

**STATEMENT OF  
RAYMOND E. DEMPSEY  
NATIONAL COMMANDER  
OF THE  
DISABLED AMERICAN VETERANS  
BEFORE THE  
COMMITTEES ON VETERANS' AFFAIRS  
UNITED STATES SENATE AND  
UNITED STATES HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C.  
FEBRUARY 24, 2009**

Messrs. Chairmen and Members of the Veterans' Affairs Committees:

I am honored and privileged to appear before you today. As National Commander of the Disabled American Veterans (DAV), I appear today on behalf of the 1.4 million members of the DAV and its Auxiliary to advance the interests, and work for the betterment, of all wounded, injured, and disabled American veterans.

Senator Akaka and Representative Filner, I welcome back both of you as Chairmen of your respective Veterans' Affairs Committees during the 111th Congress. Senator Burr and Representative Buyer, I congratulate you on your leadership role as Ranking Members of the Veterans' Affairs Committees. I wish all four of you and the members of these committees success in your efforts on behalf of our nation's wartime service-disabled veterans, their dependents and survivors.

At the outset, I want to thank you and the members of these Committees for the support you have given to the programs that have improved the quality of the lives of service-disabled veterans and their families and survivors. We also appreciate that Congress has significantly increased funding for veterans' medical services over the last two years.

For 89 years, the DAV has been there to assist our nation's wartime service-disabled veterans in receiving their earned benefits and services, and assisting this great body as it deliberates on the needs of these veterans, their families and survivors. Since our creation, we have been dedicated to one, single purpose: building better lives for wartime service-disabled veterans and their families and survivors. The DAV was founded in 1920 and chartered by Congress in 1932. Our congressional charter, in title 36, United States Code, Chapter 503, sets forth the purposes for this organization, which are:

- (1) to uphold and maintain the Constitution and laws of the United States;
- (2) to realize the true American ideals and aims for which those eligible to membership fought;
- (3) to advance the interests, and work for the betterment, of all wounded, injured, and disabled American veterans;

(4) to cooperate with the Department of Veterans Affairs and other public and private agencies devoted to the cause of improving and advancing the condition, health, and interests of all wounded, injured, and disabled veterans;

(5) to simulate a feeling of mutual devotion, helpfulness, and comradeship among all wounded, injured, and disabled veterans;

(6) to serve our comrades, our communities, and our country; and

(7) to encourage in all people that spirit of understanding which will guard against future wars.

Title 36, United States Code, section 50302

The DAV is extremely proud of its efforts on behalf of our nation's wartime service-disabled veterans and their loved ones. The DAV continues to remain true to its founding principle that, "this nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled." This principle, embodied in DAV Resolution No. 001, envisions: high quality hospital and medical care provided by the Department of Veterans Affairs (VA), adequate compensation for loss resulting from service-connected disabilities, vocational rehabilitation and/or education to help disabled veterans, enhanced opportunities for employment and preferential job placement for disabled veterans, adequate compensation to the surviving spouses and dependents of veterans whose deaths are held to be service connected, and enhanced outreach to ensure that all disabled veterans receive all benefits they have earned.

In fulfilling our mandate of service to America's service-connected disabled veterans and their families, and in keeping faith with the principle on which this organization was founded, the DAV employs a corps of 260 National Service Officers (NSOs), all wartime service-connected disabled veterans themselves, located throughout the country, about half of whom are Gulf War veterans, and a number of whom are veterans of Operations Enduring Freedom and Iraqi Freedom.

During 2008, DAV NSOs interviewed over 163,200 veterans and their families in their claims for VA benefits, at no cost to these claimants. DAV filed almost 204,000 new claims for benefits, obtaining \$3.4 billion in new and retroactive benefits for them. Our NSOs also participated in 216,701 Rating Board appearances.

As a result of the large number of severely disabled military members being treated at Walter Reed Army Medical Center (WRAMC) and Bethesda National Naval Medical Center (NNMC), DAV has staffed an office at WRAMC to provide assistance to the young men and women being treated at these facilities.

