T H E M I L I T A R Y C O A L I T I O N

201 North Washington Street
Alexandria, Virginia 22314
(703) 838-8143

STATEMENT OF

THE MILITARY COALITION (TMC)

before the

SENATE ARMED SERVICES SUBCOMMITTEE ON PERSONNEL

March 10, 2010

Presented by

Master Chief Joseph L. Barnes, USN (Retired)
National Executive Director, Fleet Reserve Association; and
Co-Chairman, The Military Coalition

Kathleen B. Moakler
Government Relations Director, National Military Family Association; and
Co-Chair, TMC Survivor Committee

Master Sergeant Michael P. Cline, USA (Retired)
Executive Director, Enlisted Association of the National Guard; and
President, The Military Coalition

Deirdre Parke Holleman, Esq.
Executive Director, The Retired Enlisted Association; and
Co-Chair, TMC Survivor Committee

Colonel Steven P. Strobridge, USAF (Retired)
Director, Government Relations, Military Officers Association of America (MOAA); and
Co-Chairman, The Military Coalition

MISTER CHAIRMAN AND DISTINGUISHED MEMBERS OF THE SUBCOMMITTEE. On behalf of The Military Coalition (TMC), a consortium of nationally prominent uniformed services and veterans' organizations, we are grateful to the committee for this opportunity to express our views concerning issues affecting the uniformed services community. This testimony provides the collective views of the following military and veterans' organizations, which represent approximately 5.5 million current and former members of the seven uniformed services, plus their families and survivors.

Air Force Association
Air Force Sergeants Association
Air Force Women Officers Associated
American Logistics Association
AMVETS (American Veterans)
Army Aviation Association of America
Association of Military Surgeons of the United States
Association of the United States Army
Association of the United States Navy
Chief Warrant Officer and Warrant Officer Association, U.S. Coast Guard
Commissioned Officers Association of the U.S. Public Health Service, Inc.
Enlisted Association of the National Guard of the United States
Fleet Reserve Association
Gold Star Wives of America, Inc.
Iraq and Afghanistan Veterans of America
Jewish War Veterans of the United States of America
Marine Corps League
Marine Corps Reserve Association
Military Chaplains Association of the United States of America
Military Officers Association of America
Military Order of the Purple Heart
National Association for Uniformed Services
National Guard Association of the United States
National Military Family Association
National Order of Battlefield Commissions
Naval Enlisted Reserve Association
Non Commissioned Officers Association
Reserve Enlisted Association
Reserve Officers Association
Society of Medical Consultants to the Armed Forces
The Retired Enlisted Association
United States Army Warrant Officers Association
United States Coast Guard Chief Petty Officers Association
Veterans of Foreign Wars of the United States

The Military Coalition, Inc., does not receive any grants or contracts from the federal government.

Executive Summary

Wounded Warrior Care

Institutional Oversight – The Coalition believes there's no substitute for a permanent Department of Defense (DoD)-Department of Veterans Affairs (VA) Senior Oversight Committee or other Joint Seamless Transition Office, staffed with senior officials working together full-time and charged with innovation and daily oversight of initiatives to institutionalize and sustain a culture of cross-department seamless transition.

Continuity of Health Care – The Coalition recommends:

- Authorizing active-duty-level TRICARE benefits, independent of availability of VA care, for three years after medical retirement to help ease transition from DoD to VA;
- Authorizing blanket waiver authority for VA physicians treating active duty patients with multiple medical trauma conditions for all aspects of the member's treatment, including referral outside the VA/TRICARE system if needed; and
- Either exempting severely wounded, ill, or injured members who must be medically retired from paying Medicare Part B premiums until age 65 or authorizing a special DoD allowance to help offset the cost of such premiums until age 65.

Mental/Behavioral Health Issues – TMC recommends:

- Increased efforts to promote the de-stigmatization on all levels in service/unit administrative and strict accountability programs with outlined and enforced consequences to non-compliancy to ensure unit actions are consistent with leadership pronouncements;
- Continuing priority efforts to deliver information and assistance on-line, confidential options for counseling and uniformed access and availability to tele-medicine services;
- Substantial increases in outreach efforts to provide such services and resources to Guard and Reserve members, rural populations and all families who don't live near military or VA facilities;
- Priority efforts to educate private sector providers on the unique needs of military and veteran patients and family members, and deliver needed information via on-line services, including contact points for discussion/consultation with military and VA providers;
- Consistent implementation of pre- and post-deployment evaluations and follow-up programs, particularly for Guard and Reserve members who may be leaving active duty;
- Establishing common DoD and VA protocols for diagnosis, treatment, and rehabilitation for Traumatic Brain Injury (TBI) conditions, as well as an electronic system to share and exchange a patient's medical history and other key medical information;
- Expanding Traumatic Servicemember Group Life Insurance (TSGLI) criteria to include moderate and severe TBI, without onerous "functions of daily living" standards that aren't required for other (and often much more functional) TSGLI-eligibles;
- Increasing availability and outreach on substance abuse counseling options;
- Pursuing aggressive medication reconciliation and management programs to protect against inadvertent overmedication and adverse reactions and or accidental or intentional overdose;
- Requiring TBI and psychological health assessments for members who have been deployed to a combat zone as part of the disciplinary process prior to a decision concerning non-medical separation; and

- Implementing recommendations from the 2008 RAND report ("Invisible Wounds of War, Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery").

DoD-VA Disability Evaluation Systems (DES) – TMC recommends:
- Barring "fit, but unsuitable" separations when a member's medical condition prevents continued service;
- Authorizing automatic enrollment in the VA health care system for any medically separated or medically retired service member (Chapter 61);
- Ending distinctions between disabilities incurred in combat vice non-combat;
- Monitoring the effectiveness of recent DoD compensation for catastrophically injured or ill service members requiring assistance with activities of daily living authorized in the 2010 NDAA;
- Ensuring benefits afforded members wounded, ill or disabled in the line of duty are applied equally for all uniformed services;
- Ensuring that the VA is the single authority for rating service-connected disabilities for military disability retirements and separations;
- Preserving the statutory 30 percent disability threshold for medical retirement and lifetime TRICARE coverage for members injured while on active duty;
- Continued monitoring of Service/DoD Medical-Physical Evaluation Boards, DoD DES Pilot Project, and the Physical Disability Board of Review, to assess needed DES changes;
- Eliminating member premiums for TSGLI;
- Barring "pre-existing condition" determinations for any member who deploys to a combat zone;
- Ensuring that any adjustment to the disability retirement system does not result in a member receiving less disability retired pay than he or she would receive under the current system; and
- Ensuring that members electing accelerated disability retirement/separation are fully counseled on any possible negative changes in compensation, health care and other benefits, with consideration to allowing a limited time to reverse a regrettable decision.

Caregiver/Family Support Services – The Coalition recommends:
- Upgraded compensation and assistance for caregivers of severely disabled active duty members, consistent with pending legislative action to improve compensation/assistance for caregivers of veterans; and
- Authorizing up to one year of continued residence in on-base housing facilities for medically retired, severely wounded servicemembers and their families.

Active Forces and Their Families

Military End Strength – The Coalition urges the Subcommittee to:
- Continue end strength growth as needed to sustain the war and other operational commitments while materially increasing dwell time for servicemembers and families;
- Sustain adequate recruiting and retention resources to enable the uniformed services to achieve required optimum-quality personnel strength; and
- Seek a 2011 defense budget of at least 5% of Gross Domestic Product that funds both people and weapons needs.

Military Pay Comparability – The Coalition believes a basic pay raise of at least 1.9% – .5% above the Employment Cost Index (ECI) standard – is the bare minimum the nation should do to sustain its military pay comparability commitment for 2011.

Family Readiness and Support – The Coalition recommends that the Subcommittee:

- Press DoD to assess the effectiveness of programs and support mechanisms to assist military families with deployment readiness, responsiveness, and reintegration;
- Ensure that effective programs – including the Family Readiness Council – are fully funded and their costs are included in the annual budget process;
- Provide authorization and funding to accelerate increases in availability of child care to meet both active and Reserve Component requirements;
- Insist DoD implement flexible spending accounts to let active duty and Selected Reserve families pay out-of-pocket dependent and health care expenses with pre-tax dollars;
- Monitor and continue to expand family access to mental health counseling;
- Promote expansion of military spouse opportunities to further educational and career goals;
- Ensure additional and timely funding of Impact Aid plus continued DoD supplemental funding for highly-impacted military schools; and
- Mitigate the impact of Service transformation, overseas rebasing initiatives, housing privatization and base realignment on school facility needs and educational programs affecting military children.

Permanent Change of Station (PCS) Allowances – The Coalition urges the Subcommittee to continue its efforts to upgrade permanent change-of-station allowances to better reflect expenses imposed on servicemembers, with priority on:

- Shipping a second vehicle on overseas accompanied assignments;
- Authorizing at least some reimbursement for house-hunting trip expenses; and
- Increasing PCS mileage rates to more accurately reflect members' actual transportation costs.

Education Enhancements – The Coalition urges the Subcommittee to support amending the statute to authorize all otherwise-qualifying members of the "uniformed services" to transfer Post-9/11 GI Bill benefits to family members.

Morale, Welfare, and Recreation (MWR) and Quality of Life (QoL) Programs – TMC urges the Subcommittee to:

- Protect funding for critical family support and QoL programs and services to meet the emerging needs of beneficiaries and the timelines of the Services' transformation plans;
- Oppose any initiative to withhold or reduce appropriated support for family support and QoL programs to include: recreation facilities, child care, exchanges and commissaries, housing, health care, education, family centers, and other traditional and innovative support services;
- Prevent any attempts to consolidate or civilianize military service exchange and commissary programs; and
- Sustain funding for support services and infrastructure at both closing and gaining installations throughout the entire transformation process, including exchange, commissary, and TRICARE programs.

National Guard and Reserve

Operational Reserve Sustainment and Reserve Retirement – For the near term, the Military Coalition places particular priority on authorizing early retirement credit for all qualifying post-9/11 active duty service performed by Guard/Reserve servicemembers and eliminating the fiscal-year-specific accumulator that bars equal credit for members deploying for equal periods during different months of the year.

Ultimately, TMC believes we must move forward to provide a reduced age entitlement for retired pay and health coverage for all Reserve Component members – that is, an age/service formula or outright eligibility, if otherwise qualified, at age 55.

