

**STATEMENT OF
DONALD L. SAMUELS
NATIONAL COMMANDER
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
FEBRUARY 28, 2012**

Madame Chairman, Mr. Chairman, and Members of the Veterans' Affairs Committees:

It is indeed an honor and a privilege to appear before you today to discuss the major concerns and agenda of the Disabled American Veterans (DAV) for the coming year.

At the outset, I want to thank the members of these Committees on behalf of the more than 1.5 million members of DAV and its Auxiliary for the support you have given disabled veterans and their families and survivors and to the programs that have helped improve the quality of their lives. I also want to wish you Godspeed in your efforts during the second session of the 112th Congress on behalf of America's service-disabled veterans, their families and survivors.

With the cessation of combat operations in Iraq in December 2011, the proposed downsizing of our military forces and the slow recovery in our domestic economic situation, more veterans will be relying upon the VA for services and benefits over the next few years. We must ensure that VA is prepared to handle the large influx of new veterans into its health care and benefits administrations. However, based on my experiences with VA over the past four decades, I am not yet confident that our government is fully prepared to uphold its promises to the nation's veterans.

All of my adult life has been spent in service to my fellow veterans. When I was discharged from the Marine Corps in 1969, after almost nine years of active duty service, I came to a crossroads. At that point in my life – a young, wounded Vietnam veteran dealing with a permanent disability – my life could have taken many different directions. However, the DAV was there for me with much-needed help. But DAV went further: DAV offered me the privilege of helping my fellow veterans. In 1970, following my completion of a 2,600-hour VA Vocational Rehabilitation Chapter 31 Training Program, I was assigned as a National Service Officer (NSO) at the Nashville DAV National Service Office, and served there as Supervisor of the office until my retirement in 1989.

Since 1989, I served as the Assistant Commissioner of the Tennessee Department of Veterans Affairs until my retirement in April 2011, where I supervised all claims activity, outreach, legislation, and played a part in establishing state veterans cemeteries and state veterans homes in Tennessee.

I am the co-chair of Operation Stand Down, the only homeless assistance program in Tennessee that gets a VA grant. It's a full-service operation, providing transitional housing for both men and women. It also has an employment program, with an 82 percent retention rate, and the program is currently addressing the needs of 72 veterans per day, eight percent of whom are women.

I am also the proud father of two sons who have continued our family's commitment to this great nation. My older son is a U.S. Marine Master Gunnery Sergeant and a combat veteran of Desert Storm and the wars in Iraq and Afghanistan, and a DAV member. My younger son is a flight engineer in the U.S. Marine Corps and was recently deployed to Italy and Africa in support of operations in those regions. He is a veteran of combat tours in Iraq and Afghanistan and a DAV member.

Additionally, I had two sons-in-law who are former Marines, one of whom passed away at age 24 due to a service-connected disability.

Although a well-known fact, a DAV life member recently noted in a letter to me and I want to repeat it here because it is a major reason why our government must keep its promises to those who serve in our armed forces and to their families and survivors. None of them joined the military to make a profit or to become wealthy. These wartime service members, like all generations of veterans, joined the military for the good of our nation and its citizens, to protect our freedom and our safety. Both the service member and his or her family made great sacrifices during military service and, for many, those sacrifices continue throughout their lifetimes. They were put in harm's way because of the actions of our government; therefore, Congress and the Administration are responsible, morally and legally, for the well-being of veterans, their families and survivors. More than 6,300 military personnel have died from wounds, illnesses and accidents in Iraq and Afghanistan deployments, and hundreds of thousands of service members were wounded in action, became disabled or made ill as a result of their service to our nation. The men and women of the DAV will continue to fight to ensure that our government fulfills its promises to them.

Since the establishment of our nation more than 235 years ago, its leaders of all political parties and persuasions have ever more recognized the federal government's responsibility to provide disability compensation, health care, vocational rehabilitation and other vital benefits and services to America's veterans. In 1989, Congress passed and President Reagan signed legislation elevating the VA to a cabinet-level department in acknowledgment of the prominence our nation places on caring for veterans who have served and sacrificed in her defense.

History tells us, however, that too many occasions are marked by promises made then broken to the individuals who have fought our wars and protected our freedoms. For example, following the Revolutionary War, a rebellion broke out when the Continental Congress was unable to fulfill its promises to the patriots who fought for American independence. In fact, the very establishment of your Committees can be traced to the creation of the Committee on Claims to settle that rebellion. Following World War I, veterans marched on Washington in the 1930s to obtain the pension bonuses they had been promised to fight and win that war. Those veterans received their bonuses.

More recently, military members were promised free health care for themselves and their dependents if they made the military their professional careers; however, they are now required to pay for part of their earned health care benefits. Many of these same individuals who retired from full military careers are also required to forego one dollar of their longevity retired pay for each dollar of disability compensation they receive. About eight years ago, Congress did acknowledge this inequity and corrected it for those whose disability rating was 50 percent or greater, and offered relief that is being phased in over a ten-year period. However, this inequity still remains for those veterans rated 40 percent or less disabled. A similar inequity exists for surviving spouses of military retirees, who are not allowed to receive both the annuity their deceased spouses bought for them under the Survivor Benefit Plan and Department of Veterans Affairs (VA) Disability and Indemnity Compensation, which is an earned benefit.

Madame and Mr. Chairmen, DAV and the disabled veterans we represent are grateful for the support that your Committees and Congress have provided for the VA health care system. VA has received substantial annual funding increases for medical care programs for more than a decade, and more importantly, has become one of the highest quality health care systems in the world. Yet, despite VA's successes, significant problems related to access confront veterans seeking care for certain services and at certain locations.

Too often over the last several decades, health care to our nation's sick and disabled veterans has been rationed, and in many ways it is still rationed today. Despite funding increases, demand for VA health care services by veterans has risen faster than resources allocated to VA. More disturbing, however, is the increasing use of budget gimmicks that rob the VA health care system of billions of dollars under the cover of "management efficiencies" and other clever accounting tricks. Despite widespread reports last year of hiring freezes, funding shortfalls and deferral of equipment purchases at medical centers, VA somehow was able to carry over more than a billion dollars that it claims it could not spend in fiscal year (FY) 2011. While DAV appreciates efforts by VA to eliminate unnecessary and wasteful spending, we are concerned, based on what we hear from VA medical facilities around the country and from DAV members, that medical services are being withheld from veterans due to lack of sufficient funding.