The DAV has provided free representation at 301 Physical Evaluation Boards (PEBs) across the country in 2008. DAV has also been working closely with several large, local law firms, which have agreed to provide pro bono services to the men and women appearing before the PEBs, and they have also agreed to assist these individuals, free of charge, in pursuing claims before the Federal Claims Court.

In addition to our claims work, DAV employs 12 National Appeals Officers (NAOs) whose duty is to represent veterans in their appeals before the Board of Veterans Appeals (BVA). During fiscal year 2008, DAV NAOs provided representation in more than 14,500 decided appeals before the BVA. This is 36 percent of the total appellate decisions decided by the BVA during that time period. In 22 percent, or 3,187, of the appeals represented by DAV, the claimant's appeal was allowed. Thirty-six percent, or 5,885, of appeals represented by DAV were remanded. Almost 60 percent of the appeals represented by DAV resulted in the original decision being overturned or sent back to the regional office for additional development and readjudication.

In September 2008, after much deliberation and 19 years of successful litigation, the DAV decided to shift the focus of our Judicial Appeals office, which consisted of attorneys and non-attorneys who were responsible for pursuing appeals before the United States Court of Appeals for Veterans Claims and the United States Court of Appeals for the Federal Circuit. The DAV decided to work with local law firms to use pro bono attorney representation so that more veterans could receive free appellate services before these federal courts. Since September 2008, DAV has placed more than 140 claimants with these pro bono attorneys. This number represents a significant increase in the number of claimants DAV was able to represent in the past, and we believe this number will increase greatly since there are more than 50 attorneys currently providing pro bono representation for DAV. We have also been able to utilize this change in a manner that significantly enhances our internal operations and increases our overall efficiency and effectiveness in representing veterans.

Messrs. Chairmen, in accordance with our founding principle, the DAV continues to strive to more effectively meet the needs of service-disabled veterans and ensure they receive the benefits our grateful nation has authorized for them. Eight years ago, DAV undertook two additional initiatives to enhance and expand benefits counseling and claims representation services to the veterans' community. The first of the two programs involves outreach to members of the Armed Forces at the location and time of their separation from active duty. The second involves services to veterans in the communities where they live.

DAV's Transition Service Program (TSP) began shortly after the formation of the Benefits Delivery at Discharge (BDD) program, a jointly sponsored VA and Department of Defense (DoD) initiative to provide transition assistance to separating service members who have disabilities related to their military service. The program was developed to provide a smooth transition from the military into the VA system. The BDD program helps members, with 60 to 180 days remaining before they leave military service, file claims for disability compensation (which payments are received shortly after discharge), and transition into the VA health care system. Currently, there are more than 150 military installations worldwide that participate in the BDD program.

The success of the BDD program stems from the fact that claims are rated based on current medical evidence as documented in the service medical records and current cooperative examinations conducted at the BDD intake site. The BDD program is a win-win situation for both transitioning service members and the federal government.

For benefits counseling and assistance to separating service members in filing initial claims, the DAV has hired and specially trained 39 Transition Service Officers (TSOs), who provide these free services at military separation centers, under the direct supervision of DAV NSO Supervisors. These TSOs have been trained specifically to perform transition presentations, service medical record reviews, and claims initiating activities at military separation centers at more than 109 military installations within the continental United States.

In 2007, DAV received a two-year grant of \$1.5 million from the General Electric Foundation for the expansion of our TSO program. With the aid of this grant, we have been able to hire an additional 13 TSOs for Transition Service Programs at 13 new sites to bring us to our current level of 39 TSOs at 109 sites.

The DAV's TSP contributes to our goal of maintaining our preeminent position as a provider of professional services to veterans. In 2008, our TSOs conducted 1,946 briefing presentations to groups of separating service members, with 85,099 total participants. TSOs counseled 48,661 persons in individual interviews, reviewed the service medical records of 38,307, and filed benefit applications for 28,830, again at no charge to the separating service members.