Further, TMC urges repeal of the annual cap of 130 days of inactive duty training points that may be credited towards a reserve retirement.

Guard and Reserve Yellow Ribbon Readjustment – TMC urges the Subcommittee to hold oversight hearings and to direct additional improvements in coordination, collaboration and consistency of Yellow Ribbon services. DoD must ensure that state-level best practices – such as those in Maryland, Minnesota and New Hampshire – are applied for all operational reserve force members and their families, and that Federal Reserve veterans have equal access to services and support available to National Guard veterans. Community groups, employers and service organization efforts need to be encouraged and better coordinated to supplement unit, component, Service and VA outreach and services.

Guard/Reserve GI Bill – TMC urges the Subcommittee to work with the Veterans Affairs Committee to include Title 32 AGRs in the Post-9/11 statute.

Based on the DoD/Services' 10-year record of indifference to the basic Selected Reserve GI Bill under Chapter 1606, 10 USC, TMC recommends either: restoring Reserve benefits to 47 – 50% of active duty benefits or transferring the Chapter 1606 statute from Title 10 to Title 38 so that it can be coordinated with other educational benefits programs in a 21st century GI Bill architecture. TMC also supports assured academic reinstatement, including guaranteed re-enrollment, for returning operational reservists.

Special and Incentive Pays – The Coalition urges the Subcommittee to ensure equitable treatment of Guard and Reserve vs. active duty members for the full range of special and incentive pays.

Retiree Issues

Concurrent Receipt – The Coalition's continuing goal is to fully eliminate the deduction of VA disability compensation from earned military retired pay for all disabled retirees. In pursuit of that goal, the Coalition's immediate priorities include:

- Phasing out the disability offset for all Chapter 61 (medical) retirees; and
- Correcting the Combat-Related Special Compensation (CRSC) formula to ensure the intended compensation is delivered.

Proposed Military Retirement Changes – TMC urges the Subcommittee to:

- Reject any initiatives to "civilianize" the military system without adequate consideration of the unique and extraordinary demands and sacrifices inherent in a military vs. a civilian career; and
- Eliminate the Career Status Bonus for service members as it significantly devalues their retirement over time. In the short term, the services should be required to better educate eligible members on the severe long-term financial penalty inherent in accepting the REDUX option.

Disability Severance Pay – The Coalition urges the Subcommittee to amend the eligibility rules for disability severance pay to include all combat- or operations-related injuries, using same definition as CRSC. For the longer term, the Coalition believes the offset should be ended for all members separated for service-caused disabilities.

Former Spouse Issues – The Coalition requests a hearing to address Uniformed Services Former Spouse Protection Act (USFSPA) inequities. In addition, we recommend legislation to include all of the following:

- Base the award amount to the former spouse on the grade and years of service of the member at time of divorce (and not retirement);
- Prohibit the award of imputed income, which effectively forces active duty members into retirement;
- Extend 20/20/20 benefits to 20/20/15 former spouses;
- Permit the designation of multiple Survivor Benefit Plan (SBP) beneficiaries with the presumption that SBP benefits must be proportionate to the allocation of retired pay;
- Eliminate the "10-year Rule" for the direct payment of retired pay allocations by the Defense Finance and Accounting Service (DFAS);
- Permit SBP premiums to be withheld from the former spouse's share of retired pay if directed by court order;
- Permit a former spouse to waive SBP coverage;
- Repeal the one-year deemed election requirement for SBP; and
- Assist DoD and Services with greater outreach and expanded awareness to members and former spouses of their rights, responsibilities, and benefits upon divorce.

Survivor Issues

SBP-DIC Offset – The Coalition urges repeal of the SBP-DIC offset. TMC further recommends:

- Authorizing payment of SBP annuities for disabled survivors into a Special Needs Trust;
- Allowing SBP eligibility to switch to children if a surviving spouse is convicted of complicity in the member's death; and
- Reinstating SBP for survivors who previously transferred payments to their children at such time as the youngest child attains majority, or upon termination of a second or subsequent marriage.

Final Retired Pay Check – TMC urges the Subcommittee to authorize survivors of retired members to retain the final month's retired pay for the month in which the retiree dies.

Health Care Issues

Defense Health Program Cost Requirements – The Coalition urges the Subcommittee to take all possible steps to ensure continued full funding for Defense Health Program needs.

National Health Reform – TMC urges that any national health reform legislation must:

- Protect the unique TRICARE, TRICARE For Life (TFL), and VA health care benefits from unintended consequences such as reduced access to care;
- Bar any form of taxation of TRICARE, TFL, or VA health care benefits, including those provided in non-governmental venues; and
- Preserve military and VA beneficiaries' choices.

TRICARE Fees – Establish a "Sense of the Congress" which recognizes that military retiree health benefits are an essential offset to arduous service conditions which have been paid for upfront.

Military vs. Civilian Cost-Sharing Measurement – The Coalition believes that military beneficiaries from whom America has demanded decades of extraordinary service and sacrifice have earned coverage that is the best America has to offer.

Large Retiree Fee Increases Can Only Hurt Retention – Reducing military retirement benefits would be particularly ill-advised when an overstressed force already is at increasing retention risk despite the current downturn of the economy and current recruiting successes.

Pharmacy – The Coalition urges the Subcommittee to ensure continued availability of a broad range of medications, including the most-prescribed medications, in the TRICARE pharmacy system, and to ensure that the first focus on cost containment should be on initiatives that encourage beneficiaries to take needed medications and reduce program costs without shifting costs to beneficiaries.

Alternative Options to Make TRICARE More Cost-Efficient – The Coalition has offered a long list of alternative cost-saving possibilities, including:

- Positive incentives to encourage beneficiaries to seek care in the most appropriate and cost effective venue;
- Encouraging improved collaboration between the direct and purchased care systems and implementing best business practices and effective quality clinical models;
- Focusing the military health system, health care providers, and beneficiaries on quality measured outcomes;
- Improving MHS financial controls and avoiding overseas fraud by establishing TRICARE networks in areas fraught with fraud;
- Establishing TRICARE networks in areas of high TRICARE Standard utilization to take full advantage of network discounts;
- Promoting retention of other health insurance by making TRICARE a true second-payer to other insurance (far cheaper to pay another insurance's co-pay than have the beneficiary migrate to TRICARE);
- Encouraging DoD to effectively utilize their data from their electronic health record to better monitor beneficiary utilization patterns to design programs which truly match beneficiaries needs;
- Sizing and staffing military treatment facilities to reduce reliance on network providers and develop effective staffing models which support enrolled capacities;
- Reducing long-term TRICARE Reserve Select (TRS) costs by allowing service members the option of a government subsidy of civilian employer premiums during periods of mobilization;

- Doing far more to promote use of mail-order pharmacy system and formulary medications via mailings to users of maintenance medications, highlighting the convenience and individual expected cost savings; and
- Encouraging retirees to use lowest-cost-venue military pharmacies at no charge, rather than discouraging such use by limiting formularies, curtailing courier initiatives, etc.

TMC Healthcare Cost Principles – The Coalition strongly recommends that Congress establish statutory findings, a sense of Congress on the purpose and principles of military health care benefits earned by a career of uniformed service that states:

- Active duty members and families should be charged no fees except retail pharmacy co-payments, except to the extent they make the choice to participate in TRICARE Standard or use out-of-network providers under TRICARE Prime;
- The TRICARE Standard inpatient copay should not be increased further for the foreseeable future. At $535 per day, it already far exceeds inpatient copays for virtually any private sector health plan;
- There should be no enrollment fee for TRICARE Standard or TFL, since neither offers assured access to TRICARE-participating providers. An enrollment fee implies enrollees will receive additional services, as Prime enrollees are guaranteed access to participating providers in return for their fee. Congress already has required TFL beneficiaries to pay substantial Medicare Part B fees to gain TFL coverage;
- All retired service members earned equal health care coverage by virtue of their service; and
- DoD should make all efforts to provide the most efficient use of allocated resources and cut waste prior to proposing additional or increased fees on eligible beneficiaries.

TRICARE Prime – The Military Coalition urges the Subcommittee to require reports from DoD and from the managed care support contractors, on actions being taken to improve Prime patient satisfaction, provide assured appointments within Prime access standards, reduce delays in preauthorization and referral appointments, and provide quality information to assist beneficiaries in making informed decisions.

TRICARE Standard

TRICARE Standard Provider Participation – The Coalition urges the Subcommittee to insist on immediate delivery of an adequacy threshold for provider participation, below which additional action is required to improve such participation. The Coalition also recommends requiring a specific report on participation adequacy in the localities where Prime Service Areas will be discontinued under the new TRICARE contracts.

TRICARE Reimbursement Rates – The Coalition places primary importance on securing a permanent fix to the flawed statutory formula for setting Medicare and TRICARE payments to doctors.

To the extent a Medicare rate freeze continues, we urge the Subcommittee to encourage DoD to use its reimbursement rate adjustment authority as needed to sustain provider acceptance.

The Coalition urges the Subcommittee to require a Comptroller General report on the relative propensity of physicians to participate in Medicare vs. TRICARE, and the likely effect on such relative

participation of a further freeze in Medicare/TRICARE physician payments along with the effect of an absence of bonus payments.

Dental Care

Active Duty Dependent Dental Plan – The Coalition recommends increasing the DoD subsidy for the Active Duty Dependent Dental Plan to 72% and increasing the cap on orthodontia payments to $2,000.

Guard and Reserve Healthcare

Continuum of Health Care Insurance Options for The Guard and Reserve – The Coalition recommends the Subcommittee:

- Require a GAO review of DoD's methodology for determining TRS costs for premium adjustment purposes to assess whether it includes any costs of maintaining readiness or "costs of doing business" for the Defense Department that don't contribute to beneficiary benefit value and thus should be excluded from cost/premium calculations;
- Authorize development of a cost-effective option to have DoD subsidize premiums for continuation of a Reserve employer's private family health insurance during periods of deployment as an alternative to ongoing TRS coverage;
- Allow eligibility in Continued Health Care Benefits Program (CHCBP) for Selected Reservists who are voluntarily separating and subject to disenrollment from TRS;
- Authorize members of the IRR who qualify for a reserve retirement at age 60 to participate in TRICARE Retired Reserve (TRR) as an incentive for continued service (and higher liability for recall to active duty);
- Monitor implementation of the new TRR authority to ensure timely action and that premiums do not exceed 100 percent of the TRS premium; and
- Allow FEHB plan beneficiaries who are Selected Reservists the option of participating in TRS.