The DAV calls upon the members of these Committees to ensure that our government fulfills its promises to our nation's disabled veterans. We also call upon these Committees to vigorously provide oversight of VA to ensure that it is properly carrying out its mission to our nation's sick and disabled veterans and their families and survivors. I will discuss this need further in my testimony today.

Madame and Mr. Chairmen, I believe it is the obligation of every citizen of our country to preserve and protect the freedoms each of us and our nation hold so dear. America's veterans, more so than any other group, have lived up to their responsibilities by literally putting their lives on the line in defense of our country and its cherished ideals. Not surprisingly, we are willing to continue to sacrifice for the good of our nation, as long as that sacrifice is shared by all. And no one knows more about sacrifice than those who became disabled serving in our nation's military forces and their loved ones who care for them thereafter—the men and women seated before you

today. Disabled veterans will forever carry the physical and emotional scars inflicted while performing their responsibility to America and our fellow citizens.

Just as America's citizens have responsibilities to the nation, America's leaders and policy makers have responsibilities to our nation's citizens.

Today, this concept of shared, mutual responsibility lies at the very heart of the ongoing debate about the size and scope of the federal government. As an organization that provides services at no cost to veterans and their families, DAV understands that government cannot be all things for all people. But regardless of anything else, there can be no question that it is, and must always remain, the primary responsibility of the federal government to care for our nation's veterans and their families. And that responsibility begins with the members of these Committees.

Madame and Mr. Chairmen, over the past year there have surfaced some disturbing proposals that would call into question the government's commitment to that responsibility. Last year, we saw proposals that, among other things, would have offset VA disability compensation against Social Security benefits, vouchered out VA health care and undercut VA health care services through the use of budget gimmicks. Let me take a minute to explain the dangers of these proposals.

The underlying principles of entitlement to disability compensation and Social Security benefits are separate and distinct. Disability compensation is intended to be a measure of government restitution for the effects of illness or injury incurred or aggravated during an individual's service in our nation's armed forces. Social Security benefits, on the other hand, are not linked to military service and are in no way a duplicate benefit. Therefore, the federal government provides VA disability compensation and Social Security payments on the basis of their separate entitlement criteria. Not only would a policy of offsetting these benefits be patently unfair, it would disrespect the fundamental nature and purpose of disability compensation.

DAV strongly opposes any attempts to diminish disability compensation by offsetting it against any other government benefit.

In response to access problems experienced by veterans in some locations and for some services, we have seen an increase in the number of people who believe that vouchering out VA health care is the preferred solution. On the surface, providing veterans with a voucher or card to obtain their health care in the private sector might, in some cases, sound like an appealing alternative to the current VA health care system. However, on closer scrutiny, allowing veterans to receive their health care in the private sector is not a viable or preferable option. First, the high costs of care in the private, for-profit health care sector, compared to VA costs, would take more out of VA medical facilities and, in turn, would force VA to ration health care for those veterans remaining in the system, unless the Administration and Congress were willing to significantly increase VA's budget for contract and fee services.

Second, VA already has the authority to provide care to veterans through private sector providers when no VA facility is available to provide such care in reasonable proximity. VA's authority to provide contract care includes, but is not limited to, the following:

- For a service-connected disability or an adjunct condition
- For a service-connected disabled veteran whose disability rating is 50 percent or more, for any condition
- Under certain circumstances, for a veteran who is eligible to participate in a rehabilitation program under chapter 31, title 38, United States Code
- In instances in which a VA facility is incapable of providing necessary in-house care
- When a VA facility is geographically inaccessible to a veteran for necessary care
- When a medical emergency prevents a veteran from receiving care at a VA facility.

DAV believes that VA contract care for eligible veterans should be used judiciously and in authorized circumstances, so long as it does not endanger a VA facility's ability to maintain a full range of specialized inpatient and outpatient services for all enrolled veterans. VA must maintain a "critical mass" of capital, human and technical resources to promote effective, high quality care for veterans, especially those with complex health problems, such as blindness, amputation, spinal cord injury, traumatic brain injury, or chronic mental health problems.

Allowing veterans to go outside of the VA for medical care, either through use of a voucher or card, could jeopardize VA's ability to provide a full continuum of care to all enrolled veterans. Accordingly, DAV would oppose any proposals similar to vouchering or cards, because they could undermine the VA health care system and jeopardize a veteran's ability to receive a full continuum of health care.

Perhaps most concerning is the return of budget gimmickry that previously led to a VA health care funding crisis about ten years ago, and that could threaten the gains made through enactment of advance appropriations legislation. Beginning in 2002, VA proposed several successive budgets, each of which purported to make substantial "management efficiencies" and thereby reduce the need for billions of dollars in direct appropriations; however, no efficiencies were ever documented or savings achieved to offset those funding needs, whereas the demand and need for resources continued to rise steadily. Ultimately the VA Secretary at that time was forced to report to Capitol Hill just weeks after presenting the FY 2006 budget and admitted VA was seriously underfunded by more than a billion dollars. In the end, Congress provided the requested supplemental appropriations to cover the unmet demand, but not before hundreds of thousands of veterans were turned away or forced to wait for vital VA health care services.

In order to avoid such budget gimmickry, as well as the negative consequences of partisan, political fighting that led to late, unpredictable and insufficient VA health care budgets, DAV and the other members of the Partnership for Veterans Health Care Budget Reform began a multi-year effort to reform the VA health care funding process. Working side-by-side with these Committees, we were able to enact historic legislation that provided VA health care with advance appropriations and promoted increased transparency in the VA budget process. Signed into law on October 22, 2009, this legislation has helped shield VA's medical care programs from the annual threats of government shutdowns and continuing resolutions.

Unfortunately, however, over the past year, both Congress and the Administration have taken actions that threaten the gains made through advance appropriations. For example, the FY 2012 budget proposed by VA projected \$1.2 billion in savings from “operational improvements,” \$500 million in carryover funding from FY 2011, an unexplained and unjustified reduction in non-recurring facility maintenance, and a billion-dollar contingency fund for medical care that might or might not have been released to VA. All of these assumptions were built into VA’s FY 2012 budget, and as a result significantly lowered the direct appropriations approved by Congress in response.

Our fears were confirmed in a report released last June when GAO pointed out that the inclusion of “operational improvements” were similar to the “management efficiencies” proposed by VA in prior years that had never materialized and led to a funding crisis in 2005. In addition, GAO reported that in VA’s FY 2012 medical care budget submission, funding for non-recurring maintenance of health care facilities had been reduced by \$900 million below the level that VA’s own Enrollee Health Care Projection Model had already projected was needed to maintain its health care facilities. Coming at a time when appropriations for major and minor construction have fallen dramatically, we are concerned about the short- and long-term safety of VA’s health care infrastructure.