The DAV's Mobile Service Office (MSO) program is a part of the same goal. By putting our NSOs on the road to rural America, inner cities, and disaster areas, the DAV assists veterans where they live, which increases accessibility to the benefits our grateful nation provides for veterans. The DAV initially had 12 state-of-the-art MSOs specifically designed and equipped with laptop computers to accommodate two DAV service officers in the delivery of services throughout the continental United States. Two of the original MSOs have been sold to DAV Departments of Florida and Missouri for their exclusive use.

Thanks to the generosity of a \$1 million pledge from the Harley-Davidson Foundation in August 2006, the DAV has expanded the efforts of its MSOs. The mission of this project, Harley's Heroes Tour, is to outreach to millions of veterans of all generations to show the high honor DAV and Harley-Davidson give them as a result of their service and sacrifice to our country, and to provide benefits counseling to those veterans.

Our MSOs are also used for outreach and service on another public awareness program, which was introduced in 2003 – the DAV sponsorship of the World War II B-25 Mitchell Bomber, *Panchito*, and, in 2005, we expanded the program to include a second restored B-25 Bomber, *Special Delivery* (the B-25 Bombers were used in the Doolittle Raid on Japan during World War II), used at air shows around the country. This sponsorship has allowed DAV to reach out to the many thousands of Americans who attend these air shows and who stop by to learn about our organization's free services and volunteer opportunities. To meet the demand created by the success of this program, DAV purchased another MSO to be dedicated solely to the air shows across the country.

DAV MSOs continue to target other special events and interests, including Native American Indian Reservations, NASCAR races, military retiree conventions, Vietnam Moving

Wall, homeless stand downs, community fairs and parades, Veterans Day and Memorial Day activities and information seminars.

These specially equipped MSOs, along with special disaster relief teams, are also deployed by DAV to areas devastated by disasters. They have been sent to the Gulf Coast regions hardest hit by Hurricanes Katrina and Rita and to the tornado-destroyed town of Greensboro, Kansas, shortly after those devastating disasters. The MSO was used twice in 2008 for disaster relief. For Hurricane Gustav, we used one MSO in Louisiana and for Hurricane Ike we used two, one in Louisiana and the other in Texas. These mobile offices allowed the DAV to provide much-needed assistance directly to displaced service-disabled veterans and their families.

During 2008, our service officers in our Mobile Service Offices interviewed 16,388 persons, filed 11,430 claims and visited 707 sites across the country.

Equally vital to the success of our mission to rebuild the lives of our nation's wartime service-disabled veterans are the activities of the more than 14,500 DAV and Auxiliary members who selflessly volunteer their valuable time to assist America's sick and disabled veterans. Last year these men and women continued to serve this nation by providing 2.3 million hours of essential services to hospitalized veterans, saving taxpayers \$45 million in federal employee costs.

In light of our successes with our voluntary service programs, and in an effort to meaningfully touch the lives of more veterans in need of assistance, in October 2007, DAV created the Local Veterans Assistance Program (LVAP). Opportunities have always existed for individuals to assist veterans and their dependents – and DAV and Auxiliary members have always answered that call. We see examples of this each and every day aimed at meeting the main objective of our organization to build better lives for America's disabled veterans and their dependents.

The DAV LVAP volunteers may volunteer time for a variety of activities which include, but are not limited to:

1. Chapter and Department Service Officer work.
2. DAV specific outreach efforts (DAV Air show Outreach Program, Harley's Heroes, National Guard mobilizations and demobilizations, etc.).
3. Fundraising efforts (Forget-Me-Not and other approved fundraisers).
4. Direct assistance to veterans, widows, or families (yard work, home repairs, grocery shopping, etc.).

During 2008, 2,859 volunteers participated in the DAV's LVAP for a total of 90,609 hours of volunteer service. The DAV is constantly looking for new ways to recruit and engage new members and volunteers, and we believe this new program will be to the advantage of all whom we serve.