Guard and Reserve Mental Health – TMC believes that Guard and Reserve members and their families should have access to evidence-based treatment for PTSD, TBI, depression, and other combat-related stress conditions. Further, Post Deployment Health examinations should be offered at the member's home station, with the member retained on active duty orders until completion of the exam.

Guard and Reserve Health Information – The Coalition believes there should be an effort to improve the electronic capture of non-military health information into the service member's medical record.

TRICARE For Life – Coalition priorities for TFL-eligibles include:

- Securing a permanent fix to the flawed formula for setting Medicare/TRICARE payments to providers;
- Resisting any effort to establish an enrollment fee for TFL, given that many beneficiaries already experience difficulties finding providers who will accept Medicare patients; and
- Including TFL beneficiaries in DoD programs to incentivize compliance with preventive care and healthy lifestyles.

Restoration of Survivors' TRICARE Coverage – The Coalition recommends restoration of TRICARE benefits to previously eligible survivors whose second or subsequent marriage ends in death or divorce.

Base Realignment and Closure (BRAC) and Re-basing – The Coalition recommends requiring an annual DoD report on the adequacy of health resources, funding, services, quality and access to care for beneficiaries affected by BRAC/re-basing.

Overview

Mister Chairman, The Military Coalition extends our thanks to you and the entire Subcommittee for your steadfast support of our active duty, Guard, Reserve, retired members, and veterans of the uniformed services and their families and survivors. Your efforts have had a dramatic, positive impact in the lives of the entire uniformed services community.

Last year was an extremely tumultuous, difficult year. As our service members continued to fight terror on two separate fronts, our nation slowly started to recover from an economic crisis, the worst seen since the great depression. Congress and the Administration had difficult choices to make as they attempted to "jump start" the economy while faced with a record budget deficit.

We are grateful that both the Defense Department and Congress put top priority on personnel issues last year. As we enter the ninth year of extremely stressful wartime conditions, the Coalition believes that this prioritization should continue for FY2011.

Despite ever-increasing pressures on them at home and abroad, men and women in uniform are still answering the call – thanks in no small measure to the Subcommittee's strong and consistent support – but only at the cost of ever-greater sacrifices.

Troubling indicators such as dramatic increases in suicide and divorce rates may reflect the effects of the long-term consequences we know are coming as we require the same people to return to combat again and again – and yet again.

In these times of growing political and economic pressures, the Coalition relies on the continued good judgment of the Armed Services Committees to ensure the Nation allocates the required resources to sustain a strong national defense, and in particular, to properly meet the pressing needs of the less than one percent of the American population – service members and their families – who protect the freedoms of the remaining 99 percent.

In this testimony, The Coalition offers our collective recommendations on what needs to be done to meet these essential needs.

Wounded Warrior Care

Much has been done in the last three years to address the grievous and negligent conditions that were brought to light since the tragic incident at Walter Reed Army Medical Center, where wounded and disabled troops and their families had fallen through the cracks as they transitioned from the military to VA health care and benefits systems.

Subsequently, the Subcommittee has worked hard to address these difficulties, and significant progress has been made on that score.

But the extent and complexity of the challenges remain daunting, requiring continuing coordination of effort between the military services; the Department of Defense (DoD); the Department of Veterans

Affairs (VA); several Centers of Excellence; a multitude of civilian contractors and non-governmental agencies; and the two Armed Services, two Veterans Affairs, and two Appropriations Committees.

The Coalition looks forward to working with the Subcommittee this year in its ongoing efforts to identify and ease significant remaining problems.

DoD – VA Seamless Transition

Institutional Oversight – While many legislative and fiscal changes have improved the care and support of our wounded and disabled members, the Coalition is concerned that the recent dissolution of the Senior Oversight Committee (SOC) poses significant risks for effective day-to-day leadership and coordination of DoD and VA seamless transition efforts.

Last year, the Coalition expressed concern that the change of Administration would pose a significant challenge to the two departments' continuity of joint effort, as senior leaders whose personal involvement had put interdepartmental efforts back on track left their positions and were replaced by new appointees who had no experience with past problems and no personal stake in ongoing initiatives.

Unfortunately, those concerns are being realized, as many appointive positions in both departments have gone unfilled for a year, responsibilities have been reorganized, and oversight duties previously assumed by senior officials have been divested to lower-level administrators who are less regularly engaged with their cross-department counterparts.

The result has been more uncertainty and degradation of cooperation, communication, and collaboration between the two departments over the last year.

The Coalition is concerned that, having exerted major efforts to address the most egregious problems, there is a significant potential to fall victim to a "business as usual" operating mode, even though the difficult journey to true seamless transition between the departments has just begun.

While many well-meaning and hard working military and civilians are doing their best to keep pushing progress forward, transitions in leadership and mission changes clearly are challenging and require formal and more standardized structures, policies, and programs that won't be as subject to disruption by one participant's unilateral organizational changes.

It sends a message about departmental priorities when these responsibilities are pushed to lower-level officials.

The Coalition believes there's no substitute for a permanent DoD-VA Senior Oversight Committee or other Joint Seamless Transition Office, staffed with senior officials working together full-time and charged with innovation and daily oversight of initiatives to institutionalize and sustain a culture of cross-department seamless transition.

Continuity of Health Care – Transitioning between DoD and VA health care systems remains challenging, confusing, and overwhelming to those trying to navigate and use these systems. Systemic, cultural, and bureaucratic barriers often prevent the service member or veteran from receiving the

necessary continuity of care they need to heal and have productive and a high level of quality of life they so desperately need and desire.

While service members and their families tell us that DoD has done much to address trauma care, acute rehabilitation, and basic short-term rehabilitation, they are less satisfied with their transition from the military health care systems to longer-term care and support in military and veterans medical systems.

We hear regularly from members who experienced significant disruptions of care upon separation or medical retirement from service.

One is in the area of cognitive therapy, which is available to retired members under TRICARE only if it is not available through the VA. Unfortunately, members are caught in the middle because of differences between DoD and VA authorities on what constitutes cognitive therapy and the degree to which effective, evidenced-based therapy is available.

The FY2010 NDAA requires a report on such issues, but action is needed to protect the wounded and disabled. The Subcommittee has acted previously to authorize three years of active-duty-level TRICARE coverage for the family members of those who die on active duty. The Coalition believes we owe equal transition care continuity to those whose service-caused illnesses or injuries force their retirement from service.

Another significant issue faced by many members forced from active duty by severe service-caused disabilities is that the severity of their disability qualifies them for Medicare. In such cases, TRICARE is second-payer to Medicare.

Under laws that were designed for elderly retirees but apply equally to all Medicare-eligible military beneficiaries, these younger disabled warriors must pay Medicare Part B premiums ($110 per month in 2010) to retain any coverage under TRICARE.

The Coalition believes it's wrong that members whose service caused them to become severely wounded, ill or injured should have to pay more for their care than they would if not injured by service, and believes they should either be exempt from paying the Part B premium until age 65 or DoD should help them offset the cost of such payments.

Finally, doctors at VA polytrauma centers indicate that one of their biggest problems is the requirement to get multiple authorizations from DoD to provide a variety of specialty care for active duty members with multiple medical problems.

When an active duty member is referred to VA facility for care, DoD should grant an automatic waiver of preauthorization/referral requirements to allow the VA providers to deliver needed care without bureaucratic delays.

The Coalition recommends:

- ***Authorizing active-duty-level TRICARE benefits, independent of availability of VA care, for three years after medical retirement to help ease transition from DoD to VA;***

- ***Authorizing blanket waiver authority for VA physicians treating active duty patients with multiple medical trauma conditions for all aspects of the member's treatment, including referral outside the VA/TRICARE system if needed; and***
- ***Either exempting severely wounded, ill, or injured members who must be medically retired from paying Medicare Part B premiums until age 65 or authorizing a special DoD allowance to help offset the cost of such premiums until age 65.***

Mental/Behavioral Health Issues – The military community is experiencing a crisis of demand for mental/behavior health care, both for servicemembers and their spouses and children.

The Subcommittee included several initiatives in the FY2010 NDAA aimed at increasing the number of military providers in this field and improving access for members and families.

While the Coalition is very grateful for these initiatives, we respectfully request that the Subcommittee continue, and more importantly expand, its efforts in addressing the growing epidemic of difficulties regarding post-traumatic stress disorder (PTSD), traumatic brain injuries (TBI), depression and other mental/behavioral health issues disproportionally plaguing our military and veteran communities.

Today our servicemembers, their spouses and children are facing immense stresses and uncertainties associated with repeated deployments and protracted separations. Our country is at war on multiple fronts and we must take all the necessary actions to ensure the mental well being of all those involved, at home and those on the frontlines.

One of the most prevalent obstacles in successfully identifying and treating mental/behavioral health conditions is the stigma which the military's warrior culture continues to associate with such conditions and the threat or fear that admission of experiencing them may affect one's peer standing, security clearance, promotions, or ability to remain in service.

Despite the continued efforts by senior leaders to reduce the stigmas associated with mental health issues, the unit-level reality is far different. The reality is that many officers, NCOs, and peers continue to view these conditions as signs of weakness or inability to coup.

Furthermore, many servicemembers are deterred from seeking care by cases of friends who have been disciplined or separated as a result of using the available support systems the military has implemented.

As a direct result, the suicide and divorce rates, as well as childhood depression diagnosis' continue to climb within the military and veteran communities. DoD openly acknowledges that stigmas remain within the ranks, despite their efforts of significantly ramping up efforts and outreach programs composed of anti-stigma campaigns, upper-level training programs, and easier access to mental health providers.

The Coalition stresses our grave concerns to the subcommittee regarding the current state of DoD's inability to effectively handle the increasing demands/need for mental health services and outreach to all demographics of today's military forces. And while our forces and their families display extraordinary strengths, resiliency and undaunted tenacity in the face of all stresses associated with service; it is vital

that we never forget that these same stressors of service to this country are in all likelihood, leading to untreated mental and physical health conditions.

The Coalition believes that due to the numerous unrealistic standards and high expectations of resiliency and coping abilities we have somehow come to expect from our servicemembers and their families, that the current military administrative and disciplinary systems being used are not effectively meeting the mental health needs, whether proactive or reactive, of the same people to whom we expect so much. DoD and VA have an obligation to provide the best care available to any servicemember who sustains an injury as a result of their service.

