



Statement of the Fleet Reserve Association
on its 2006 Legislative Goals
Presented to the
Veterans Affairs Committee
U.S. House of Representatives

By

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National Executive Secretary, FRA

Joseph L. (Joe) Barnes was selected to serve as the Fleet Reserve Association's (FRA's) National Executive Secretary (NES) in September 2002 during a pre-national convention meeting of the FRA's National Board of Directors (NBOD) in Kissimmee, Fla. He is FRA's senior lobbyist and chairman of the Association's National Committee on Legislative Service. He is also the chief assistant to the National President and the NBOD, and responsible for managing FRA's National Headquarters.

A retired Navy Master Chief, Barnes served as FRA's Director of Legislative Programs and advisor to FRA's National Committee on Legislative Service since 1994. During his tenure, the Association realized significant legislative gains, and was recognized with a certificate award for excellence in government relations from the American Society of Association Executives (ASAE).

In addition to his FRA duties, Barnes is a member of the Defense Commissary Agency's (DeCA's) Patron Council, and was elected Co-Chairman of the 36-organization Military Coalition (TMC) in November 2004. He also serves as Co-Chairman of TMC's Personnel, Compensation and Commissaries Committee and testifies frequently on behalf of FRA and TMC on Capitol Hill.

He received the United States Coast Guard's Meritorious Public Service Award for providing consistent and exceptional support of Coast Guard from 2000 to 2003 and was appointed an Honorary Member of the United States Coast Guard by Admiral James Loy, former Commandant of the Coast Guard, and then Master Chief Petty Officer of the Coast Guard Vince Patton at FRA's 74th National Convention in September 2001. Barnes is also an ex-officio member of the U.S. Navy Memorial Foundation's Board of Directors.

Barnes joined FRA's National Headquarters team in 1993 as editor of On Watch, FRA's quarterly publication distributed to Navy, Marine Corps, and Coast Guard personnel. While on active duty, he was the public affairs director for the United States Navy Band in Washington, DC. His responsibilities included directing marketing and promotion efforts for extensive national concert tours, network radio and television appearances, and major special events in the Nation's capital. His awards include the Defense Meritorious Service and Navy Commendation Medals.

Barnes holds a bachelor's degree in education and a master's degree in public relations management from The American University, Washington, DC, and earned the Certified Association Executive (CAE) designation from ASAE in 2003. He's an accredited member of the International Association of Business Communicators (IABC), a member of ASAE, the American League of Lobbyists, the U.S. Naval Institute, Navy League, and National Chief Petty Officer's Association.

He is a member of the FRA Branch 181 board of directors and has served in a variety of volunteer leadership positions in community and school organizations. He is married to the former Patricia Flaherty of Wichita, Kansas and the Barnes' have three daughters, Christina, Allison, and Emily and reside in Fairfax, Virginia.

THE FRA

The Fleet Reserve Association (FRA) is the oldest and largest organization serving personnel and veterans of the Navy, Marine Corps, and Coast Guard. It is Congressionally Chartered, recognized by the Department of Veterans Affairs (DVA) as an accrediting Veteran Service Organization (VSO) for claim representation and entrusted to serve all veterans who seek its help.

FRA is actively involved in the Veterans Affairs Voluntary Services (VAVS) program, and has a seat as a national representative on the VAVS National Advisory Committee (NAC). The NAC was established in 1946 and advises the Under Secretary for Health on matters pertaining to the participation of volunteers in VA medical facilities. The NAC also assists in recruitment and orientation of volunteers, and keeps the officers and members informed of volunteer needs and accomplishments.

In 2005, FRA shipmates volunteer in more than 30 VA facilities throughout the country, enabling FRA to achieve "Service Member" status. Members of the Ladies Auxiliary of the Fleet Reserve Association are also actively involved in the VAVS program and hold an Associate Membership on the committee (which requires involvement at 15 or more VA facilities).