In order to ensure the future of a viable volunteer program, the DAV sought to reward a new generation of VA volunteers. In 2000, the DAV created the National Commander's Youth Volunteer Scholarship Program. Six years ago, in remembrance of former VA Secretary and former DAV Executive Director Jesse Brown, we renamed the scholarship program in his honor. Annually, the scholarship program honors outstanding young volunteers who participate in the VA Volunteer Service Program and generously donate their time and compassion to sick and disabled veterans. Since its inception, the DAV has awarded 102 scholarships totaling about \$380,000.

Last year Ford Motor Company donated \$25,000 to the Jesse Brown Memorial Youth Scholarship Program.

The dedicated partnership between Ford Motor Company and DAV began in 1922. At that time, our second National Convention was in San Francisco, and the founder of Ford Motor Company, Henry Ford, organized a cross-country caravan of 50 model T Fords to take our members to the convention. The DAV is proud that Ford Motor Company continues to honor its commitment to the men and women who have served our nation and who have protected our freedoms through its generous donations to the Jesse Brown Scholarship program and DAV's transportation program.

The DAV also employs 183 Hospital Service Coordinators at 193 VA facilities across the country to oversee DAV's transportation program. The DAV's transportation program provides free transportation to and from VA health care facilities to those veterans who could not otherwise access needed medical care. Between October 2007 and October 2008, DAV's National Transportation Network logged more than 22 million miles and transported more than 602,000 veterans to VA health care facilities. More than 8,500 volunteer drivers spent 1.8 million hours transporting veterans during 2008. Since our national transportation program began in 1987, almost 12 million veterans have been transported more than 443 million miles, for a total of 24.1 million volunteer hours.

Messrs. Chairmen, I am extremely proud of the service provided by DAV volunteers, many of whom are disabled veterans themselves or the family members of disabled veterans. These volunteers continue to serve the needs of our country's disabled veterans on a daily basis. I applaud their efforts and their dedication.

In 2008 DAV donated 150 vans to VA, free of charge, to transport veterans to their VA medical appointments. This year we plan to donate 152 vans to VA at a cost to DAV of \$3.6 million. Since 1987 the DAV has donated 2,109 vans, at a cost of \$41 million. Our commitment to this program is as strong as ever. We have vans in every state and nearly every Congressional district serving our veterans—your constituents. DAV not only advocates on behalf of our nation's veterans, but we also continue to give back to our nation and our fellow veterans.

Additionally, DAV's efforts were aided by the support of the Ford Motor Company with the presentation of a check in the amount of \$200,000 for the purchase of eight new vehicles for the DAV's Transportation Network. Since 1996 Ford has donated 132 vehicles to the DAV Transportation Network.

As you can see Messrs. Chairmen, the DAV devotes its resources to the most needed and meaningful services for our disabled veterans and their families and survivors. These services aid veterans directly and support and augment VA programs. We are able to do so with the continuing support of an American public and American corporate partners that are grateful for all that our veterans have done to defend and protect our freedom and our way of life.

Wartime casualties continue to grow as America's brave men and women have been harm's way in Afghanistan and Iraq for longer than our nation fought in World War II. Since the start of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), 4,885 men and women have lost their lives. Another 33,724 have been wounded in action. Not since the Vietnam War has our nation had to deal with such a significant number of severely disabled wartime casualties. As of February 1, 2009, there were 778 amputees from OIF and 84 amputees from OEF, for a total of 862 amputees. This number includes 656 soldiers, 155 of whom have multiple amputations; 176 Marines, 38 of whom have multiple amputations; 19 sailors, 3 of whom have multiple amputations; 11 airmen, two of whom has multiple amputations. Of the 862 amputees, 186, or 22%, of these individuals have upper extremity amputations.

Because of their extraordinary sacrifices and contributions in preserving our cherished freedoms and way of life, veterans have earned the right to quality, timely disability compensation decisions and quality, timely VA health care as a continuing cost of national defense and security. In 1996, Congress authorized VA to provide a full continuum of care to veterans, thereby greatly improving the quality of care VA provides. Today, the quality of VA health care is recognized worldwide.

