supports legislative efforts to delink the TRA program from these programs and to ensure that TRA continues to be available to veterans with disabilities.

Many veterans who are eligible to receive grant funding under the Specially Adapted Housing program or the Special Home Adaptation program are also eligible to participate in the VA's Veterans' Mortgage Life Insurance (VMLI) program. VMLI helps to ensure that the families and dependents of veterans with disabilities will be able to keep their homes in the event of the veteran's death. Unfortunately, the coverage limit has not been updated for approximately 17 years.

The current coverage limit available under this program is \$90,000. This amount of coverage is simply not sufficient to protect families in the event of the veteran's death. Furthermore, other avenues to provide this type of protection to their families are simply not available to many veterans with disabilities.

VetsFirst strongly supports final passage of legislation to increase the VMLI coverage limit. The Veterans' Benefits Enhancement Act (H.R. 1037/S. 728) would increase the coverage limit from \$90,000 to \$150,000 on October 1, 2010. A second increase would raise the coverage limit to \$200,000 on January 1, 2012. Raising the VMLI coverage limit to \$200,000 would provide many veterans with service-connected disabilities with the assurance that their families will be taken care of in the event of the veteran's death.

Supports for Families and Survivors

The families and survivors of veterans give a tremendous sacrifice to our nation. With the love and support given by these individuals, many veterans with disabilities are better able to reintegrate into their communities following their service. VetsFirst believes that our nation must do more to support the families and survivors because of their service to our nation's veterans.

Support for Family Caregivers

Many families of veterans with disabilities play a crucial role in providing needed services and supports that allow veterans to return to, and remain in, their homes. The sacrifice of family caregivers not only supports veterans, but also supports the VA in its mission. Spouses and family members often must leave the workforce to assist their husbands, wives, and adult children in their efforts to rehabilitate and reintegrate into their communities. The sacrifice of these caregivers, however, may result in lost income and other benefits, including health insurance.

More supports are needed for our nation's caregivers in general. The results of a recent study about caregivers for people over the age of 50 illustrate the toll that caretaking has on caregivers. Approximately one in six caregivers polled rated their health as only fair or poor.³

In addition to the toll providing care takes on caregivers, many also need information about how to best perform their caretaking duties. Over three-fourths of caregivers expressed the need for more information about how to

³ National Alliance for Caregiving, "Caregiving in the U.S.: A Focused Look at Those Caring for Someone Age 50 or Older," November 2009, at 24.

provide the supports needed for the individual to whom they were providing care.⁴ Furthermore, nearly 50 percent of caregivers have never used the Internet to access this type of information.⁵

The House-passed Caregiver Assistance and Resource Enhancement Act (H.R. 3155) and the Senate-passed Caregivers and Veterans Omnibus Health Services Act (S. 1963) both provide needed supports for caregivers who assist veterans with disabilities. The House legislation would provide broad access to education sessions, support services, counseling, mental health services and respite care, but would limit stipends and medical care benefits for caregivers to veterans deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom. The Senate legislation would provide direct technical support, counseling and an interactive website for approved caregivers and make primary caregivers eligible for mental health services, respite care, medical care and a stipend. All of the supports provided in the Senate legislation are limited to those who support veterans with serious injuries that were “incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001.”

VetsFirst believes that Congress must adopt a compromise that will result in the provision of assistance to caregivers for veterans of all eras. As the need for these types of supports will likely increase with the continuation of the wars in Iraq and Afghanistan, benefits for caregivers must be established that will remain available to current and future caregivers. The continued availability of services and supports for caregivers is critical to ensuring the continuation of care for veterans of all eras, who must have access to a full slate of community-based services.

Veterans have the right to receive their services and supports in the least restrictive environment. Most people with disabilities want to live in their homes and have the opportunity to be a part of their communities. Although funding services for caregivers requires an upfront investment, the long-term gains that result from assisting veterans with disabilities in their efforts to reintegrate into their communities are significant.

Reforms and Improvements to DIC

After the death of a veteran with a disability, many families depend on the monetary support they receive from the VA Dependency and Indemnity Compensation (DIC) program. DIC is generally available to family dependents of a veteran whose death is the result of a disability related to the veteran’s service or in the event of a servicemember’s death while on active duty. Although DIC provides critical support for dependents during a very difficult time, the level of support currently available is not sufficient. The average current monthly benefit for DIC is \$1,154.