FISCAL YEAR 2013 BUDGET PROPOSAL

Two weeks ago, the Administration released its latest VA budget request for FY 2013 and advance appropriations for FY 2014; and while there are some positive aspects, it also contains many of the same troubling components found in last year’s budget. In the context of today’s overall fiscal environment, we are pleased that VA’s discretionary spending would increase by \$2.8 billion next year, even as other federal agencies are facing serious cuts. This budget proposes to increase spending on many critical programs, including benefits claims processing, homeless veterans, women veterans and vocational rehabilitation and employment.

To meet the health care needs of current and returning veterans, the FY 2013 budget request would increase funding for veterans medical care programs by \$2.2 billion, approximately 4.3 percent over FY 2012. However, we are greatly concerned that this increase, which is already \$1.5 billion less than our *Independent Budget* (IB) estimate, is built on budgetary gimmicks and under-funding of VA’s health care infrastructure. The FY 2013 medical care budget request was reduced by \$1.3 billion based on an assumption that VA would achieve \$1.3 billion in savings from “operational improvements,” similar to the projected \$1.2 billion in savings projected for FY 2012. GAO has pointed out in the past that VA often fails to achieve or document such savings, which leads to shortfalls in the medical budget.

Perhaps most troubling is the budget’s failure to properly support VA’s health care infrastructure. GAO reported last June that the FY 2013 advance appropriation would cut VA’s non-recurring maintenance by \$1.3 billion and equipment purchases by \$400 million. In addition, VA’s FY 2013 budget request for major and minor construction was just \$1.1 billion, which is \$2.6 billion less than the IB recommends, which is based directly on VA’s own analysis and estimates of its capital infrastructure needs. Although Congress has funded a significant

number of new facilities in recent years, the vast majority of existing VA medical centers and other associated buildings are, on average, more than 60 years old. Aging facilities create an increased burden on VA's overall maintenance requirements. Unless Congress effectively responds, we fear that VA's capital programs and the significant effects on the system as a whole, risks a diminution of the care and services provided by VA to sick and disabled veterans.

For all of the above reasons, we urge these Committees to closely monitor VA's medical care programs to ensure they have sufficient funding for the remainder of this year, and carefully examine the latest VA budget proposal for next fiscal year to ensure that it continues to provide sufficient, timely and predictable funding for VA health care.

For FY 2013, the IB is calling for \$57.2 billion in Medical Care discretionary funding. The Administration has asked for \$55.8 billion, including almost \$3.3 billion in collections, which is almost \$1.4 billion less than recommended by the IB.

For Medical and Prosthetic Research, the IB requested a funding level of \$611 million.

The IB recommends approximately \$2.5 billion for VA's General Operating Expenses.

For total construction programs, the IB recommends almost \$4 billion, \$2.7 billion for major construction programs and slightly more than \$1 billion for minor construction.

DAV and its IB co-authors recommend a total discretionary funding level of slightly less than \$68 billion.

REFORM OF THE VA CLAIMS PROCESSING SYSTEM

Madame and Mr. Chairmen, a sacred obligation of our government and core mission of the VA is the provision of benefits to relieve the ill effects of disability upon veterans and their families. For those benefits to effectively fulfill their intended purpose they must be adequate and they must be decided in a timely manner. The ability of disabled veterans to maintain themselves and their families often depends on the timely delivery of these benefits. The need for benefits among disabled veterans is usually urgent. While awaiting action by VA, they and their families may suffer hardships; protracted delays can lead to deprivation, bankruptcies, home foreclosures, and even homelessness. Tragically, innumerable veterans have died from their service-related disabilities while their claims languished at VA, in some cases for years. This sad fact alone proves disability benefits are critical; providing for disabled veterans should always be a top priority of the government.

As the House and Senate address the major challenges facing our nation, we urge you to continue focusing on the unfinished work of reforming the veterans' benefits claims processing system. For the DAV and many other veterans organizations, ensuring that disabled veterans and their dependents and survivors receive all the benefits they have earned, without undue delay, remains one of our highest legislative priorities for 2012.

The VA has struggled for decades to reform its system for processing claims for benefits, and yet, despite much activity, little real progress has occurred. In fact, looking at the number of veterans awaiting rating decisions on claims for disability compensation, the problem is larger today than it has ever been.

For decades, the DAV and other veterans and military service organizations have argued that a permanent solution to the problems with the claims processing system will only be achieved if VA first makes major structural changes in how it approaches this challenge. First, staffing levels must be commensurate with the increasing workload. VA has significantly increased personnel assigned to claims process during the last several budget cycles, so this need has at least partially been addressed. Second, proper training of all employees involved in the claims process is paramount to deciding cases correctly the first time. Third, quality review at all levels of the claims and appellate processes is a necessary requirement. Finally, there must be accountability throughout the VA to ensure that all claims and appellate decisions are accurate. Over the past several years, the DAV and others have also emphasized the importance of VA's using advances in information technology (IT) to provide for a paperless process that uses rules-based decision support. We believe IT could be a key to success, as indicated later in this statement.

Despite the hiring of thousands of new employees over the past few years, the number of pending claims for benefits, often referred to as the backlog, continues to grow. Although VBA processed more than a million claims last year—its highest annual total ever—the volume of new and reopened claims still grew. As a result, in the Monday Morning Workload Report from February 4, 2012, there were 891,402 claims for disability compensation and pensions pending, an increase of more than 115,000 from one year ago. Overall, there are 591,243 claims that have been pending greater than VA's target of 125 days, or more than 66 percent of the cases pending, which is a more than 75 percent increase in one year.

But more important than the number of claims processed is the number of claims processed correctly. The VBA quality assurance program is known as the Systematic Technical Accuracy Review (STAR) and is now available publicly on VA's ASPIRE Dashboard. The most recent STAR measure for rating claims accuracy for the one-year period ending September 2011 is 84 percent, about the same level as one year prior, and slightly lower than several years earlier. However, the VA Office of Inspector General reported in May 2011 that based on inspections of 45,000 claims at 16 of the VA's 57 regional offices, claims for disability compensation were correctly processed only 77 percent of the time. This error rate would equate to almost 250,000 incorrect claims decisions in just the past year.