VA has been able to maintain the quality of its health care notwithstanding the fact that the history of veterans' health care funding has been dismal. Even when Congress has gotten the funding level right, and with the exception of the last two budget cycles, that has been rare, funding has usually been late.

The fiscal year 2009 VA appropriations bill was enacted into law on September 30, 2008, the day before the fiscal year began. The last time Congress had been able to provide VA with a budget before the beginning of the new fiscal year was 1996, a span of 12 years.

The DAV and the veterans and military communities were elated that President Obama and Secretary Shinseki both publicly supported a proposal to reform the budget process for veterans' health care to provide sufficient, timely and predictable funding.

We were disappointed, however, at the apparent reversal of support for budget reform by Secretary Shinseki at the February 4, 2009 hearing before the House Veterans' Affairs Committee. At that time, Secretary Shinseki expressed his preference for a "timely budget," a marked contrast from his statements just weeks earlier at his confirmation hearing before the Senate Veterans' Affairs Committee in full support of "advance appropriations."

Reform is vital for the preservation and protection of one of our national treasures, the VA health care system. While the quality of care provided to veterans has been on the rise over

the past decade, chronic funding shortfalls have led to management and delivery problems, which, if left uncorrected, could threaten the long-term quality of and access to health care for veterans.

For too long the VA health care system has had to struggle with budgets that were too little and too late. Insufficient funding for veterans health care leads to rationed care, waiting lists and veterans being turned away from VA hospitals and clinics. Long term underfunding can also threaten the quality of care, something that VA has worked so hard to achieve.

Again, we fully appreciate and applaud Congress for the significant increases in funding that have occurred in recent years, as well as for the approval of the VA budget on time for the current year. But those outcomes truly are exceptions to the rule. Notwithstanding the fine work done last year, the budget has been late for 19 of the past 22 years, averaging more than two months late over the past 7 years.

When VA is forced to operate month-by-month under a continuing resolution, medical center and clinic administrators are often forced to delay hiring new doctors and nurses, purchasing new equipment, or obtaining new clinical space. The inability to properly plan leads to inefficiencies and waste. Short-term management fixes become long-term problems, further straining the system. No private sector business or organization, especially a health care system, could operate effectively without knowing what their budget will be until months *after* the start of the fiscal year; and neither can—nor should—the VA.

For these reasons, DAV and its nine veterans service organization allies in The Partnership for Veterans Health Care Budget Reform have long advocated for change. The Partnership has now grown into a movement which includes nine veterans service organizations, the 35 members of The Military Coalition, the American Federation of Government Employees (AFGE), and about two dozen former VA Secretaries, Under Secretaries, VISN directors and medical center directors. We believe that it is time to take the politics out of VA health care and reform the system to assure sufficient, timely and predictable funding. While we continue to support mandatory funding as one option to achieve our goal, we believe that the proposal most likely to achieve success this year is the recently introduced Veterans Health Care Budget Reform and Transparency Act, H.R. 1016 and S. 423. We are grateful to the bills' sponsors, Chairman Akaka, Ranking Member Burr and Chairman Filner, as well as all the cosponsors, including Senators Olympia Snowe, Tim Johnson, John Rockefeller, Bernie Sanders, Jon Tester, Mark Begich, Jeff Bingaman, Barbara Boxer, Russ Feingold, Mary Landrieu, Frank Lautenberg, Bob Menendez, Lisa Murkowski, Debbie Stabenow, John Thune, David Vitter and Chuck Schumer; and Representatives Walter Jones, Mike Michaud, Stephanie Herseth Sandlin, Harry Mitchell, John Hall, Jerry McNerney, Tim Walz, Phil Hare, Ellen Tauscher, Paul Hodes and Joe Sestek. I would also like to thank any Senators and House members I have not named who have cosponsored these bills in the last few days.