FRA also is a major participant in The Military Coalition (TMC) a 36-member consortium of military and veterans organizations. FRA hosts most TMC meetings and members of its staff serve in a number of TMC leadership roles, including co-chairing several committees.

FRA celebrated 80 years of service in November 2004. For over eight (8) decades, its dedication to its members has resulted in legislation enhancing quality of life programs for Sea Services personnel and other members of the Uniformed Services while protecting their rights and privileges. CHAMPUS, now TRICARE, was an initiative of FRA, as was the Uniformed Services Survivor Benefit Plan (USSBP). More recently, FRA led the way in reforming REDUX, obtaining targeted pay increases for mid-level enlisted personnel, and sea pay for junior enlisted sailors.

FRA's motto is: "Loyalty, Protection, and Service."

CERTIFICATION OF NON-RECEIPT OF FEDERAL FUNDS

Pursuant to the requirements of House Rule XI, the Fleet Reserve Association has not received any federal grant or contract during the current fiscal year or either of the two previous fiscal years.

INTRODUCTION

Mr. Chairman, and distinguished Members of the Committees, the membership of the Fleet Reserve Association (FRA) appreciates this opportunity to present the Association's FY 2007 legislative goals. On behalf of more than 110,000 shipmates, I extend sincere gratitude for the concern, active interest and progress to date generated by the Committee in protecting, improving, and enhancing benefits that are truly deserved by our Nation's veterans. We look forward to working with you to further enhance the quality of life for over 25 million of our Nation's veterans, their families and survivors.

FRA was established in 1924 and its name is derived from the Navy's program for personnel transferring to the Fleet Reserve or Fleet Marine Corps Reserve after 20 or more years of active duty, but less than 30 years for retirement purposes. During the required period of service in the Fleet Reserve, assigned personnel earn retainer pay and are subject to recall by the Secretary of the Navy.

As a congressionally chartered association, FRA's mission is to act as the premier "watch dog" organization in maintaining and improving the quality of life for Sea Service personnel and their families. FRA is a leading advocate on Capitol Hill for enlisted Active Duty, Reserve, retired and veterans of the United States Navy, Marine Corps, and Coast Guard.

THE FY 2007 DVA BUDGET

FRA appreciates the Administration's proposed record \$80.6 billion FY 2007 budget, representing an \$8.8 billion increase over the DVA's 2006 budget. And the 11.3 percent increase for veterans' health care, totaling \$34.3 billion, is a step in the right direction toward maintaining the highest quality care for our Nation's veterans. However, the Association questions the assumptions used to determine these amounts, particularly in shifting part of the cost burden on to veterans' shoulders.

FRA strongly opposes the plan to impose a \$250 enrollment fee for veterans in Priority Groups 7 and 8. The Administration's request also includes a recommendation to nearly double prescription drug co-payments from \$8 to \$15, for a 30 day supply – a plan FRA also opposes.

According to DVA estimates, 200,000 veterans would be discouraged from seeking VA health care, and more than a million veterans currently enrolled in Priority Groups 7 and 8 would drop out of the system if this fee structure were implemented. Beneficiaries in these Priority Groups are veterans, and FRA adamantly opposes shifting costs to them.

Persistent Shortfalls

This past year is perhaps the most unique ever in the debate over the Department of Veterans' Affairs (DVA) budget. The Department acknowledged that it did not have the resources necessary to meet the growing demands being placed on its health care system due primarily to Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

During the past year, DVA acknowledged that it was facing a shortfall of approximately \$1 billion for veterans' health care funding for FY 2005. During a subsequent hearing conducted by this distinguished Committee, Under Secretary for Health, Jonathan Perlin, MD, stated that because of flaws with its health care model, DVA would be transferring approximately \$1 billion from other health care accounts in order to continue to meet the demand for care. During subsequent hearings, Secretary of Veterans Affairs James Nicholson explained that it would be necessary to transfer approximately \$600 million from operations and non-recurring maintenance accounts, and approximately \$400 million from FY 2006 funding.