Unfortunately, many of today's servicemembers have mental wounds that are undiagnosed and thus untreated. This lack of care or treatment for PTSD, TBI, or any one of the numerous stressors associated with service, is leading to an increased number of early separations or even more alarming, being barred from reenlisting due to a charge of misconduct, such as a DUI or other such incident, by a servicemember who has never previously displayed any such behaviors. These uncharacteristic behaviors are only one of the symptoms associated with untreated mental/behavioral health conditions. Ironically, some civil authorities often are more tolerant and offer more assistance in dealing with such cases involving combat veterans than military authorities.

As a result of such circumstances, thousands, if not countless, of affected servicemembers, veterans and their family members have gone unidentified, untreated, or deterred from being given the opportunity to seek the care they deserve. Moreover, many have difficulty accessing and utilizing programs that are in place.

In addition to expanding the availability of providers, the Coalition believes that two keys elements will be in expanding the opportunities for confidential access to counseling or treatments and achieving more consistency between leadership campaigns for destigmatization/individual resiliency and the practical demonstration of greater resiliency and rehabilitation initiatives at the unit/administrative level.

TMC recommends:

- ***Increased efforts to promote the de-stigmatization on all levels in service/unit administrative and strict accountability programs with outlined and enforced consequences to non-compliancy to ensure unit actions are consistent with leadership pronouncements;***
- ***Continuing priority efforts to deliver information and assistance on-line, confidential options for counseling and uniformed access and availability to tele-medicine services;***
- ***Substantial increases in outreach efforts to provide such services and resources to Guard and Reserve members, rural populations and all families who don't live near military or VA facilities;***
- ***Priority efforts to educate private sector providers on the unique needs of military and veteran patients and family members, and deliver needed information via on-line services, including contact points for discussion/consultation with military and VA providers;***
- ***Consistent implementation of pre- and post-deployment evaluations and follow-up programs, particularly for Guard and Reserve members who may be leaving active duty;***
- ***Establishing common DoD and VA protocols for diagnosis, treatment, and rehabilitation for TBI conditions, as well as an electronic system to share and exchange a patient's medical history and other key medical information;***

- ***Expanding Traumatic Servicemember Group Life Insurance (TSGLI) criteria to include moderate and severe TBI, without onerous "functions of daily living" standards that aren't required for other (and often much more functional) TSGLI-eligibles;***
- ***Increasing availability and outreach on substance abuse counseling options;***
- ***Pursuing aggressive medication reconciliation and management programs to protect against inadvertent overmedication and adverse reactions and or accidental or intentional overdose;***
- ***Requiring TBI and psychological health assessments for members who have been deployed to a combat zone as part of the disciplinary process prior to a decision concerning non-medical separation; and***
- ***Implementing recommendations from the 2008 RAND report ("Invisible Wounds of War, Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery").***

DoD-VA Disability Evaluation Systems (DES) – Several recommendations made by various commissions, task forces and committees were addressed in the FY 2008, 2009, and 2010 National Defense Authorization Acts; however, more needs to be done.

One of the most emotional issues that emerged from the Walter Reed scandal was the finding that services were "low-balling" disabled servicemembers' disability ratings, with the result that many significantly disabled members were being separated and turned over to the VA rather than being medically retired (which requires a 30% or higher disability rating).

Encouraging rhetoric was heard from leadership in both the DoD and VA that this would be addressed by having DoD accept the (usually higher) disability ratings awarded by the VA.

Congress has taken positive steps to correct previous "low-ball" ratings and streamline the DES. Congress created the Physical Disability Board of Review (PDBR) to give previously separated servicemembers an opportunity to appeal their "low-balled" disability rating.

They also authorized a jointly executed DoD-VA DES pilot in the 2008 NDAA, and feedback from members and families who participated in the pilot program is that it has simplified the process and provided a more standardized disability rating outcome.

TMC was further encouraged that wounded, ill, and injured members would benefit from the 19 Dec 07 Under Secretary of Defense (Personnel and Readiness) Directive Type Memorandum (DTM) which added "deployability" as a consideration in the DES decision process – permitting medical separation/retirement based on a medical condition that renders a member non-deployable.

Unfortunately, several cases have surfaced indicating the Services have failed to incorporate the DTM in their DES process.

In this regard, the services continue to issue findings that a member is "fit, but unsuitable" for service. Under this system, a member found "fit" by the PEB, is deemed by the service to be "unsuitable" for continued service – and administratively separated – because the member's medical condition prevents them from being able to deploy or maintain their current occupational skill.

The Coalition believes strongly that medical conditions which preclude servicemembers from continuing to serve should be deemed "unfitting" – not "unsuitable."

In addition, we remain concerned about language used by some indicating a wish to remove DoD from the DES process (i.e., DoD determines fitness and VA determines disability). This simplified process could result in neglect of DoD's employer responsibilities, such as TRICARE eligibility for disabled members and their families.

The Coalition believes strongly that members determined by parent service to be 30 percent or more disabled should continue to be eligible for a military disability retirement with all attendant benefits, including lifetime TRICARE eligibility for the member and his/her family. We do not support efforts to disconnect health care eligibility from disability retired pay eligibility. The Coalition also agrees with the opinion expressed by Secretary Gates that a member forced from service for wartime injuries should not be separated, but should be awarded a high enough rating to be retired for disability.

TMC recommends:

- ***Barring "fit, but unsuitable" separations when a member's medical condition prevents continued service;***
- ***Authorizing automatic enrollment in the VA health care system for any medically separated or medically retired service member (Chapter 61);***
- ***Ending distinctions between disabilities incurred in combat vice non-combat;***
- ***Monitoring the effectiveness of recent DoD compensation for catastrophically injured or ill service members requiring assistance with activities of daily living authorized in the 2010 NDAA;***
- ***Ensuring benefits afforded members wounded, ill or disabled in the line of duty are applied equally for all uniformed services;***
- ***Ensuring that the VA is the single authority for rating service-connected disabilities for military disability retirements and separations;***
- ***Preserving the statutory 30 percent disability threshold for medical retirement and lifetime TRICARE coverage for members injured while on active duty;***
- ***Continued monitoring of Service/DoD Medical-Physical Evaluation Boards, DoD DES Pilot Project, and the Physical Disability Board of Review, to assess needed DES changes;***
- ***Eliminating member premiums for Traumatic Servicemember Group Life Insurance (TSGLI);***
- ***Barring "pre-existing condition" determinations for any member who deploys to a combat zone;***
- ***Ensuring that any adjustment to the disability retirement system does not result in a member receiving less disability retired pay than he or she would receive under the current system; and***
- ***Ensuring that members electing accelerated disability retirement/separation are fully counseled on any possible negative changes in compensation, health care and other benefits, with consideration to allowing a limited time to reverse a regrettable decision.***

Caregiver/Family Support Services – The sad reality is that, for the most severely injured servicemembers, family members or other loved ones are often required to become full-time caregivers. Many have lost their jobs, homes, and savings in order to meet caregiver needs of a servicemember who has become incapacitated due to service-caused wounds, injuries or illness.

The Coalition believes the government has an obligation to provide reasonable compensation and training for such caregivers, who never dreamed that their own well-being, careers, and futures would be devastated by military-caused injuries to their servicemembers.

Last year, the Subcommittee authorized a special payment to an active duty servicemember to allow compensation of a family member or professional caregiver. The authorized payment was in the same amount authorized by the VA for veterans' aid-and-attendance needs, reflecting the Subcommittee's thinking that caregiver compensation should be seamless when the member transitions from active duty to VA care, as long as the caregiver requirements remain the same.

The Coalition supported this initiative, but recognizes that both chambers have since approved legislation to authorize more significant VA assistance and compensation for caregivers.

Once the House and Senate versions of the VA caregiver legislation have been reconciled in conference, the Coalition hopes the Subcommittee will propose similar upgrades for caregivers of members while on active duty, consistent with the "seamless transition" philosophy adopted last year.

In a similar vein, many wounded or otherwise-disabled members experience significant difficulty transitioning to medical retirement status. To assist in this process, consideration should be given to authorizing medically retired members and their families to remain in on-base housing for up to one year after retirement, in the same way that families are allowed to do so when a member dies on active duty.

The Coalition recommends:

- ***Upgraded compensation and assistance for caregivers of severely disabled active duty members, consistent with pending legislative action to improve compensation/assistance for caregivers of veterans; and***
- ***Authorizing up to one year of continued residence in on-base housing facilities for medically retired, severely wounded servicemembers and their families.***

Active Forces and Their Families

In our overview, the Coalition expressed our collective concern over the stressors our service members and their families are experiencing due to the long, repeated deployments and unrelenting operations tempo. In order to sustain a sufficient, highly trained and highly capable active force, the continuing overriding requirement is to find additional ways to ease the terrible burden of stress on servicemembers and their families.

Military End Strength – Increased end strength is the only effective way to reduce stress on forces and families as long as deployment requirements not only continue, but actually increase.

The creators of the all-volunteer force never envisioned that the force would be deployed into combat one year out of three – let alone every other year, as has been the case with many ground units.

Regrettably, the scenario faced by today's forces is not unlike the World War II "Catch-22" situation described by Joseph Heller, in which aircrews braving horrendous enemy flak had their wartime mission

requirements increased again and again, until they perceived that the terrible sacrifices being demanded of them would never end.

Unfortunately, many in government and among the public seem to have become desensitized to the truly terrible sacrifices that the current mismatch between missions and force levels has already imposed on those in uniform. They acknowledge the problem, but most assume that servicemembers and families will simply continue to accept these – or even greater – levels of sacrifice indefinitely.

Many point to the achievement of service recruiting and retention goals as indicators that all is well.

Such perceptions grossly underestimate the current stresses on the force and the risk that poses for readiness and national security. The Coalition believes any complacency about retention is sadly misplaced, and that the status of the current force should be viewed in the context of a rubber band that has been stretched to its limit. The fact that it has not yet broken is of little comfort.

Well-respected studies have shown that 20 to 30 percent of combat returnees have experienced PTSD, TBI, or depression, and that the likelihood of a servicemember returning as a changed person rises with each subsequent deployment. Other studies have shown that rising cumulative family separations are having significant negative effects on servicemembers' children.

These are not mere academic exercises. They are well-known facts of life to those who are alone in actually experiencing them.

A far truer, and truly tragic, indicator of these extremely troubling circumstances has been the significant rise in servicemembers' suicide and divorce rates.