According to the Government Accountability Office, the income replacement offered by DIC for new survivors is between 35 and 55 percent of the compensation received by the veteran or servicemember.⁶ Imagine the following scenario: a servicemember separates and appears to have no injuries related to his service. In the years following his service, he develops a cancer that is presumptively related to his service. He files for and receives disability compensation from the VA. Assuming that he elected not to participate in any optional coverage programs through the military, upon his death, the only compensation available to his wife would be the VA’s DIC program. However, the amount available to her will generally be lower than the payment available to the survivor of a federal employee with comparable pay under the Federal Employees’ Compensation Act even though both spouses died while in service to their nation.⁷

⁴ *Id.* at 32.

⁵ *Id.* at 31.

⁶ Government Accountability Office, “Military and Veterans’ Benefits: Analysis of VA Compensation Levels for Survivors of Veterans and Servicemembers,” GAO-10-62, November 13, 2009, at 12.

⁷ *See id.* at 19.

VetsFirst supports the Surviving Spouses' Benefit Improvement Act of 2009 (H.R. 2243), which would increase the average monthly DIC benefit from \$1,154 to \$1,470. Under this legislation, the current rate of DIC would be replaced with a formula setting the rate of DIC at a rate equal to 55 percent of the rate paid to a veteran with a total disability rating. The current rate paid to a veteran with a rating of total disability is \$2,673. This legislation would also increase monthly compensation rates for families whose veteran died before January 1, 1993, which is important to ensure support for families of veterans of earlier eras.

Furthermore, VetsFirst supports entirely eliminating the offset to the military Survivor Benefit Plan (SBP) annuities for families who receive DIC (there is no offset for survivors who remarry after age 57). Unlike DIC, for which eligibility is not a choice, an SBP annuity is only available when a servicemember actively selects to participate. Servicemembers are encouraged to buy the protection of an annuity, which is billed as "a form of life insurance for part of your retired pay."⁸ Although some government funding is involved in the SBP, it is the active participation of the servicemember that provides eligibility.

Thus, an offset of funds is not justified. VetsFirst supports the Military Surviving Spouses Equity Act (H.R. 775) and S. 535, which would eliminate the offset by repealing the offset provisions to the SBP. H.R. 2243 also includes a provision that would end this unjust offset by stating that an offset is not required based on the receipt of DIC.

Impact of Exposure to Hazardous Substances

The exposure of servicemembers to toxic substances in combat environments and staging areas is a perpetual danger in all theatres. Unfortunately, veterans and their families from different eras have been forced to combat the aftermaths of those exposures upon returning home without sufficient support. Although some progress has been made in recognizing the impacts of Agent Orange on veterans and their children, additional action is needed. Specifically, cross-generational research on the effects of exposure to hazardous substances is needed to determine linkages between the service of mothers and fathers to the illnesses of their children and grandchildren.

Through the Veterans' Benefits Act of 1997, Congress established eligibility for some benefits for children of Vietnam veterans who have certain birth defects, particularly for those children born to mothers who are Vietnam veterans. More research is needed, however, to determine whether other medical conditions exhibited in the children and grandchildren of all veterans, including children born to fathers who are Vietnam veterans, are a result of the service of their mothers or fathers. Specifically, a recent report states that "other birth defects, learning disabilities, and childhood illnesses are not recognized, even though recent evidence shows several of them to be more common among the offspring of exposed Vietnam veterans."⁹

The wars in Iraq and Afghanistan have led to new concerns about the exposure of servicemembers to toxic substances. VetsFirst supports the Military Personnel Toxic Exposure Registry Act (H.R. 4477), which will establish a registry for Operation Enduring Freedom or Operation Iraqi Freedom veterans who have been impacted by burn pits. The creation of a registry will also help to facilitate future research concerning the impact of burn pits on the children and grandchildren of these veterans.

Thank you for the opportunity to submit for the record the public policy and advocacy priorities VetsFirst is pursuing on behalf of its members. We appreciate your leadership on behalf of our nation's veterans with

⁸ Office of the Secretary of Defense, Military Compensation, available at http://militarypay.defense.gov/survivor/sbp/01_overview.html.

⁹ National Organization on Disability, "U.S. Vietnam Veterans and Agent Orange: Understanding the Impact 40 Years Later," June 1, 2009, at 5.

disabilities and their families and survivors. VetsFirst stands ready to work in partnership to ensure that all veterans are able to reintegrate in to their communities and remain valued, contributing members of society.