Congress responded quickly and decisively to address this situation by authorizing additional appropriations totaling \$1.2 billion to cover the shortfall and our members appreciate this effort.

However, despite these actions, DVA still faces the real possibility that it will not receive adequate resources in future budgets, and funds may become available after the start of each fiscal year. These factors place enormous stress on the system and will leave the DVA struggling to provide care that all veterans have earned and deserve.

Research by the Government Accounting Officer (February 1, 2006) on methodology used by DVA, found that unrealistic assumptions, estimate errors, insufficient data, and inaccurate budget models resulted in the 2005 DVA budget shortfalls. Hopefully these issues were taken into account in the preparation of the proposed FY 2007 DVA budget.

Discretionary versus Mandatory Funding

Currently only the Veterans Benefits Administration (VBA) portion of the DVA budget is designated as mandatory spending, while the entire Veterans Healthcare Administration (VHA) part of the DVA budget is discretionary spending. Unfortunately the budgetary process has become more and more politicized and continues to fail veterans who depend on DVA for all or part of their healthcare.

FRA concurs with, and endorses recommendations that the Committee on the Budget convert the veterans' health care account from discretionary to mandatory spending. FRA understands the jurisdictional and other challenges associated with this issue and believes that veterans' health care is as important as other federal benefits funded in this manner. Regardless of the method used, the Association supports any efforts to help ensure full funding for VA Healthcare to ensure care for all beneficiaries.

VETERANS HEALTH ADMINISTRATION

VA/DoD Collaboration

The Departments of Defense (DoD) and Veterans Affairs have made great progress in sharing information and resources, but much more is needed, particularly with regard to access standards, to truly provide a “seamless transition” from military service to veteran status.

This came to light during the January 2006 meeting of the Veterans Disability Benefits Commission (VDBC). Commissioners heard testimony of the real life stories from combat injured personnel returning from the front lines. The most compelling story came from Sarah Wade, wife of retired US Army Sergeant Edward Wade who suffered a traumatic brain injury. He had his right arm amputated above the elbow, broke his right foot and suffered shrapnel wounds. While still in a coma, Wade was medically “retired” and shifted to the DVA. In her presentation to the Commission, Mrs. Wade reflected how her husband was pushed back and forth between the two departments to receive proper care. Unfortunately, this is not unique and there are other examples of personnel encountering challenges in moving from the military to DVA.

Some OEF/OIE combat-injured service members are being discharged or medically retired and transferred to VA without adequate consideration of family needs for adjustment counseling and seamless follow-up services.

The Final Report of the “President’s Task Force (PTF) to Improve Health Care Delivery for Our Nation’s Veterans” (June 2003) addressed these and other issues that would smooth the transition of service members to veterans’ status and speed the development of their claims.

FRA urges the Committee to review these recommendations, and due to the ongoing war on terror and the heightened importance of sharing services between departments, recommends hearings to review progress in implementing major PTF recommendations. This may also be beneficial to establishing outcome measures after assessing CARES, BRAC actions and other DoD Military Treatment Facilities initiatives.

Waiting Times

FRA is encouraged by the goal of DVA to schedule 93.7 percent of all appointments within 30 days of a patient’s desired date. The Association welcomes a detailed clarification on waiting times for appointments for veterans rated less than 50% service connected either on their first visit or those veterans who are already in the VHA system. FRA believes that a 30-day maximum wait is reasonable for routine care and will require that VA Medical Center directors monitor all appointments and make any necessary changes in a timelier manner.

DVA Medicare Subvention

In 2003, then DVA Secretary Principi suspended enrollment in Priority Group 8. According to Congressional estimates, more than 260,000 veterans who do not have illnesses or injuries in-

curred during military service and earn more than the average wage in their community have been prevented from enrolling. Although termed “temporary” at the time, it appears that this suspension will continue with no end in sight. FRA urges sufficient funding be authorized and appropriated to allow resumption of the enrollment process for all veterans.