So the Coalition is very grateful for the subcommittee's support for end strength increases for all services in the FY2010 Defense Authorization Act, and for fending off the efforts of those who proposed cutting force levels to fund hardware needs.

But we must not understate the reality that the increases approved to date will not significantly improve dwell time for military families anytime in the near future, given increasing operational requirements in Afghanistan.

And new requirements for massive humanitarian aid in Haiti and elsewhere only exacerbate the already grievous situation.

The Coalition is relieved that the Administration is requesting an increase to the overall defense budget by $100 billion over the next five 5 years – we just hope it's enough.

The Coalition urges the Subcommittee to:

- ***Continue end strength growth as needed to sustain the war and other operational commitments while materially increasing dwell time for servicemembers and families;***
- ***Sustain adequate recruiting and retention resources to enable the uniformed services to achieve required optimum-quality personnel strength; and***

- ***Seek a 2011 defense budget of at least 5% of Gross Domestic Product that funds both people and weapons needs.***

Military Pay Raise – The Coalition thanks the Subcommittee for its sustained commitment to restoring full military pay comparability – a fundamental underpinning of the All-Volunteer Force.

To that end, we are grateful for the committee's leadership in approving a 3.4% military pay raise for 2010 – vs. the 2.9% proposed in the defense budget submission.

Throughout the 1980s and '90s, military pay raises consistently were capped below private sector pay growth, causing a "pay comparability gap" that reached 13.5% in 1998-99, and contributed significantly to serious retention problems.

Every year since then, the Subcommittee has acted to pare the gap by approving military raises that have been at least .5% above private sector pay growth.

Now that significant progress has been made and the "erosion of pay and benefits" retention-related problems have abated, some have renewed calls to cut back on military raises, create a new comparability standard, or substitute more bonuses for pay raises in the interests of "efficiency."

The Defense Department has proposed a new comparability standard under which each pay and longevity cell would represent the 70th percentile of compensation for similarly-educated civilians. A recent Congressional Budget Office report asserted that, considering adjustments in housing allowances, military people actually are paid 10% more than their civilian counterparts in terms of Regular Military Compensation (RMC), composed of basic pay, food and housing allowances, and the tax advantage that accrues because the allowances are tax-free.

The Coalition believes such assertions are fundamentally flawed.

First, the RMC concept was developed in the 1960s, when all servicemembers received the same allowances, regardless of location, and the allowances were arbitrary figures that weren't actually based on anything. In the interim, Congress has transformed the allowances into reimbursements for actual food costs and median locality-based housing costs.

If one were to use the RMC comparability methodology in this scenario, basic pay – the largest element of military pay and the one that drives retired pay – would become "flex" compensation element. With tax rates and allowances figures set independently, a year in which average housing allowances rose (e.g., based on growth in high-cost areas) and taxes increased could actually yield a requirement to cut basic pay (and future retirement value) to restore "comparability."

Second, the Coalition is not convinced that the civilian comparison cohort or percentile comparison point proposed by DoD are the proper ones, given that the military:

- Recruits from the top half of the civilian aptitude population;
- Finds that only about 25% of America's youth qualify for entry;
- Requires career-long education and training advancement;
- Enforces a competitive "up-or-out" promotion system; and

- Imposes severe limits on personal freedoms (e.g., not being able to quit when you want; risking a felony conviction for refusing an order).

A fundamental requirement for any pay comparability standard is that it should be transparent and understandable. The Coalition has asked for, but has never been provided by DoD, any data on what civilian comparison cohort was selected and why, and what rationale was used to establish a specific percentile comparison point.

Third, the Coalition believes it is essential to recognize that compensation is not simply the amount one is paid. It is pay divided by what's required of the recipient to earn that pay. If we increase pay 25% but require 100% more sacrifice to earn it, that's not a pay raise.

In that context, today's conditions of service are far more arduous than anything envisioned 40 years ago by the creators of the all-volunteer force, who believed a protracted war would require reinstitution of the draft.

Finally, private sector pay growth between 2008 and 2009 would set the military pay raise for 2011 at 1.4% – the smallest military pay raise in almost 50 years, even while servicemembers are being asked to endure the most arduous service conditions in more than 60 years. Further, the Coalition observes that there is a lag of more than a year between the time the civilian pay growth is measured and the time it is applied to the military.

The Coalition agrees with the approach the Subcommittee has taken consistently – that the best comparability measure is a comparison of the military basic pay raise percentage with the percentage growth in the ECI.

The government uses the ECI for every other measure of private pay growth, and it's very transparent to government leaders and servicemembers alike. As of 2010, cumulative military basic pay increases lag cumulative private sector pay growth by 2.4% since 1982 – the last time it was generally agreed that a state of comparability existed.

Given the historic low raise produced by the ECI for 2011, the historic sacrifices being asked of servicemembers in this time of protracted war, and the dubious rationale for alternative pay raise proposals, any assertion that military people are overpaid is grossly off the mark.

The Coalition believes a basic pay raise of at least 1.9% – .5% above the ECI standard – is the bare minimum the nation should do to sustain its military pay comparability commitment for 2011.

Family Readiness and Support – A fully funded, robust family readiness program continues to be crucial to overall readiness of our military, especially with the demands of frequent and extended deployments.

Resource issues continue to plague basic installation support programs. At a time when families are dealing with increased deployments, they often are being asked to do without in other important areas. We are grateful that the Subcommittee included a provision in last year's defense bill that will help improve family readiness and support though greater outreach. The Department's establishment of a

comprehensive benefits website for servicemembers and their families will help provide virtual assistance regardless of their physical proximity to installation-supported networks.

Additionally, we could not agree more with last year's "Sense of Congress" regarding the establishment of flexible spending accounts (FSAs) for members of the uniformed services. We urge the Subcommittee to continue to press the Defense Department until servicemembers are provided the same eligibility to participate in FSAs that all other federal employees enjoy.

Quality education is a top priority to military families. Servicemembers are assigned all across the United States and the world. Providing appropriate and timely funding of Impact Aid through the Department of Education is critical to ensuring quality education military children deserve, regardless of where they live.

The Coalition believes that several initiatives could have unintended negative consequences on school facility needs and educational programs affecting military children. Service transformation, overseas rebasing initiatives, housing privatization, base realignment and closure actions all have the potential to affect the military family and their access to quality education programs.

The Coalition recommends that the Subcommittee:

- ***Press DoD to assess the effectiveness of programs and support mechanisms to assist military families with deployment readiness, responsiveness, and reintegration;***
- ***Ensure that effective programs – including the Family Readiness Council – are fully funded and their costs are included in the annual budget process;***
- ***Provide authorization and funding to accelerate increases in availability of child care to meet both active and Reserve Component requirements;***
- ***Insist DoD implement flexible spending accounts to let active duty and Selected Reserve families pay out-of-pocket dependent and health care expenses with pre-tax dollars;***
- ***Monitor and continue to expand family access to mental health counseling;***
- ***Promote expansion of military spouse opportunities to further educational and career goals;***
- ***Ensure additional and timely funding of Impact Aid plus continued DoD supplemental funding for highly-impacted military schools; and***
- ***Mitigate the impact of Service transformation, overseas rebasing initiatives, housing privatization and base realignment on school facility needs and educational programs affecting military children.***

Permanent Change of Station (PCS) Allowances – It's an unfortunate fact that members and their families are forced to incur significant out-of-pocket expenses when complying with government-directed moves.

For example, the current Monetary Allowance in Lieu of Transportation (MALT) rate used for PCS moves still fall significantly short of meeting members' actual travel costs. The current rate of 24 cents per mile is less than half of the 50 cents per mile authorized for temporary duty travel. Also, military members must make any advance house-hunting trips at personal expense, without any government reimbursements such as federal civilians receive.

DoD states that the MALT rate was not intended to reimburse servicemembers for travel by automobile, but simply a payment in lieu of providing transportation in-kind.

The Coalition believes strongly that the MALT concept is an outdated one, having been designed for a conscripted, single, non-mobile force.

Travel reimbursements should be adjusted to reflect the reality that today's all-volunteer servicemembers do, in fact, own cars and that it is unreasonable not to reimburse them for the cost of driving to their next duty stations in conjunction with PCS orders.

Simply put, PCS travel is no less government-ordered than is TDY travel, and there is simply no justification for paying less than half the TDY travel rate when personal vehicle use is virtually essential.

Additionally, the government should acknowledge that reassigning married servicemembers within the United States (including overseas locations) usually requires relocation of two personal vehicles. In that regard, the overwhelming majority of service families consist of two working spouses, making two privately owned vehicles a necessity. Yet the military pays for shipment of only one vehicle on overseas moves, including moves to Hawaii and Alaska, which forces relocating families into large out-of-pocket expenses, either by shipping a second vehicle at their own expense or selling one car before leaving the states and buying another upon arrival.

At a minimum, the Coalition believes military families being relocated to Alaska, Hawaii, and U.S. territories should be authorized to ship a second personal vehicle, as the Subcommittee has rightly supported in the past.

The Coalition urges the Subcommittee to continue its efforts to upgrade permanent change-of-station allowances to better reflect expenses imposed on servicemembers, with priority on:

- ***Shipping a second vehicle on overseas accompanied assignments;***
- ***Authorizing at least some reimbursement for house-hunting trip expenses; and***
- ***Increasing PCS mileage rates to more accurately reflect members' actual transportation costs.***

Education Enhancements – The Post 9/11 GI Bill was a truly historic achievement that will provide major long-term benefits for military people and for America; however, the Coalition remains sensitive that transferability of the benefit to family members was restricted to members of the "Armed Forces."

The Coalition believes all members of the uniformed services, including commissioned officers of the US Public Health Service and NOAA Corps, should be able to transfer their benefit to family members. All previous GI Bill provisions have applied equally to all uniformed services, and the Post-9/11 GI Bill should not be an exception.

The Coalition urges the Subcommittee to support amending the statute to authorize all otherwise-qualifying members of the "uniformed services" to transfer Post-9/11 GI Bill benefits to family members.

Morale, Welfare, and Recreation (MWR) and Quality of Life (QoL) Programs – MWR activities and QoL programs have become ever more critical in helping servicemembers and their families cope with the extended deployments and constant changes going on in the force.

The availability of appropriated funds to support MWR activities is an area of continuing concern for the Coalition. We are especially apprehensive that additional reductions in funding or support services may occur due to slow economic recovery and record budget deficits.