To address these problems, VA Secretary Eric Shinseki has been focused over the past several years on “breaking the back of the backlog” of pending claims. However, it is important for the Committees to understand that the backlog is not the core problem, it is a symptom. If VA focuses only on reducing the backlog number, it will not sufficiently address the underlying problems that created the backlog, nor prevent it from growing again. Once again, to achieve real and lasting progress leading to success, VA must focus on creating a modern, paperless veterans' benefits claims-processing system designed to decide each claim right the first time.

Unfortunately, VA's current performance measurements, both for the organization as a whole and for VA regional offices and their employees, look primarily at volume of work completed and pending, rather than on the quality of work achieved. From Monday Morning Workload Reports to individual employee performance standards, the tools used to measure VBA's success are primarily based on production, not accuracy. It is not surprising, therefore, that employees and managers remain concerned first and foremost with meeting quotas and production goals before turning their attention to how they might improve the quality of that work. VA needs to undergo a cultural change to redefine success away from reducing the backlog toward getting it right the first time. If VA cannot afford to spend the resources to get it right the first time, why should we believe that VA can spend the resources to rework a claim a second or even third time?

Making such a significant cultural change will require a fully engaged and strong congressional influence. It also requires committed, consistent, and stable leadership from VA. We applaud Secretary Shinseki for taking on this challenge, and we thank him for setting ambitious goals and providing personal leadership. Over the past several years, there has been a new openness to change at the VBA, because VBA has worked closely with DAV and other VSOs in seeking innovative solutions. Building on this new partnership, we are pleased with the continued engagement Under Secretary for Benefits Allison Hickey has promoted, and we look forward to working with her to finally and permanently reform this system.

The DAV looks forward to the rollout of a new electronic Veterans Benefits Management System (VBMS) later this year, the continued development of e-Benefits and the other IT improvements that will modernize claims processing. We will continue to work closely with VBA leaders to ensure that DAV and other VSOs who represent veterans seeking earned benefits are fully integrated into these new IT systems.

VBA has pilot-tested dozens of business process improvements to reduce waiting times and increase production of claims decisions. Over the past year at the I-Lab in Indianapolis, VBA has sought to integrate the most promising of these new processes into a new operating model that would create a more efficient, accurate claims process. As VBA finalizes this new model, we would urge VA to keep the focus on IT and process reforms that increase quality and accuracy, the essential cornerstones for reforming the claims processing system. Your Committees can and must use your oversight authority to ensure that the reforms currently underway at VBA are directed toward the ultimate goal of creating a claims processing system that will decide claims right the first time.

Better training and quality control are not only essential, they are interrelated and must be part of a continuous quality improvement program, both for VBA employees and for the claims process itself. Quality control programs should identify areas and subjects that require new or additional training for employees; better training should improve the overall quality of work. Testing and certification can help both the training programs themselves as well as measure each individual's knowledge and understanding of job functions. It is important, however, that testing and certification be applied equally to employees and to those who supervise them and manage their work, including all coaches and managers in VBA.

DAV has testified to this challenge in the past, but it needs repeating today. To aid in reforming the veterans' benefits claims processing system, Congress should:

- Shift VA's approach so that the primary goal is deciding claims right the first time, not simply reducing the backlog;
- Provide aggressive oversight of VBA as it finalizes its new operating model to ensure that best practices are adopted and integrated into a new claims process focused on improving quality and accuracy of claims decisions;
- Ensure that the new VBMS is provided sufficient time and resources to develop into a comprehensive, paperless, and rules-based platform for processing veterans' claims for benefits;
- Ensure employee performance standards and work credit system create adequate incentives to increase quality and accuracy, not only speed or production; and
- Ensure sufficient training is given to employees throughout their careers, along with tests of all employees, including coaches and managers, on the skills, competencies, and knowledge required to do their jobs successfully.

Madame and Mr. Chairmen, DAV and other veterans service organizations can play a critical role in the reform of the claims processing system. VSOs bring vast experience and expertise about the claims process gained from representing millions of veterans and their families in making claims for earned benefits. We make the VBA's job easier by helping veterans prepare and submit better claims, thereby requiring less of VBA's time and resources to develop and adjudicate them. DAV and other VSOs have been pleased with the increased cooperation and collaboration with VBA and we hope VA and Congress will continue to engage us throughout this important period of transformation and modernization of the benefit claims processing system.

ADDITIONAL OVERSIGHT

Madame and Mr. Chairmen, as we have pledged to you previously, we will continue to work with you, your colleagues and your staffs to identify areas within VA that may be duplicative, ineffective, inefficient or wasteful. Every dollar that is misspent is one that cannot be used to help a veteran in need, and we are committed to working with your Committees and others to ensure that VA continues to deliver the services and benefits that our nation's veterans have earned through their service. Last year we offered a number of suggestions for areas that these Committees might wish to investigate, and I will highlight a few of them that we believe still require attention.

Organizational Structure and Size of Veterans Integrated Service Networks

DAV and other veterans service organizations supported VA's decision to restructure the VA health care system with the adoption of Veterans Integrated Service Networks (VISNs) as a

regional health care organization in the 1990s. Two decades later, however, both the delivery of health care and the demographics and needs of veterans have changed. Accordingly, we would recommend these Committees commission an independent, outside review of the VA network concept, subsequent implementations, and current status, with recommended changes that may be warranted. The time has come for a critical review of the organization, functions, operation, and budgeting process at the VISN and VA medical center levels. DAV would recommend the review be conducted by the Institute of Medicine of the National Academy of Science.

Another area in particular we are concerned about is the growth in size of the VISN bureaucracies within the Veterans Health Administration (VHA). When this new organizational model was developed, the plan called for each VISN to employ a small number of managers and support staff, perhaps a dozen or so, and any additional expertise needed would come from assigned personnel at medical centers and other existing facilities. Today, however, some VISNs employ hundreds of administrative personnel and have occupied enormous buildings to serve as their permanent headquarters. We urge the Committees to carefully examine the growth of VISNs and the increasing share of the budget that they currently consume, versus the value they add to the delivery of VA health care.

Growth of General Administration

Similarly, DAV has serious concerns that rising VA Central Office (VACO) management budgets and expanding personnel comprised a significant portion of FY 2012 budget growth. These increases have nearly doubled staff in the Office of Policy and Planning, expanded the Office of Public and Intergovernmental Affairs, as well as continued increases for the Office of Congressional and Legislative Affairs, and do not seem justified. The scale of these increases does not appear reasonable, and we have concerns about whether such bureaucratic growth is necessary during a time when veterans face delays in accessing medical care and resolving their disability claims. When budgets are limited, it is essential that every penny be used to meet the needs of the veteran.