As previously stated, FRA opposes the imposition of a “user’s fee” and an increase in co-payments for prescriptions. A much better alternative would be the full and immediate implementation of DVA Medicare Subvention. The funds recovered from the Department of Health and Human Services (HHS) and specifically the Centers for Medicare and Medicaid Services (CMS), for health care provided to those eligible veterans, would go a long way in ensuring adequate health care for more veterans. But it would be incumbent that Congress mandate any funds recovered from CMS be provided to the VA and not put in the General Fund. It is puzzling to our members why this program has not been given serious consideration and enacted long ago.

VA+Choice

In 2003, DVA also announced that a VA+Choice program would be established for veterans unable to enroll in the VA Health Care System. Subsequently, DVA’s Health Services Research and Development Service conducted a study in 2005 to investigate the potential of developing a program now known as “VA Advantage” and how it would impact veterans’ care to VA beneficiaries.

FRA urges Congress to closely examine the report from this study before “VA Advantage” is fully implemented. There are numerous problems with Medicare+Choice programs in the country and it is becoming more difficult for Medicare-eligible beneficiaries to locate plans and doctors willing to accept new Medicare insured patients.

Nursing Homes, Long Term Care, and other Health Care Programs

The Veterans Millennium Health Care Act, Public Law 106-117, Section 101, made great strides in providing long-term care for our veterans. However, this program is only authorized for a four-year period, and only for veterans who need care for a service-connected disability, and/or those with service-connected disability ratings of 70% or more. This program should be extended, and expanded to include veterans with service-connected disability ratings of 50% or more.

World War II and Korean veterans are in their late 60’s and older, as are some Viet Nam veterans, and many require a greater level of long-term care. No one can argue that as veterans age, more and more of them will become dependent upon the VA to provide the necessary care in nursing homes, domiciles, state home facilities, and its underused hospital beds. The Nation can ill afford to wait for out-year funds before it expands nursing or long-term care.

Congress and the Administration must ensure sufficient funding for the construction of new facilities and renovation of existing hospitals outlined by the CARES plan. Funding intended for implementation of CARES initiatives should not be diverted to other projects and CARES-based construction should be allowed to proceed as planned.

In implementing the CARES plan, DVA must ensure that mental health services and long-term care are made part of the full continuum of care for veterans. FRA commends DVA for moving forward on implementing the national strategic plan for mental health services, and progress on this plan should be incorporated into DVA's reporting to Congress on its capacities to care for veterans.

Medical and Prosthetic Research

DVA is widely recognized for its effective research program and FRA continues to strongly support adequate funding for medical research and for the needs of the disabled veteran. The value of both programs within the veterans' community cannot be overstated. Noteworthy is the fact that the FY 2007 proposed DVA Budget for Medical and Prosthetic Research shows a slight one percent increase (\$17.3 million) in one of the most successful aspects of all VA Medical Programs. Even the DVA CARES Commission recommends the improvement and expansion of VA Medical Research Facilities.

VETERANS BENEFITS ADMINISTRATION

Separation Pay

Under current law, service members released from active duty who fail to qualify for veterans' disability payments, and are not accepted by the National Guard or Reserve, never have to repay any portion of separation pay. However, if qualified for either, it's time for payback. FRA has difficulty understanding why the individual willing to further serve the Nation in uniform, or is awarded service-connected disability compensation, should have to repay the Federal government for that privilege.

FRA is opposed to the repayment requirement and recommends the repeal of, or the necessary technical language revision, to amend the applicable provisions in Chapters 51 and 53, 38 USC, to terminate the requirement to repay the subject benefits. (Also requires an amendment to 1704(h)(2), 10 USC.)