BRAC actions pose an additional concern as DoD is struggling to meet the 2011 deadline at many BRAC locations. Two reports issued by the Government Accountability Office indicate significant challenges remain in areas of funding, facilities, and overall management.

The Coalition is very concerned whether needed infrastructure and support programs will be in place in time to meet families' needs.

TMC urges the Subcommittee to:

- ***Protect funding for critical family support and QoL programs and services to meet the emerging needs of beneficiaries and the timelines of the Services' transformation plans;***
- ***Oppose any initiative to withhold or reduce appropriated support for family support and QoL programs to include: recreation facilities, child care, exchanges and commissaries, housing, health care, education, family centers, and other traditional and innovative support services;***
- ***Prevent any attempts to consolidate or civilianize military service exchange and commissary programs; and***
- ***Sustain funding for support services and infrastructure at both closing and gaining installations throughout the entire transformation process, including exchange, commissary and TRICARE programs.***

National Guard and Reserve

Over 142,000 Guard and Reserve service men and women members are serving on active duty.

Since Sept. 11, 2001, more than 752,000 Guard and Reserve service men and women have been called up, including well over 200,000 who have served multiple tours. There is no precedent in American history for this sustained reliance on citizen-soldiers and their families. To their credit, Guard and Reserve combat veterans continue to reenlist, but the current pace of routine, recurring deployments cannot be sustained indefinitely.

Guard and Reserve members and families face unique challenges in their readjustment following active duty service. Unlike active duty personnel, many Guard and Reserve members return to employers who question their contributions in the civilian workplace, especially as multiple deployments have become the norm. Many Guard-Reserve troops return with varying degrees of combat-related injuries and stress disorders, and encounter additional difficulties after they return that can cost them their jobs, careers and families.

Despite the continuing efforts of the Services and Congress, most Guard and Reserve families do not have access to the same level of counseling and support that active duty members have. In short, the

Reserve components face increasing challenges virtually across the board, including major equipment shortages, end-strength requirements, wounded-warrior health care, and pre- and post-deployment assistance and counseling.

Operational Reserve Retention and Retirement Reform – Congress took the first step in modernizing the reserve compensation system with enactment of early retirement eligibility for certain reservists activated for at least 90 continuous days served since January 28, 2008. This change validates the principle that compensation should keep pace with service expectations and work as an inducement to retention and sustainment of the operational reserve force.

Guard/Reserve mission increases and a smaller active duty force mean Guard/Reserve members must devote a much more substantial portion of their working lives to military service than ever envisioned when the current retirement system was developed in 1948.

Repeated, extended activations make it more difficult to sustain a full civilian career and impede Reservists' ability to build a full civilian retirement, 401(k), etc. Regardless of statutory protections, periodic long-term absences from the civilian workplace can only limit Guard/Reserve members' upward mobility, employability and financial security. Further, strengthening the reserve retirement system will serve as an incentive to retaining critical mid-career officers and NCOs for continued service and thereby enhance readiness.

As a minimum, the next step in modernizing the reserve retirement system is to provide equal retirement-age-reduction credit for all activated service rendered since Sept. 11, 2001. The current law that credits only active service since January 28, 2008 disenfranchises and devalues the service of hundreds of thousands of Guard/Reserve members who served combat tours (multiple tours, in thousands of cases) between 2001 and 2008.

The statute also must be amended to eliminate the inequity inherent in the current fiscal year retirement calculation, which only credits 90 days of active service for early retirement purposes if it occurs within the same fiscal year. The current rule significantly penalizes members who deploy in July or August vs. those deploying earlier in the fiscal year.

It is patently unfair, as the current law requires, to give three months retirement age credit for a 90-day tour served from January through March, but only half credit for a 120-day tour served from August through November (because the latter covers 60 days in each of two fiscal years).

For the near term, the Military Coalition places particular priority on authorizing early retirement credit for all qualifying post-9/11 active duty service performed by Guard/Reserve servicemembers and eliminating the fiscal-year-specific accumulator that bars equal credit for members deploying for equal periods during different months of the year.

Ultimately, TMC believes we must move forward to provide a reduced age entitlement for retired pay and health coverage for all Reserve Component members – that is, an age/service formula or outright eligibility, if otherwise qualified, at age 55.

Further, TMC urges repeal of the annual cap of 130 days of inactive duty training points that may be credited towards a reserve retirement.

Guard and Reserve Yellow Ribbon Readjustment – Congress has provided increased resources to support the transition of warrior-citizens back into the community. But program execution remains spotty from state to state and falls short for returning Federal Reserve warriors in widely dispersed regional commands. Military and civilian leaders at all levels must improve the coordination and delivery of services for the entire operational reserve force. Many communities are eager to support and many do that well. But, yellow ribbon efforts in a number of locations amount to little more than PowerPoint slides and little or no actual implementation.

TMC is grateful for the Subcommittee's attention to this issue and for including reporting requirements on progress in the FY2010 Defense Authorization Act.

Making Yellow Ribbon work effectively is a major Coalition priority, and our hope is that the NDAA-required reports will point the way for further Subcommittee action in this important area.

TMC urges the Subcommittee to hold oversight hearings and to direct additional improvements in coordination, collaboration and consistency of Yellow Ribbon services. DoD must ensure that state-level best practices – such as those in Maryland, Minnesota and New Hampshire – are applied for all operational reserve force members and their families, and that Federal Reserve veterans have equal access to services and support available to National Guard veterans. Community groups, employers and service organization efforts need to be encouraged and better coordinated to supplement unit, component, Service and VA outreach and services.

Guard/Reserve GI Bill – TMC is grateful to Congress for inclusion of a critical "earn as you serve" principle in the new Post-9/11 GI Bill, which allows operational reservists to accrue educational benefits for each aggregate call-up of 90 days or more active duty. Inexplicably, however, active duty members of the National Guard serving under Title 32 orders were not included in the new program despite their critical role in homeland defense, counter-drug, border control and other missions.

TMC urges the Subcommittee to work with the Veterans Affairs Committee to include Title 32 AGRs in the Post-9/11 statute.

TMC's longstanding recommendation of coordinating and integrating various educational benefit programs has been made more challenging with the Post-9/11 GI Bill.

For example, benefits for initially joining the Guard or Reserve as authorized in Chapter 1606, 10 USC continue to decline in proportion to the active duty Montgomery GI Bill (Chap. 30, 38 USC) and the new Post-9/11 GI Bill. Reserve MGIB benefit levels have slid to 24% of the active duty MGIB benefit, compared to 47-50% during the first 15 years of the program. Restoration of the original ratio would raise basic reserve rates from the current $333 per month to $643 - $684 per month for full-time study.

TMC maintains that restoring the ratio is not only a matter of equity, but essential to long-term success of Guard and Reserve recruiting programs.

Based on the DoD / Services' 10-year record of indifference to the basic Selected Reserve GI Bill under Chapter 1606, 10 USC, TMC recommends either: restoring Reserve benefits to 47-50% of active duty benefits or transferring the Chapter 1606 statute from Title 10 to Title 38 so that it can be coordinated with other educational benefits programs in a 21st century GI Bill architecture. TMC also supports assured academic reinstatement, including guaranteed re-enrollment, for returning operational reservists.

Special and Incentive Pays – Increased reliance on Guard and Reserve forces to perform active duty missions has highlighted differentials and inconsistencies between treatment of active duty vs. Guard and Reserve members on a range of special and incentive pays. Congress has acted to address some of these disparities, but more work is needed.

The Coalition urges the Subcommittee to ensure equitable treatment of Guard and Reserve vs. active duty members for the full range of special and incentive pays.

Retiree Issues

The Military Coalition remains grateful to the Subcommittee for its support of maintaining a strong military retirement system to help offset the extraordinary demands and sacrifices inherent in a career of uniformed service.

Concurrent Receipt – In the FY2003 and FY2004 NDAA, Congress acknowledged the inequity of the disability offset to earned retired pay and established a process to end or phase out the offset for many disabled retirees. The Coalition is extremely grateful with the Subcommittee's efforts to continue progress in easing the adverse effects of the offset.

Last year we were very optimistic that another very deserving group of disabled retirees would become eligible for concurrent receipt when the White House included a concurrent receipt proposal in the Budget Resolution – the first time in history any Administration had ever proposed such a fix.

The Administration's proposal, again submitted in this year's budget, would expand concurrent receipt eligibility over a five year period to all those forced to retire early from Service due to a disability, injury, or illness that was service-connected (chapter 61 retirees).

Thanks to the strong support of Armed Services Committee leaders, the proposal was included in the House version of the FY2010 NDAA. The Coalition was dismayed that, despite your leadership efforts and White House support, the provision failed to survive conference – an extremely disappointing outcome for a most deserving group of disabled retirees.

Our fervent hope is that the Subcommittee will redouble its efforts to authorize this initiative for FY2011.

Additionally, the Coalition is concerned that an inadvertent problem exists in the statutory Combat-Related Special Compensation (CRSC) computation formula causes many seriously disabled and clearly eligible members to receive little or nothing in the way of CRSC. The Defense Department has

acknowledged the problem in discussions with the Subcommittee staff, and the Coalition urges the Subcommittee to correct this technical problem.

The Coalition believes strongly in the principle that career military members earn their retired pay by service alone, and that those unfortunate enough to suffer a service-caused disability in the process should have any VA disability compensation from the VA added to, not subtracted from their service-earned military retired pay and this remains a key goal in 2010 – regardless of years of service or severity of their disability rating.

The Coalition's continuing goal is to fully eliminate the deduction of VA disability compensation from earned military retired pay for all disabled retirees. In pursuit of that goal, the Coalition's immediate priorities include:

- ***Phasing out the disability offset for all Chapter 61 (medical) retirees; and***
- ***Correcting the CRSC formula to ensure the intended compensation is delivered.***

Proposed Military Retirement Changes – The Coalition remains concerned that as budgets get tighter and calls to establish a new entitlement or debt-reduction commission grow louder, the military retirement system may come under greater scrutiny to seek savings or "efficiencies."

Our concern is based on past experience that seeking to wring savings from military retirement programs poses a significant threat to long-term retention and readiness by decreasing the attractiveness of serving for two or three decades in uniform, with all of the extraordinary demands and sacrifice inherent in such extended career service.