The Veterans Health Care Budget Reform and Transparency Act, which has bipartisan, bicameral support, would provide Congress with the tools and incentives to assure sufficient, timely and predictable funding. The Partnership worked with the Senate and House Committees on Veterans' Affairs to develop this new alternative legislation that would change VA's medical

care appropriation to an advance appropriation, guaranteeing funding for the health care system up to one year in advance of the budget year. If this proposal were in effect today, there would already be an FY 2010 appropriation for VA; and Congress would now be working on the FY 2011 budget for VA health care. Advance appropriations are used for a number of existing federal programs, including certain housing and education programs, such as HUD-supported housing vouchers and Head Start, as well as for the Corporation for Public Broadcasting.

Moreover, to help ensure that we have sufficient funding, the legislation adds transparency to the budget process. The bill would require GAO to audit VA's internal budget model and publicly report to Congress whether the VA budget request accurately reflects the projected needs of veterans based on the forecast model. Having GAO independently review the assumptions and data used by VA in preparing the budget will add further integrity and accuracy to the process.

The Veterans Health Care Budget Reform and Transparency Act is a commonsense solution to a longstanding problem, which has gained broad support. DAV, The Partnership for Veterans Health Care Budget Reform, and The Military Coalition have all made this reform a priority for 2009. A group of more than two dozen former VA Secretaries, Deputy Secretaries, Under Secretaries, regional network directors and medical center directors have all endorsed this proposal. Even President Obama has endorsed this proposal, promising to “... *recommend passage of advance appropriations legislation for the FY 2010 appropriations cycle....*” (Emphasis added.)

We urge the Senate Committee to recommend approval of this legislation in your recommendation to the Budget Committee, as Chairman Filner indicated he would do at his roundtable discussion on January 27, 2009. We sincerely appreciate that support, Mr. Chairman. We also look forward to legislative hearings and Committee action on this vital legislation in the months ahead.

Another core mission of the VA is the provision of benefits to relieve the economic effects of injury, disease, or disability upon veterans and their families. For those benefits to effectively fulfill their intended purpose, VA must promptly deliver them to veterans. The ability of disabled veterans to provide for themselves and their families often depends on these benefits. The need for benefits among disabled veterans and their dependents is usually urgent. While awaiting action by VA, they and their families suffer hardships; protracted delays can lead to deprivation, bankruptcies, and even homelessness. Disability benefits are critical, and providing for disabled veterans should always be a top priority of the government.

VA can promptly deliver benefits to entitled veterans only if it can process and adjudicate claims in a timely and accurate fashion. However, VA has been unable to either maintain the necessary capacity to match and meet its claims workload or correct systemic deficiencies that compound the problem of inadequate capacity.

VA must have a long-term strategy focused principally on attaining quality and not merely achieving production numbers. It must have adequate resources, and it must invest them in that long-term strategy rather than reactively targeting them to short-term, temporary, and

superficial gains. Only then can the claims backlog really be overcome. Only then will the system serve disabled veterans in a satisfactory fashion, in which their needs are addressed timely with the effects of disability alleviated by prompt award of benefits. Veterans who suffer disability from military service should not also have to needlessly suffer economic deprivation because of the inefficiency and indifference of their government.

The DAV was also delighted to hear then-Secretary nominee Shinseki, at his Senate confirmation hearing, pledge to transform the VA into a people-centric, results-driven and forward-looking organization. We agree with Secretary Shinseki when he said that he does not understand why veterans wait six months on average to have a claim processed. Further, we are encouraged by his statement that such delays would not be acceptable on his watch. We pledge our support to work with Secretary Shinseki and these committees to develop a workable plan to streamline the disability claims system and to increase the quality, timeliness and consistency of rating decisions.

For decades, the DAV has fought to improve claims processing. We have historically identified the core problem as being an inadequate staffing level. Currently staffing appears to be at a sufficient level since Congress approved a large increase during the 110th Congress. Today, we believe enhanced training for Veterans Benefits Administration (VBA) employees to enable them to produce accurate and equitable decisions on claims; holding VBA employees accountable for the accuracy of their claims decisions; upgrading VBA information technology (IT) infrastructure and integration of its electronic framework into a single, state-of-the-art information system would create, as much as practical, a new electronic claims process that can do the job as intended.