Court-Ordered Division of Veterans Compensation

The intent of service-connected disability compensation is to financially assist a veteran whose disability may restrict his or her physical or mental capacity to earn a greater income from employment. FRA believes this payment is that of the veteran and should not be a concern in the states' Civil Courts. If a Civil Court finds the veteran must contribute financially to the support of his or her family, let the court set the amount allowing the veteran to choose the method of contribution. FRA has no problem with child support payments coming from any source. However VA disability should be exempt from garnishment for alimony. If the veteran chooses to make payments from the VA compensation award, then so be it. The Federal government should not be involved in enforcing collections ordered by the states. Let the states bear the costs of their own decisions. FRA recommends the adoption of stronger language offsetting the provi-

sions in 42 USC, now permitting Federal enforcement of state court-ordered divisions of veterans' compensation payments.

Total Force Montgomery GI Bill

The Montgomery GI Bill is important and aids in the recruitment and retention of high-quality individuals for service in the active and Reserve forces; assists in the readjustment of service men and women to civilian life after they complete military service; extends the benefits of higher education (and training) to service men and women who may not be able to afford higher education; and enhances the Nation by providing a better educated and productive workforce.

Double-digit education inflation is dramatically diminishing the value of MGIB. Despite recent increases, benefits fall well short of the actual cost of education at a four-year public college or university. In addition, thousands of career service members who entered service during the Veterans Education Assistance Program (VEAP) era, but declined to enroll in that program (in many cases, on the advice of government education officials) have been denied a MGIB enrollment opportunity.

Unfortunately, not all of MGIB objectives are being achieved, particularly for mobilized members of the National Guard and Reserve forces. Specific concerns include:

- Delayed implementation of MGIB benefits for mobilized Reservists authorized under Chapter 1607 of Title 10 USC. Few educational benefits claims have been processed for the more than 500,000 personnel who have served on active duty under contingency operation orders since 9/11/01.
- Mobilized Reservists lack of a readjustment benefit. They must leave behind remaining MGIB benefits upon separation unless the separation is for disability.
- During the early years of the MGIB, benefits earned by Guard and Reserve members amounted to 47 cents to the dollar compared to active duty MGIB participants. Since 9/11/01, the ratio has dropped to 29 cents to the dollar.
- Reserve MGIB programs are under Title 10, whereas basic MGIB benefits for active duty service members are codified under Title 38. There are major challenges in coordinating the oversight and management of MGIB programs. Outmoded information management and information technology is part of this.

The Nation's active duty, Guard and Reserve forces are effectively being integrated under the Total Force concept, and educational benefits under the Montgomery GI Bill should be restructured accordingly.

FRA, along with its partners in The Military Coalition, the American Legion, the Veterans Independent Budget for FY2007, and major higher education associations support enactment of a "Total Force Montgomery GI Bill" for the 21st century. The integration of active and Reserve

force MGIB programs under Title 38 is very important and will provide equity of benefits for service performed, enable improved administration, and facilitate accomplishment of statutory purposes intended by Congress for the MGIB.

Disability Compensation Claims Processing

DVA can promptly deliver benefits to entitled veterans only if it can process and adjudicate claims in a timely and accurate fashion. Given the critical importance of disability benefits, DVA has a paramount responsibility to maintain an effective delivery system, taking decisive and appropriate action to correct any deficiencies as soon as they become evident. However, DVA has neither maintained the necessary capacity to match and meet its claims workload nor corrected systemic deficiencies that compound the problem of inadequate capacity.

Rather than making headway and overcoming the chronic claims backlog and consequent protracted delays in claims disposition, DVA has lost ground on the problem, with the backlog of pending claims growing substantially larger.

FRA believes DVA's efforts in decreasing the backlog of initial disability claims are commendable but the backlog has swelled, increasing the lists of veterans waiting for decisions on their claims. FRA commends the Chairman for his statements at the December 8, 2005 hearing on VBA claim processing and agrees that "the increase in disability claims can be directly related to the increase in U.S. military operations abroad. Doing more with less is not a strategy of success." An increase in staffing levels within the VBA claims processing system is essential to moving forward to reduce this backlog.