For example, the Coalition is very concerned that proposals to "civilianize" military retirement benefits, such as the changes recommended by the 10th Quadrennial Review of Military Compensation (QRMC) fail utterly to recognize the fundamental purpose of the military retirement system in offsetting service conditions that are radically more severe than those experienced by the civilian workforce.

The QRMC proposed converting the military retirement system to a civilian-style plan under which full retired pay wouldn't be paid until age 57-60; vesting retirement benefits after 10 years of service; and using flexible "gate pays" and separation pay at certain points of service to encourage continued service in certain age groups or skills and encourage others to leave, depending on service needs for certain kinds of people at the time.

Reduced to its essence, this admittedly cost-neutral plan would take money from people who stay for a career in order to pay additional benefits to those who leave the military short of a career.

If this system were in place today, a 10-year infantryman facing his or her fourth combat tour would be offered a choice between (a) allowing immediate departure with a vested retirement vs. (b) continuing under current service conditions for another 10-20 years and having to wait until age 58 for immediate retired pay.

The Coalition believes strongly that, if such a system existed for today's force under today's service conditions, the military services would already be mired in a deep and traumatic retention crisis.

Further, the QRMC proposal is so complicated that people evaluating career decisions at the 4-to-10 year point would have no way to project their future military retirement benefits. Gate pays available at the beginning of a career could be cut back radically if the force happened to be undergoing a strength reduction later in a member's career.

In contrast, the current military retirement system makes it very clear from the pay table what level of retired pay would be payable, depending how long one served and how well one progressed in grade.

The sustained drawing power of the 20-year retirement system provides an essential long-term moderating influence that keeps force managers from over-reacting to short-term circumstances. Had force planners had such a system in effect during the drawdown-oriented 1990s, the services would have been far less prepared for the post 9/11 wartime environment.

Many such proposals have been offered in the past, and have been discarded for good reasons. The only initiative to substantially curtail/delay military retired pay that was enacted – the 1986 REDUX plan – and only a remnant remain as the mandatory REDUX was scrapped 13 years later after it began inhibiting retention.

The only remnant that remains – and has been in place unchanged since 1999 – is a voluntary program known as the Career Status Bonus – a $30,000 "bonus" bait and switch – where the servicemember is can receive $30,000 at their 15 year point as long as they accept REDUX.

That "bonus" was a bad deal at the time and it gets worse with every passing year as pay (and retired pay) increases.

After taxes, the so-called bonus is more like $22,000 or $23,000. And to get that, the typical NCO who retires with 20 years of service must agree to sacrifice more than $300,000 in future retired pay (those who live longer than average sacrifice far more). That's how much less REDUX is worth compared to the normal system.

TMC urges the Subcommittee to:

- ***Reject any initiatives to "civilianize" the military system without adequate consideration of the unique and extraordinary demands and sacrifices inherent in a military vs. a civilian career; and***
- ***Eliminate the Career Status Bonus for service members as it significantly devalues their retirement over time. In the short term, the services should be required to better educate eligible members on the severe long-term financial penalty inherent in accepting the REDUX option.***

Disability Severance Pay – The Coalition is grateful for the Subcommittee's inclusion of a provision in the FY08 NDAA that ended the VA compensation offset of a service member's disability severance for people injured in the combat zone.

However, we are concerned that the language of this provision imposes much stricter eligibility than that used for Combat-Related Special Compensation.

The Coalition urges the Subcommittee to amend the eligibility rules for disability severance pay to include all combat- or operations-related injuries, using same definition as CRSC. For the longer

term, the Coalition believes the offset should be ended for all members separated for service-caused disabilities.

Former Spouse Issues – For nearly a decade the recommendations of the Defense Department's September 2001 report to Congress on the Uniformed Services Former Spouse Protection Act (USFSPA) have gone nowhere. For several years, DoD submitted many of the report's recommendations annually to Congress only to have one or two supported by the Subcommittee while many others were dropped.

The USFSPA is a very emotional topic with two distinct sides to the issue – just as any divorce has two distinct parties affected. The Coalition believes strongly that there are several inequities in the Act that need to be addressed and corrected that could benefit both affected parties – the servicemember and the former spouse.

But in order to make progress, we believe Congress cannot piecemeal DoD's recommendations. We support a collective grouping of legislation that would provide benefit to both affected parties. Absent this approach, the legislation will be perceived as supporting one party over the other and go nowhere.

To fairly address the problems with the Act, all affected parties need to be heard – and the Coalition would greatly appreciate the opportunity to address the inequities in a hearing before the Subcommittee.

The Coalition requests a hearing to address USFSPA inequities. In addition, we recommend legislation to include all of the following:

- ***Base the award amount to the former spouse on the grade and years of service of the member at time of divorce (and not retirement);***
- ***Prohibit the award of imputed income, which effectively forces active duty members into retirement;***
- ***Extend 20/20/20 benefits to 20/20/15 former spouses;***
- ***Permit the designation of multiple Survivor Benefit Plan (SBP) beneficiaries with the presumption that SBP benefits must be proportionate to the allocation of retired pay;***
- ***Eliminate the "10-year Rule" for the direct payment of retired pay allocations by the Defense Finance and Accounting Service (DFAS);***
- ***Permit SBP premiums to be withheld from the former spouse's share of retired pay if directed by court order;***
- ***Permit a former spouse to waive SBP coverage;***
- ***Repeal the one-year deemed election requirement for SBP; and***
- ***Assist the DoD and Services with greater outreach and expanded awareness to members and former spouses of their rights, responsibilities, and benefits upon divorce.***

Survivor Issues

The Coalition is grateful to the Subcommittee for its significant efforts in recent years to improve the Survivor Benefit Plan (SBP), especially its major achievement in eliminating the significant benefit reduction previously experienced by SBP survivors upon attaining age 62.

SBP-DIC Offset – The Coalition believes strongly that current law is unfair in reducing military SBP annuities by the amount of any survivor benefits payable from the DIC program.

If the surviving spouse of a retiree who dies of a service-connected cause is entitled to DIC from the Department of Veterans Affairs and if the retiree was also enrolled in SBP, the surviving spouse's SBP annuity is reduced by the amount of DIC. A pro-rata share of the SBP premiums is refunded to the widow upon the member's death in a lump sum, but with no interest. This offset also affects all survivors of members who are killed on active duty.

The Coalition believes SBP and DIC payments are paid for different reasons. SBP is insurance purchased by the retiree and is intended to provide a portion of retired pay to the survivor. DIC is a special indemnity compensation paid to the survivor when a member's service causes his or her premature death. In such cases, the VA indemnity compensation should be added to the SBP annuity the retiree paid for, not substituted for it.

It should be noted as a matter of equity that surviving spouses of federal civilian retirees who are disabled veterans and die of military-service-connected causes can receive DIC without losing any of their federal civilian SBP benefits.

The reality is that, in every SBP-DIC case, active duty or retired, the true premium extracted by the service from both the member and the survivor was the ultimate one – the very life of the member. This reality was underscored by the August 2009 Federal Court of Appeals ruling in *Sharp v. U.S.* which found "After all the servicemember paid for both benefits: SBP with premiums; DIC with his life."

The Veterans Disability Benefits Commission (VDBC) was tasked to review the SBP-DIC issue, among other DoD/VA benefit topics. The VDBC's final report to Congress agreed with the Coalition in finding that the offset is inappropriate and should be eliminated.

In 2005 Speaker Pelosi and all House leaders made repeal of the SBP-DIC offset a centerpiece of their GI Bill of Rights for the 21st Century. Leadership has made great progress in delivering on other elements of that plan, but the only progress to date on the SBP-DIC offset has been the enactment a small monthly Special Survivor Indemnity Allowance (SSIA).

The Coalition recognizes that the Subcommittee's initiative in the FY2008 defense bill to establish a special survivor indemnity allowance (SSIA) was intended as a first, admittedly very modest, step in a longer-term effort to phase out the Dependency and Indemnity Compensation (DIC) offset to SBP.

We appreciate the Subcommittee's subsequent work to extend the SSIA to survivors of members who died while on active duty in the FY2009 NDAA, as well as the its good-faith effort to provide a substantial increase in SSIA payments as part of the *Family Smoking Prevention and Tobacco Control Act.*

The Coalition was extremely disappointed that the final version of that legislation greatly diluted the House-passed provision and authorized only very modest increases several years in the future.

While fully acknowledging the Subcommittee's and full Committee's good-faith efforts to win more substantive progress, the Coalition shares the extreme disappointment and sense of abandonment of the SBP-DIC widows who are being forced to sacrifice up to $1,110 each month and being asked to be satisfied with a $60 monthly rebate.

For years, legislative leaders touted elimination of this "widow's tax" as a top priority. The Coalition understands the mandatory-spending constraints the Subcommittee has faced in seeking redress, but also points out that those constraints have been waived for many, many far more expensive initiatives. The Coalition believes widows whose sponsors' deaths were caused by military service should not be last in line for redress.

The Coalition urges repeal of the SBP-DIC offset. TMC further recommends:

- ***Authorizing payment of SBP annuities for disabled survivors into a Special Needs Trust;*** (Certain permanently disabled survivors can lose eligibility for Supplemental Security Income (SSI) and Medicaid and access to means-tested state programs because of receipt of SBP. This initiative is essential to put disabled SBP annuitants on an equal footing with other SSI/Medicaid-eligibles who have use of special needs trusts to protect disabled survivors.)
- ***Allowing SBP eligibility to switch to children if a surviving spouse is convicted of complicity in the member's death; and***
- ***Reinstating SBP for survivors who previously transferred payments to their children at such time as the youngest child attains majority, or upon termination of a second or subsequent marriage.***

Final Retired Pay Check – Under current law, DFAS recoups from military widows' bank accounts all retired pay for the month in which a retiree dies. Subsequently, DFAS pays the survivor a pro-rated amount for the number of days of that month in which the retiree was alive. This often creates hardships for survivors who have already spent that pay on rent, food, etc., and who routinely are required to wait several months for DFAS to start paying SBP benefits.

The Coalition believes this is an extremely insensitive policy imposed by the government at the most traumatic time for a deceased member's next of kin. Unlike his or her active duty counterpart, a retiree's survivor receives no death gratuity. Many older retirees do not have adequate insurance to provide even a moderate financial cushion for surviving spouses.

The VA is required by law to make full payment of the final month's VA disability compensation to the survivor of a disabled veteran. The disparity between DoD and VA policy on this matter is simply indefensible. Congress should do for retirees' widows the same thing it did ten years ago to protect veterans' widows.