Without the proper investment and resources in employee training, employee accountability and IT, it is highly unlikely that VA will be able to produce quality, timely claims decisions on a consistent basis.

An American service member injured today in Afghanistan or Iraq will require services and benefits from the VA for the next five or six decades. However, if the VA health care funding and benefits claims adjudication systems are not reformed, these brave men and women would be unlikely to find the special care they need in the private sector or receive their earned benefits in a timely way. We must ensure that VA remains a viable veterans health care system now and in the future and that VA can award quality, timely benefit decisions to all veterans, including their families and survivors.

It is our understanding that the new Administration will submit its budget recommendation at the end of this month. In the interim, the DAV asks the members of these committees to reflect upon the funding recommendations discussed in *The Independent Budget* (IB). As you know, the IB is coauthored by the DAV, AMVETS, Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States.

For medical services, our recommendation is \$36.57 billion, \$5.6 billion above the FY 2009 appropriation level. For medical support and compliance, the recommendation is \$4.59 billion and \$5.40 billion for medical facilities, \$140 million and \$370 million above FY 2009

funding, respectively. The IB requests \$575 million for medical and prosthetic research, an increase of \$65 million, for a total of \$47.13 billion for the Veterans Health Administration (VHA), \$6.17 billion, not including collections, above this year's appropriations.

The IB calls for \$1.98 billion for General Operating Expenses, including \$1.63 billion for VBA, increases of \$180 million and \$160 million, respectively. Additionally, we recommend \$2.71 billion for IT, a \$22 million increase and \$292 million for the National Cemetery Administration, a \$62 million increase over the FY 2009 level.

For major construction, we recommend \$1.12 billion, and \$827 million for minor construction, an increase of \$200 million and \$85 million, respectively. The total discretionary budget authority recommendation is \$54.63 billion. This is \$4.48 billion above the FY 2009 appropriations level, including collections.

The DAV hopes, Messrs. Chairmen, that your committees will not only request a total discretionary budget authority at the level of the IB recommendation but that you also recommend advance appropriations for VA health care funding in the Views and Estimates report you will submit to your chamber's Committee on the Budget, along with language that surmounts points of order that may be contemplated in floor debate to stop this vital reform.

Messrs. Chairmen, benefits and services for disabled veterans, in fact all veterans, remain primarily the responsibility of our government. The citizens and government of a country that sends its men and women to defend its homeland and fight its wars have a strong moral obligation to repay them for bearing such a heavy burden. Our indebtedness to veterans is more important than any other part of our national debt because, without their sacrifices, we would not exist as a nation.

While we can never fully repay those who have stood in harm's way protecting freedom, a grateful nation has established a system to provide benefits and health care services to veterans as a measure of partial compensation for their personal sacrifices and as a way for all citizens to share the costs of war and national defense.

Messrs. Chairmen, major policy positions of the DAV are derived from resolutions adopted by the delegates to our annual National Conventions. Since our first National Convention in 1921, the DAV's annual legislative program has served to guide our advocacy for disabled veterans in accordance with the will of our members. Promoting meaningful, reasonable, and responsible public policy for disabled veterans has been at the heart of who we are and what we do. Our will and commitment come from the grassroots, nurtured in the fruitful soil of veterans' sacrifices and strengthened by the vitality of our membership. Our 2009 resolutions cover a broad spectrum of VA programs and services and have been made available to your Committee members and to the members of your staffs.

With the realization that we shall have the opportunity to more fully address those resolutions during hearings before your Committees and personally with your staffs, I shall only briefly comment upon a few of them at this time.

I would like to recommend that this Committee consider improvement to certain VA programs designed to benefit our nation's disabled veterans. The members of the DAV approved long-standing resolutions at our most recent National Convention, held in Las Vegas, Nevada, August 9-12, 2008.