Another area that needs scrutiny is VA travel and conference expenditures. We urge Congress to scrutinize the General Administration account, including travel and meeting costs, to permit funding increases only when necessary, and to redirect savings to the VA services and programs veterans need.

Care Coordination for VA Fee-Basis Care

Another area we urge the Committee to address is the lack of coordination of non-VA purchased care and the process of referring veterans to local providers. A veteran who is approved for fee-basis care is not currently provided a list of private providers who are certified, licensed, or accredited to practice. Nor does VA identify local providers in the veteran patient's community who accept VA's payment rate. This lack of coordination can lead VA to pay higher rates than necessary because savings could have been achieved if VA would identify and contract with local networks or providers at lower rates. We urge Congress to conduct oversight of non-VA purchased care activities and policies to ensure improved coordination of care and to avoid excess payments made to private providers.

Duplicative Surveys of State Veterans Homes

Currently, State Veteran Homes must undergo regular evaluation by VA inspection teams. Many of the same veterans' homes are also inspected by the Centers for Medicare and Medicaid Services. Such overlap in inspection regimes appears unwarranted and we urge Congress to examine any duplicative surveys, including those of State Veterans Homes, to determine if they should be continued.

The Costs of Brokering VBA Claims Work

An area of the VBA claims process that needs further scrutiny is the growing practice of brokering claims among VBA regional offices, and particularly the significant costs of transporting such brokered claims files. While VBA is still awaiting a paperless solution to its claims processing problems, it must maintain and process all claims using paper files, many of which contain hundreds of pages. It is our understanding that claims are transported using FedEx shipping services. The costs of transporting these claims using express delivery services are substantial. We recommend that these Committees examine the entire brokering system, particularly the paper-centric logistical demands of current practices. We would recommend that the Committees examine if it may be possible to begin digitizing files that are to be brokered, thus saving VA significant shipping costs.

On behalf of DAV, I urge your Committees to examine the areas we have highlighted above that seem to us to call out for close oversight by Congress, and I pledge that we will work with you to find other areas of waste and inefficiency in VA.

DAV'S MISSION

Madame and Mr. Chairmen, our largest endeavor in fulfilling DAV's mission—*Building better lives for our nation's service-disabled wartime veterans and their families and survivors*—is our National Service Program. Our unparalleled program is the backbone of the DAV, extending from the local chapter level through the 50 state departments to the national level.

After almost 20 years as a DAV National Service Officer (NSO), I am personally familiar with the dedication it takes to properly provide the level of service that we, as an organization, pledge to deliver to sick and disabled veterans, their families and survivors.

Our Chapter Service Officers, Department Service Officers, Transition Service Officers and NSOs have never wavered in their commitment to serve our nation's service-connected disabled veterans, their families and survivors, or any veteran for that matter. No one has more impact on our organization's ability to meet our primary mission. No one has more impact on our organization's stellar reputation. No one has more impact on empowering disabled veterans to become productive members of society again. And I believe no one has a tougher task than those DAV service officers representing veterans and their families and survivors in their claims for benefits from the government. In addition to the long hours, often frustrating circumstances

and tedious tasks, DAV service officers must have a solid understanding of the claims process in its complex entirety, intense training for which they receive from the national organization.

Service Programs

In keeping with the core values of the DAV, the National Service Program is our highest priority. In order to fulfill our mandate of service to America's service-disabled veterans and their families, DAV employs a corps of about 244 National Service Officers, all of whom are wartime service-connected disabled veterans. The experience of DAV NSOs, both military experience and their personal claims experiences with VA, not only provides a significant knowledge base but also provides a passion for helping veterans like themselves. DAV NSOs are located in VA regional offices as well as in other VA facilities throughout the nation.

DAV NSOs undergo a rigorous 16-month on-the-job training program as well as Structured and Continued Training throughout their DAV careers. During the course of the on-the-job training program, NSOs learn applicable laws and regulations pertaining to VA benefits and complete a series of academic courses to include courses in anatomy and physiology, medical terminology, English composition, legal writing, and public speaking. These dedicated NSOs, many of whom are veterans of Operations Enduring or Iraqi Freedom (OEF/OIF), sustain DAV's legacy of providing the best and most professional benefits counseling and claims assistance available anywhere. With the generous support from a grateful American public and public-spirited businesses, DAV is proud to provide these services without cost to any veteran in need.

During 2011, DAV NSOs interviewed over 182,654 veterans and their families; reviewed more than 300,600 VA claims files; filed 238,709 new claims for benefits, and obtained \$6.5 billion in new and retroactive benefits for the disabled veterans whom we represented. Our NSOs also participated in 261,835 VA Rating Board appearances.

Given the significant number of severely disabled military service members under care at Walter Reed National Military Medical Center (WRNMMC) at Bethesda, Maryland, DAV continues to provide assistance to personnel under care at this facility. The number of severe casualties with amputations who have been treated at WRNMMC and elsewhere continues to grow significantly. As of December 2011, there were 1,200 individuals with traumatic amputations, many of these personnel have lost multiple extremities, and in at least four cases, the loss included all four limbs. The total number of OEF/OIF veterans wounded in action is more than 47,400.

However, although much current public attention is focused on those newly wounded from OEF/OIF, thankfully these casualties of war remain relatively small compared to other combat eras. To put this in perspective, the VA reports that Vietnam veterans are its single largest veteran cohort, with an enrolled population of over 300,000 who were wounded in Vietnam, of whom 5,283 lost limbs and 1,081 sustained multiple amputations.

In addition to our work at VA facilities, DAV employs nine National Appeals Officers (NAOs) whose duty is to represent veterans in their appeals before the Board of Veterans'

Appeals (BVA). In 2011, DAV NAOs provided representation in 29 percent of appeals decided before the BVA, a caseload of 14,112 appeals. Almost 45 percent of the cases represented by the DAV resulted in remands. These remands resulted in additional consideration or development for 6,290 veterans who had cases that were not adequately considered by the Regional Offices that initially decided them. In almost 30 percent of the cases, involving 4,212 veterans represented by DAV, the claimants' appeals were allowed and the denial of benefits overturned. This means that nearly 75 percent of the appeals represented by DAV resulted in original decisions being overturned or remanded to Regional Office rating boards for additional development and re-adjudication. Both DAV remand and allowance rates were above the average of 44.2 percent and 28.5 percent, respectively.