NATIONAL CEMETERY ADMINISTRATION

Cemetery Systems

The National Cemetery Administration (NCA) has undergone many changes since its inception in 1862. Currently, the administration maintains almost 2.5 million gravesites at 124 national cemeteries in 39 states, the District of Columbia, and Puerto Rico.

VA estimates that about 24.4 million veterans are alive today. They include veterans from World War I, World War II, the Korean War, the Vietnam War, the Gulf War, and the global war on terrorism, as well as peacetime veterans. Nearly 688,000 veteran deaths are estimated to occur in 2006 and it is expected that one in every six of these veterans will request burial in a national cemetery.

FRA is grateful to Congress for funding new cemetery sites and urges authorization of funding for new cemeteries in Bakersfield, California, Birmingham, Alabama, Columbia/Greenville, South Carolina, Jacksonville, Florida, Southeastern Pennsylvania, and Sarasota, Florida. The NCA needs initial funding for these cemeteries in order to meet the expected demand over the next several decades. The NCA is doing much to meet resource challenges and the demand for burial spaces for aging veterans. With additional resources, the NCA will hopefully be able to

meet the demand. FRA urges increased funding, which is fenced for the purchase of land, preparation, construction and operation of new cemeteries, the maintenance of existing cemeteries, and the expansion of grants to States to construct and operate their own cemeteries.

As part of the Veterans Education and Benefits Act of 2001, the government is to provide grave markers for veterans whenever requested, even if there is another marker on the grave. However, as written, the law only applies to burials after December 27, 2001. FRA believes the grave-marker rule should be amended to include the thousands of families denied grave markers in the past decade.

OTHER RECOMMENDATIONS FOR CONSIDERATION

Concurrent Receipt

FRA continues its advocacy for full concurrent receipt of military retired pay and veterans' service-connected disability payments as envisioned in H.R. 303, introduced by Representative Michael Bilirakis of Florida.

The FY2006 Defense Authorization Act reduced the phase in period for disabled military retirees deemed "individual unemployable" (IU) from 2014 to 2009, and FRA appreciates this progress. However, our members are extremely disappointed and perplexed that such undeserved discrimination will be allowed to continue for three more years.

FRA urges the Committee to end the disability offset to retired pay immediately for otherwise-qualifying members rated as "individual unemployable" by the DVA.

Progress has been made in recent years to expand Combat-Related Special Compensation (CRSC) to all retirees with combat-related disabilities and authorize concurrent receipt of retired pay and veterans' disability compensation for retirees with disabilities of at least 50 percent.

While the concurrent receipt provisions enacted by Congress benefit tens of thousands disabled retirees, an equal number are still excluded from the same principle that eliminates the disability offset for those with 50 percent or higher disabilities. The fiscal challenge notwithstanding, eliminating the disability offset for those with disabilities of 50 percent is just as valid for those with 40 percent and below, and FRA urges the Committee to be sensitive to the thousands of disabled retirees who are excluded from current provisions.

As a priority, FRA asks the Committee to consider those who had their careers cut short solely because they became disabled by combat or combat-related events, and were forced into medical retirement before they could complete their careers.

Under current law, a member who is shot in the finger and retires at 20 years of service with a 10-percent combat-related disability is rightly protected against having that disability compensation from his or her earned retired pay. But a member, who is shot through the spine, becomes a

quadriplegic and is forced to retire with 19 years and 11 months of service, suffers full deduction of VA disability compensation from his or her retired pay. This is grossly unfair.

For chapter 61 (disability) retirees who have more than 20 years of service, the government recognizes that part of that retired pay is earned by service, and part of it is extra compensation for the service-incurred disability. The added amount for disability is still subject to offset by any VA disability compensation, but the service-earned portion (at 2.5% of pay times years of service) is protected against such offset.