What I communicate to you here today echoes the hopes and desires of disabled veterans, who appeal to the conscience of the nation to do what is right and just for the men and women and their families and survivors who have sacrificed greatly in the name of freedom. In addition to reforming the budget process for VA health care to make it sufficient, timely, and predictable, and correcting the problems at VBA prohibiting the timely and accurate production of claims decisions, the members of the DAV call upon the members of these Committees to stand up for veterans and:

- Support a realistic increase in VA disability compensation rates to improve the standard of living of disabled veterans and their families.
- Support equal medical services and benefits for women veterans.
- Support screening and adequate treatment for mental health care, especially Post Traumatic Stress Disorder, and Traumatic Brain Injury.
- Support training, counseling and financial assistance for family caregivers.
- Support legislation to remove the prohibition against concurrent receipt of Survivor Benefit Plan payments and Dependency and Indemnity Compensation.
- Support legislation to remove the prohibition against concurrent receipt of military longevity retirement pay and VA disability compensation for all affected veterans.
- Increase the face value of Service Disabled Veterans' Insurance (SDVI).
- Authorize VA to revise its premium schedule for SDVI to reflect current mortality tables.
- Support additional increases in grants for automobiles or other conveyances available to certain disabled veterans, and provide for automatic annual adjustments based on the increase in the cost of living.
- Provide an additional increase in the specially adapted housing grant.
- Support the fullest possible accounting of our POW/MIAs from all wars and conflicts.
- Support an expansion of POW presumptions.
- Extend eligibility for Veterans Mortgage Life Insurance to service-connected veterans rated permanently and totally disabled.
- Extend commissary and exchange privileges to service-connected disabled veterans.
- Extend space-available air travel aboard military aircraft to 100% service-connected disabled veterans.
- Support legislation to allow all veterans to recover amounts withheld as tax on disability severance pay.
- Restore protections against unwarranted awards of veterans' benefits to third parties in divorce actions by prohibiting courts from directly ordering payment of such benefits to third parties, other than dependent children.
- Provide educational benefits for dependents of service-connected veterans rated 80% or more disabled.
- Allow an extension of Vocational Rehabilitation in excess of 12-year limitation.

Messrs. Chairmen, as you can see, the DAV's work for our nation's service-disabled veterans and their families and survivors involves many issues and many challenges. When it comes to meeting the needs of our nation's wartime service-disabled veterans, the DAV is not timid in its advocacy. As the voice of our nation's disabled veterans, we must continue to make sure that our government fulfills its promises to those men and women and their families and survivors who have sacrificed so much for our cherished freedoms and way of life.

Unfortunately, our government's history of meeting its obligations to veterans has fallen short. Our government simply has not always kept veterans at the top of the list of national priorities.

Messrs. Chairmen, we call upon the members of these committees to work with the DAV, in mutual cooperation, to make veterans a national priority and to correct those injustices that have existed for years. We call upon you, as our advocates in Congress, to help us educate your colleagues about the priorities of service-disabled veterans.

As a nation still at war in a protracted battle against terrorism and with new veterans and veterans from past eras battling for needed health care and benefits, this Congress and the DAV have an awesome responsibility to ensure that the needs of these veterans and future generations of veterans are met. Accordingly, I ask you, the members of these committees, to make a commitment now that you will stand up for veterans, that you will stand up alongside the members of the DAV to make sure that veterans are a national priority, that the VA health care budget process will be reformed to ensure a sufficient, timely and predictable budget, that the adjudication of claims is reformed to provide for timely, accurate and quality benefit awards, and that you will ensure that the sacrifices of those who have served our nation in uniform are recognized, honored and memorialized.

This completes my testimony, Messrs. Chairmen. Thank you for allowing me the honor of appearing before you on behalf of the Disabled American Veterans to share DAV's outstanding record of service to veterans and our country and to discuss our agenda and concerns for the 111th Congress. Thank you for all that you have done for our veterans and for all that you will continue to do for them in the future.

May God bless America, those who have served this great nation, and America's brave men and women who are in harm's way fighting our nation's enemies.