Additionally, DAV works closely with two private law firms that have agreed to provide *pro bono* services to veterans pursuing their appeals from adverse decisions of the BVA. In 2011, these *pro bono* attorneys offered free representation in 1,100 appeals at the United States Court of Appeals for Veterans Claims, and provided representation in almost 700 of those cases. Since the inception of DAV's *pro bono* program before the federal courts, these attorneys made offers of free representation in more than 2,500 cases, providing free representation in over 1,500 cases.

The DAV's Transition Service Program (TSP) was initiated 12 years ago, shortly after the formation of the joint VA-Department of Defense (DoD) Benefits Delivery at Discharge (BDD) program, an initiative to provide transition assistance to separating military service members who incurred disabilities related to their military service. The BDD program was developed to provide a smooth transition from the military to civilian society. The BDD program helps service members within 60 to 180 days prior to military discharge to file their claims for disability compensation (when approved, payments for these disabilities are generated shortly following discharge), and for transitioning into the VA health care system when needed. DAV NSOs and TSOs provide free counsel and claims representation to service members who are eligible to participate in the BDD program. This program helps ensure that service members do not find themselves in a situation where the military benefits are discontinued and VA benefits have not yet begun. We support this program and any program that ensures new veterans and their families are not under-served in the transition process.

For benefits counseling and assistance to separating service members in filing initial claims in the BDD program, the DAV has assigned 30 TSOs. These TSOs provide these services at military separation centers under the direct supervision of DAV NSO Supervisors. Our TSOs have been trained specifically to perform transition presentations, military service medical record reviews, and claims-initiating activities at military separation centers at 80 military installations within the continental United States.

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

The DAV's TSP contributes to our goal of maintaining our preeminent position as a provider of professional services to veterans. In 2011, our TSOs conducted 3,974 briefing presentations to groups of separating service members, with 74,858 total participants in those sessions. Our TSOs counseled 30,735 persons in individual interviews, reviewed the military service treatment records of 24,918 individuals, and filed benefits applications for 21,947 personnel.

DAV continues to work toward ensuring access to service members within the now revised Integrated Disability Evaluation System (IDES). IDES is the result of a DES pilot project premised on the President's Commission on Care for America's Returning Wounded Warriors recommendation, and was launched by DoD and VA in 2007. Based on service members' high satisfaction rates with the revised program, the DoD and VA have designed IDES, with the goal of expediting the delivery of VA benefits to all out-processing service members. The IDES has three features: a single, comprehensive medical examination; a single-source VA disability rating; and enhanced case management methods. This program aims to help injured and ill service members gain faster access to TRICARE and VA benefits by developing a single medical examination used by both DoD and VA, with a single-source disability evaluation done by VA and accepted by DoD.

In 2010, DAV replaced an aging fleet of a previous generation of Mobile Service Offices (MSOs), with 10 new units. By putting DAV NSOs on the road, assisting veterans where they live, the DAV is increasing accessibility to the earned benefits our nation provides to its veterans. The specially equipped MSOs, staffed with NSOs, visit communities across the country. This outreach effort generates a considerable amount of claims work from veterans who may not otherwise have the opportunity to seek assistance at DAV National Service Offices.

To support the MSO effort, in August 2010, the Harley-Davidson Foundation pledged a second \$1 million grant to continue the Harley's Heroes program for another four years, extending its original commitment to a total of eight years. The mission of this project, Harley's Heroes, is to help DAV reach out to millions of veterans of all war generations and show the respect DAV and Harley-Davidson share for them as a result of veterans' service and sacrifice. It also ensures they gain access to benefits counseling and claims assistance when and where needed.

DAV also uses its MSOs for outreach to veterans in other public awareness programs, such as air shows, Native American reservation events, NASCAR races, military retiree conventions, the Vietnam Moving Wall appearances, homeless veteran "stand-downs," community fairs and parades, Veterans Day and Memorial Day activities, veterans job fairs, and information seminars of many types.

During 2011, our MSOs traveled nearly 124,000 miles while visiting 810 cities and towns, including 197 Harley-Davidson dealerships across the country. DAV NSOs interviewed 16,799 veterans and other potential claimants during these efforts.

These specially equipped MSOs, along with our disaster relief teams, are also used to deploy into areas devastated by disasters allowing DAV to provide much-needed assistance

directly to displaced service-disabled veterans and their families. They have been used at ground-zero following the attacks on the World Trade Center, around the Gulf Coast following Hurricanes Katrina and Rita, after a destructive tornado in Greensville, Kansas, and most recently, in North Carolina following a hurricane.

When a DAV MSO comes to your state or district, I would encourage the members of these Committees and their staffs to stop by and see first-hand the services that DAV is providing to your constituents. I would also highly recommend that you refer any of your constituents who may need assistance with their VA claims to stop by our MSO when it is in your area.

Voluntary Services

Equally vital to the success of our mission to rebuild the lives of our nation's wartime service-disabled veterans are the activities of 14,067 DAV and Auxiliary members who selflessly volunteer their time to assist America's sick and disabled veterans. Our Voluntary Services Program is as strong as ever, making sure sick and disabled veterans are able to attend their medical appointments, providing them comfort and companionship and getting them the care they need and earned. Our volunteers are in the VA medical centers and clinics in large numbers, and they visit disabled veterans at home, going where the government cannot or will not go. The DAV is leading the way in volunteer services, a fact that makes all of us proud to be a part of this organization, and makes me even prouder to have been chosen to lead this great organization.

Last year, these valuable members of the DAV and its Auxiliary served our nation by providing more than 2.1 million volunteer hours of essential services to hospitalized veterans in VA facilities, saving taxpayers over \$45.2 million in costs if federal employees had been required to provide them. Many DAV members volunteer at VA hospitals, clinics and nursing homes and serve as Hospital Service Coordinators and drivers in DAV's nationwide Transportation Network, about which I will provide more detail later in this testimony.

In an effort to meaningfully touch the lives of more veterans in need of assistance, DAV created the Local Veterans Assistance Program (LVAP). Opportunities have always existed for individuals to assist veterans and their dependents—and DAV and our Auxiliary members have answered that call in full measure. We see examples of this each and every day aimed at meeting the principal objective of our organization—to build better lives for America's disabled veterans and their families.

The DAV LVAP volunteers contribute 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, such as DAV's air show outreach programs, Harley's Heroes, and National Guard mobilizations and demobilizations.
3. Fundraising efforts to assist disabled veterans.

4. Direct assistance to veterans, families and survivors, including our volunteers engaged in home repairs and maintenance, and grocery shopping, among many other supportive activities.