FRA believes strongly that a member who is forced to retire short of 20 years of service because of a combat disability must be “vested” in the service-earned share of retired pay at the same 2.5% per year of service rate as members with 20+ years of service, as envisioned in H.R 1366, also introduced by House Representative Michael Bilirakis of Florida. This would avoid the “all or nothing” inequity of the current 20-year threshold, while recognizing that retired pay for those with few years of service is almost all for disability rather than for service and therefore still subject to the VA offset.

Veterans Disability Benefits Commission

FRA understands that many in Congress are looking to the Veterans Disability Benefits Commission (VDBC) for recommendations on this and other issues, and we fully expect the Commission will validate the principle that a military retiree should not forfeit any portion of earned retired pay simply because he or she also had the misfortune of incurring a service-connected disability.

But FRA is concerned that the recent extension of the Commission’s work can only delay an equitable outcome further. In the meantime, FRA believes action is needed on the critical areas which we believe there should be little question as to their propriety.

Uniformed Former Spouses Protection Act (USFSPA)

The USFSPA was enacted over 20 years ago; the result of Congressional maneuvering that denied the opposition an opportunity to express its position in open public hearings. With one exception, only private and public entities favoring the proposal were permitted to testify before the Senate Manpower and Personnel Subcommittee. Since then, Congress has made 23 amendments to the Act: eighteen benefiting former spouses. All but two of the amendments were adopted without public hearings, discussions, or debate. Since adoption, opponents of the USFSPA or many of its existing inequitable provisions have had opportunities to voice their concern to a Congressional panel. The last hearing, in 1999, was conducted by the House Veterans Affairs Committee and not the Armed Services Committee that has the oversight authority for amending the USFSPA.

One of the major problems with the USFSPA, of its few provisions protecting the rights of the service member, none are enforceable by the Department of Justice or DoD. If a State court violates the right of the service member under the provisions of USFSPA, the Solicitor General will make no move to reverse the error. Why? Because the Act fails to have the enforceable language

required for Justice or the Defense Department to react. The only recourse is for the service member to appeal to the court, which in many cases gives that court jurisdiction over the member. Another infraction is committed by some State courts awarding a percentage of veterans' compensation to ex-spouses, a clear violation of U. S. law, yet, the Federal government does nothing to stop this transgression.

FRA believes Congress needs to take a hard look at the USFSPA with a sense of purpose to amend the language therein so that the Federal government is required to protect its service members against State courts that ignore provisions of the Act. More so, a few of the other provisions weigh heavily in favor of former spouses. For example, when a divorce is granted and the former spouse is awarded a percentage of the service member's retired pay, this should be based on the member's pay grade at the time of the divorce and not at a higher grade that may be held upon retirement. The former spouse has done nothing to assist or enhance the member's advancements subsequent to the divorce; therefore, the former spouse should not be entitled to a percentage of the retirement pay earned as a result of service after the decree is awarded. Additionally, Congress should review other provisions considered inequitable or inconsistent with former spouses' laws affecting other Federal employees with an eye toward amending the Act.

Survivor Benefit Plan

FRA appreciates recent enhancements to the military's Survivor Benefit Plan (SBP) to increase benefits for survivors over several years. Unfortunately, there is another inequity to the program that is a major concern for our membership.

FRA strongly supports an amendment to the program to accelerate from 2008 to 2006 the time the military retiree will be a paid-up participant after paying premiums for 30 years and is at least 70 years of age. This is an equity issue for participants who've paid premiums since the program was established in 1972.

CONCLUSION

Mr. Chairman. In closing, allow me to again express the sincere appreciation of the Association's membership for all that you and the Members of the Veterans Affairs Committee do for our Nation's veterans.

Our Legislative Team stands ready to meet with you, other members of the Committees or their staffs at any time, to work together to improve benefits and entitlements for all veterans.