Since its inception four years ago, 2,008 volunteers participated in the DAV's LVAP for a total of almost 602,300 hours of volunteer service. The DAV is constantly seeking new ways to recruit and engage DAV members and volunteers, and we believe this new program will work to the advantage of all whom we serve.

Unfortunately, we are experiencing the loss of our volunteers from the Greatest Generation. The DAV has sought to reward and develop a new generation of younger VA volunteers. A decade ago, we created a youth volunteer scholarship program to ensure the future of a viable DAV volunteer effort. In remembrance of former VA Secretary and former DAV Executive Director, the late Jesse Brown, we named the scholarship program in his honor. Annually, the DAV Jesse Brown Memorial Youth Scholarship Program honors outstanding young volunteers who participate in the VA Voluntary Service Program and donate their time and compassion to sick and disabled veterans. Since its inception, the DAV has awarded 131 scholarships totaling about \$893,000 to enable these exceptional young people to pursue their passions in higher education.

In 2011, Ford Motor Company donated another \$25,000 to the Jesse Brown Memorial Youth Scholarship Program to enable us to continue awarding these scholarships.

Another corporation that has come forward to help disabled veterans is Golden Corral Corporation, which, for the 11th year in a row, opened its doors this past November to all veterans on Military Appreciation Monday, serving 373,000 free meals to patrons who have served in the armed forces. The nationwide events yielded more than \$1 million in donations to DAV chapters and departments. Since 2001, the restaurant has served more than three million "thank you" meals to our nation's veterans, and raised in excess of \$6 million in donations for DAV. These generous fundraising efforts help support DAV initiatives and programs throughout the year and provide a chance for chapters and departments to reach local veterans.

National Transportation Network

Madame and Mr. Chairmen, the DAV is extremely proud of the service provided by our volunteers, many of whom are disabled veterans themselves or the family members of disabled veterans. These volunteers, some of whom are seated before you today in this hearing, continue to serve the needs of our disabled veterans on a daily basis. Many of our nation's sick and disabled veterans are aided because of the time these volunteers donate. Everyone at DAV applauds their efforts and their dedication.

The DAV utilizes 192 Hospital Service Coordinators at 199 VA health care facilities across the nationwide system to oversee DAV's National Transportation Network. The DAV's program provides free transportation to and from VA health care facilities to veterans who otherwise could not access needed VA medical care.

From January through November 2011, DAV's National Transportation Network logged more than 22 million miles and transported 636,116 veterans to VA health care facilities. More than 9,249 volunteer drivers spent nearly 1.9 million hours transporting veterans. Since our national transportation program began in 1987, over 14 million veterans have been transported almost 526 million miles, for a total of 29 million volunteer hours by our drivers.

In 2011, DAV donated 101 vans to VA facilities at a cost of \$2.5 million. In 2012, we plan on donating 118 vans at a cost of about \$3 million. Since 1987 thru 2011, we have donated 2,469 vans at a cost to DAV of \$53.7 million.

DAV's efforts were aided by the support of the Ford Motor Company with the presentation of eight new vehicles from Ford in August 2011 for the DAV's Transportation Network. Since 1996 Ford has donated 156 vehicles to the DAV National Transportation Network. The DAV is proud that Ford Motor Company continues to honor its commitment through its generous donations through DAV to the men and women who have served our nation and who have preserved our freedoms.

DAV's commitment to our National Transportation Network is as strong as ever. We have deployed DAV vans in every state and nearly every Congressional district serving our veterans—your constituents.

National Disabled Veterans Winter Sports Clinic

DAV is a collaborator in another outstanding program that directly impacts the lives and well-being of seriously disabled veterans. Working in cooperation with VA, DAV co-sponsors the annual National Disabled Veterans Winter Sports Clinic. For a quarter century, this exceptional physical rehabilitation program, held in the mountains of Colorado, has transformed the lives of America's most severely injured veterans. This unique program—often referred to as Miracles on a Mountainside—helps veterans re-build confidence in their abilities, overcome their severe injuries and regain their lives. This event promotes rehabilitation by instructing veterans with severe disabilities in adaptive skiing, and introducing them to a number of other adaptive recreational activities and sports. Veterans from all eras attend the clinic, including many injured in Iraq and Afghanistan. This unique event offers many of them their first experience in winter sports and gives them the motivation to take their rehabilitation to a higher level. Participants include veterans with amputations, traumatic brain injuries, spinal cord injuries, neurological challenges, and visual impairments.

For anyone who has attended this event and observed first-time participants, I can assure you, miracles still occur. These severely disabled veterans indeed experience a life-changing event at our Winter Sports Clinic, and so do all the inspired observers and volunteers who participate. I invite all members of these Committees to come and experience the Miracles on a Mountainside with me. Our next clinic is scheduled for March 25-30, 2012 in Snowmass Village, Colorado.

Charitable Service Trust

The DAV established the DAV Charitable Service Trust in 1986 to advance initiatives, programs or services that might not fit easily into the scheme of what is traditionally offered through VA, state veterans programs, or in the veterans service organization community. The Trust plays an essential and decisive role in making sure America meets its obligations to our nation's disabled veterans, their dependents and survivors.

Each year, the Trust seeks new and innovative ways to make a positive difference in the lives of disabled veterans through:

- Advancing training and employment opportunities for disabled veterans and their families; and
- Assisting and supporting homeless veterans;
- Providing programs of care that fall outside the “medical model” but are of benefit to disabled veterans, such as service dog programs, therapeutic art and writing workshops, and therapeutic equestrian activities;
- Making efforts that ensure quality health care for veterans in VA and other facilities;
- Assisting veterans suffering from post-traumatic stress and brain injuries;
- Creating programs to enhance research in, and mobility for, veterans with amputations and spinal cord injuries;
- Improving outreach benefiting aging disabled veterans, including those with mental illness;
- Funding programs that evaluate and address the needs of veterans disabled in recent wars and conflicts;

Each year brings dramatic new changes in the lives of disabled veterans that present greater challenges to our mission of service to them and their families. Our Charitable Service Trust will continue to do all it can to meet the real needs of sick and disabled veterans.

As my testimony demonstrates, the DAV remains committed to its focused mission. The DAV is proud that it can direct its resources to the most needed and meaningful services for America's service-disabled veterans and their families. There is no nonprofit organization that does more for disabled veterans, their families and survivors than the DAV.

Since by national policy DAV neither seeks nor accepts government grants or contracts of any kind, the DAV is able to carry out these good works only with the continuing support of our members, our dedicated corporate partners, and a generous American public that remain faithful to our work and grateful for all that our veterans have done. They collectively express that gratitude through us, and this is a very humbling role for DAV.

National Legislative Program

Madame and Mr. Chairmen, DAV was founded in 1920 as a nonpartisan, nonprofit veterans service organization. Since then, promotion of *meaningful*, *reasonable*, and *responsible* public policy for wartime service-disabled veterans has been at the heart of who we are and what

we do. Our will and commitment to building better lives for our nation's wartime service-disabled veterans and their families and survivors emanate from our history, our own personal sacrifices in the armed forces, and they are strengthened by the vitality of our membership and the sustained support of the American people.

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 conformance with the collective will of our members. Our 2011-2012 mandates cover a broad spectrum of VA programs and services, and they are available on DAV's website, at <http://www.dav.org/voters/documents/Resolutions.pdf>. I invite your professional staffs to consider the content of these resolutions in crafting legislation for the second session of the 112th Congress.

DAV thanks these Committees and Congress for their past support of legislative issues that have benefited service-disabled veterans, their families and survivors. In the first session of the 112th Congress, we appreciate enactment of the VOW to Hire Heroes Act to enhance veterans' jobs programs and legislation to provide a cost-of-living adjustment for disability compensation, the first increase in disability compensation in two years. We especially want to recognize Chairman Murray for your advocacy on jobs for veterans, women veterans and post-deployment mental health care. Chairman Miller, we thank you for your leadership on jobs for veterans, and for your intention to pursue strong oversight of VA's myriad programs.

As DAV has testified in the past, we are concerned that some of the benefits Congress enacted are exclusive to veterans of OEF/OIF. While we understand that these are special circumstances that may require legislative consideration to ease transition challenges from military to civilian life, DAV represents disabled wartime veterans of any age and of any period of service. We remain dismayed that previous generations cannot take advantage of a number of these new improvements, and we ask your Committees to reconsider the trend to exclude older veterans from the new and expanded benefits you have awarded to younger ones, especially the stipend and extensive health care benefits for veterans' caregivers.

With the realization that we will have ample opportunity to more fully address other DAV legislative resolutions during hearings before your Committees and personally with your staffs in the new session, I shall only highlight crucial ones in this statement.

Medical and Health Care Services

- Congress and the Administration must assure full implementation of legislation to guarantee sufficient, timely, and predictable funding for VA health care programs.
- Ensure:
 - that priority access and timely, quality health care services are provided to service-connected disabled veterans.
 - proper screening and treatment for traumatic brain injury and post-deployment mental health issues.
- Support:

- comprehensive quality medical services and benefits for women veterans.
- repeal of VA and Department of Defense co-payments for medical care and prescription medications.
- legislation to provide comprehensive support services for caregivers of all severely wounded, injured, and ill veterans.
- repeal of beneficiary travel pay deductibles for service-connected disabled veterans and support increased beneficiary travel reimbursement rates.

Disability Compensation and Other Benefits

- Support:
 - legislation to provide a realistic increase in VA compensation rates to address loss of quality of life.
 - reform in the Veterans Benefits Administration’s disability claims process.
 - legislation to remove the prohibition against concurrent receipt of military retired pay and VA disability compensation.
 - legislation to remove the offset of Survivor Benefit Plan payments and VA Dependency and Indemnity Compensation.
 - interest payments for VA retroactive awards of one year or more.
- Oppose:
 - any proposal that would offset payments of Social Security Disability Insurance benefits or any other federal benefits by the amount of VA compensation.
 - any scheme to means test disability and death compensation.
 - any change that would redefine service-connected disability or restrict the conditions or circumstances under which it may be established.
 - any recommendations by any commission to reduce or eliminate benefits for disabled veterans.

General Issues

- Extend:
 - military commissary and exchange privileges to service-connected disabled veterans.
 - space-available air travel aboard military aircraft to 100 percent service-connected disabled veterans.
- Provide educational benefits for dependents of service-connected veterans rated 80 percent or more disabled.
- Support:
 - legislation that would exempt the benefits paid to wartime service-connected disabled veterans from the “Pay-Go” and “Cut-Go” provisions of the Budget Enforcement Act.
 - legislation to reduce premiums for Service Disabled Veterans’ Insurance consistent with current life expectancy.
 - legislative measures assisting disabled veteran-owned businesses.
 - fullest possible accounting of POW/MIAs from all wars and conflicts.
 - legislation to provide families of veterans who are service-disabled veteran-owned business owners but rated less than 100 percent service-connected conditions a reasonable transition period to restructure their businesses.

- Eliminate the current 12-year eligibility limit for veterans to take advantage of their vocational rehabilitation benefits.

Madame and Mr. Chairmen, your Committees' support of these matters would be deeply appreciated by DAV and all our members who have sacrificed so much for our nation—our service-disabled veterans and their families and survivors. We ask that DAV resolutions be among the policies to be considered by Congress in 2012.

Madame and Mr. Chairmen, as our statistics show, DAV not only advocates on behalf of our nation's disabled veterans, but we also continue to give back to our nation and our fellow veterans through the programs that I have described in this testimony. I hope that I have been able to demonstrate for you and your colleagues that DAV devotes its resources to the most needed and meaningful services for our disabled veterans. These services aid disabled veterans directly and support and augment VA programs. I trust you can see why the men and women of the DAV and its Auxiliary are so proud of this great organization and all that it does for disabled veterans, their families and survivors each year.

I trust that my testimony has assisted you to understand that America's disabled veterans rather than being satisfied to rest on their laurels, continue to stand ready to actively and unselfishly stand up for veterans, their families and survivors across this great land of ours.

In closing, let me again say that it has been an honor to appear before you today to present the major issues and concerns of the Disabled American Veterans. I know that all of us present in this room and all DAV and DAV Auxiliary members share a deep and abiding respect for the brave men and women who serve our country so selflessly, especially those still in harm's way overseas.

As these Committees deliberate during the second session of the 112th Congress, please keep in mind that disabled veterans, their loved ones and survivors, have paid a high price for the freedoms we all cherish as Americans. The only thing that we ask in return for our sacrifices and our service to our country is for our government to honor its sacred obligation and keep its promises to America's disabled veterans, their families and survivors. The defenders of our nation deserve nothing less.

My colleagues and I are prepared to further discuss any matters relevant to DAV, this testimony, or to respond to your questions. Thank you very much for your time.

May God bless America.