TMC urges the Subcommittee to authorize survivors of retired members to retain the final month's retired pay for the month in which the retiree dies.

Health Care Issues

The Coalition appreciates the Subcommittee's strong and continuing interest in keeping health care commitments to military beneficiaries. We are particularly grateful for your support for the last few

years in refusing to allow the Department of Defense to implement disproportional beneficiary health care fee increases.

The Coalition is encouraged that the current Administration so far has declined to pursue such increases, but has worked to reestablish a mutually constructive dialogue with beneficiary representatives.

The unique package of military retirement benefits – of which a key component is a top-of-the-line health care benefit – is the primary offset afforded uniformed service members for enduring a career of unique and extraordinary sacrifices that few Americans are willing to accept for one year, let alone 20 or 30. It is an unusual, and essential, compensation package that a grateful Nation provides for a relatively small fraction of the US population who agree to subordinate their personal and family lives to protecting our national interests for so many years. This sacrifice, in a very real sense, constitutes a pre-paid premium for their future healthcare.

Defense Health Program Cost Requirements – The Coalition is grateful for the Subcommittee's support for maintaining – and expanding where needed – the healthcare benefit for all military beneficiaries and especially for the Guard, Reserve and military children, consistent with the demands imposed upon them.

It's true that many private sector employers are choosing to shift an ever-greater share of health care costs to their employees and retirees, and that's causing many still-working military retirees to fall back on their service-earned TRICARE coverage. Fallout from the recent economic recession is likely to reinforce this trend.

In the bottom-line-oriented corporate world, many firms see their employees as another form of capital, from which maximum utility is to be extracted at minimum cost, and those who quit are replaceable by similarly experienced new hires. But that can't be the culture in the military's closed, all-volunteer personnel system, whose long-term effectiveness is dependent on establishing a sense of mutual, long-term commitment between the service member and his/her country.

The Coalition believes it's essential to bear other considerations in mind when considering the extent to which military beneficiaries should share in military health care costs.

First and foremost, the military health system is not built for the beneficiary, but to sustain military readiness. Each Service maintains its unique facilities and systems to meet its unique needs, and its primary mission is to sustain readiness by keeping a healthy force and to be able to treat casualties from military actions. That model is built neither for cost efficiency nor beneficiary welfare. It's built for military readiness requirements.

When military forces deploy, the military medical force goes with them, and that forces families, retirees and survivors to use the more expensive civilian health care system in the absence of so many uniformed health care providers.

These military-unique requirements have significantly increased readiness costs. But those added costs were incurred for the convenience of the military, not for any beneficiary consideration, and beneficiaries should not be expected to bear any share of that cost – particularly in wartime.

The Coalition urges the Subcommittee to take all possible steps to ensure continued full funding for Defense Health Program needs.

National Health Reform – The Coalition opposes any effort to integrate TRICARE and VA health care systems in any proposal that Congress may develop as part of national health care reform. These two programs are integral to military readiness and are designed expressly to meet the unique needs of service members, military retirees, veterans, wounded service members, Guardsmen and Reservists, their families and survivors.

TMC urges that any national health reform legislation must:

- ***Protect the unique TRICARE, TRICARE For Life, and VA health care benefits from unintended consequences such as reduced access to care;***
- ***Bar any form of taxation of TRICARE, TRICARE For Life, or VA health care benefits, including those provided in non-governmental venues; and***
- ***Preserve military and VA beneficiaries' choices.***

Military vs. Civilian Cost-Sharing Measurement – Defense leaders have in the past, and may in the future, assert that substantial military fee increases are needed to bring military beneficiary health care costs more in line with civilian practices. But merely contrasting military vs. civilian cash cost-shares is a grossly misleading, "apple-to-orange" comparison.

For all practical purposes, those who wear the uniform of their country are enrolled in a 20- to 30-year pre-payment plan that they must complete to earn lifetime health coverage. In this regard, military retirees and their families paid enormous "up-front" premiums for that coverage through their decades of service and sacrifice. Once that pre-payment is already rendered, the government cannot simply pretend it was never paid, and focus only on post-service cash payments.

DoD and the Nation – as good-faith employers of the trusting members from whom they demand such extraordinary commitment and sacrifice – have a reciprocal health care obligation to retired service members and their families and survivors that far exceeds any civilian employer's to its workers and retirees.

The Coalition believes that military beneficiaries from whom America has demanded decades of extraordinary service and sacrifice have earned coverage that is the best America has to offer.

Large Retiree Fee Increases Can Only Hurt Retention – The reciprocal obligation of the government to maintain an extraordinary benefit package to offset the extraordinary sacrifices of career military service members is a practical as well as moral obligation. Mid-career military losses can't be replaced like civilians can.

Eroding benefits for career service can only undermine long-term retention/readiness. Today's service members are very conscious of Congress' actions toward those who preceded them in service. One reason Congress enacted TRICARE For Life in 2000 is because the Joint Chiefs of Staff at that time said inadequate retiree health care was affecting attitudes among active duty service members.

That's more than backed up by two independent Coalition surveys. A 2006 Military Officers Association of America survey drew 40,000 responses, including more than 6,500 from active duty service members. Over 92% in all categories of respondents opposed the DoD-proposed fee hikes. There was virtually no difference between the responses of active duty service members (96% opposed) and retirees under 65 (97% opposed). A Fleet Reserve Association survey showed similar results.

Reducing military retirement benefits would be particularly ill-advised when an overstressed force already is at increasing retention risk despite the current downturn of the economy and current recruiting successes.

Pharmacy – The Coalition supports a strong TRICARE pharmacy benefit which is affordable and continues to meet the pharmaceutical needs of millions of eligible beneficiaries through proper education and trust. The TMC will oppose any degradation of current pharmacy benefits, including any effort to charge fees or copayments for use of military treatment facilities.

The Coalition would oppose the need for pharmacy co-pay increases now that Congress has approved federal pricing for the TRICARE retail pharmacy system. The Coalition notes that due to continued legal maneuvering, federal pricing still has not been implemented by the Executive Branch, and this failure is costing DoD tens of millions of dollars with every passing month. This is an excellent example of why the Coalition objects to basing beneficiary fees on a percentage of DoD costs – because DoD all-too-frequently does not act, or is not allowed to act, in a prudent way to hold costs down.

The Coalition has volunteered to conduct a joint campaign with DoD to promote beneficiary use of lower-cost medications and distribution venues – a "win-win" opportunity that will reduce costs for beneficiaries and the government alike.

The Coalition also believes that positive incentives are the best way to encourage beneficiaries to continue medication regimens that are proven to hold down long-term health costs. In this regard, TMC believes eliminating copays for medications to control chronic conditions (e.g., diabetes, asthma, high blood pressure, and cholesterol) are more effective than negative ones such as copayment increases.

The Coalition urges the Subcommittee to ensure continued availability of a broad range of medications, including the most-prescribed medications, in the TRICARE pharmacy system, and to ensure that the first focus on cost containment should be on initiatives that encourage beneficiaries to take needed medications and reduce program costs without shifting costs to beneficiaries.

Alternative Options to Make TRICARE More Cost-Efficient – TMC continues to believe strongly that DoD has not sufficiently investigated options to make TRICARE more cost-efficient without shifting costs to beneficiaries. The Coalition has offered a long list of alternative cost-saving possibilities, including:

- ***Positive incentives to encourage beneficiaries to seek care in the most appropriate and cost effective venue;***
- ***Encouraging improved collaboration between the direct and purchased care systems and implementing best business practices and effective quality clinical models;***
- ***Focusing the military health system, health care providers, and beneficiaries on quality measured outcomes;***

- ***Improving MHS financial controls and avoiding overseas fraud by establishing TRICARE networks in areas fraught with fraud;***
- ***Establishing TRICARE networks in areas of high TRICARE Standard utilization to take full advantage of network discounts;***
- ***Promoting retention of other health insurance by making TRICARE a true second-payer to other insurance (far cheaper to pay another insurance's co-pay than have the beneficiary migrate to TRICARE);***
- ***Encouraging DoD to effectively utilize their data from their electronic health record to better monitor beneficiary utilization patterns to design programs which truly match beneficiaries needs;***
- ***Sizing and staffing military treatment facilities to reduce reliance on network providers and develop effective staffing models which support enrolled capacities;***
- ***Reducing long-term TRICARE Reserve Select (TRS) costs by allowing service members the option of a government subsidy of civilian employer premiums during periods of mobilization;***
- ***Doing far more to promote use of mail-order pharmacy system and formulary medications via mailings to users of maintenance medications, highlighting the convenience and individual expected cost savings; and***
- ***Encouraging retirees to use lowest-cost-venue military pharmacies at no charge, rather than discouraging such use by limiting formularies, curtailing courier initiatives, etc.***

The Coalition is pleased that DoD has begun to implement some of our suggestions, and stands ready to partner with DoD to investigate and jointly pursue these and other options that offer potential for reducing costs.

TMC Healthcare Cost Principles – The Military Coalition believes strongly that the recent fee controversy is caused in part by the lack of any statutory record of the purpose of military health care benefits and the specific benefit levels earned by a career of service in uniform. Under current law, the Secretary of Defense has broad latitude to make administrative adjustments to fees for TRICARE Prime and the pharmacy systems. Absent congressional intervention, the Secretary can choose not to increase fees for years at a time or can choose to quadruple fees in one year.

Until a few years ago, this was not a particular matter of concern, as no Secretary had previously proposed dramatic fee increases. Given recent years' unsettling experience, the Coalition believes strongly that the Subcommittee needs to establish more specific and permanent principles, guidelines, and prohibitions to protect against dramatic budget-driven fluctuations in this most vital element of service members' career compensation incentive package.

The Coalition strongly recommends that Congress establish statutory findings, a sense of Congress on the purpose and principles of military health care benefits earned by a career of uniformed service that states:

- ***Active duty members and families should be charged no fees except retail pharmacy co-payments, except to the extent they make the choice to participate in TRICARE Standard or use out-of-network providers under TRICARE Prime;***
- ***The TRICARE Standard inpatient copay should not be increased further for the foreseeable future. At $535 per day, it already far exceeds inpatient copays for virtually any private sector health plan;***

- ***There should be no enrollment fee for TRICARE Standard or TRICARE For Life (TFL), since neither offers assured access to TRICARE-participating providers. An enrollment fee implies enrollees will receive additional services, as Prime enrollees are guaranteed access to participating providers in return for their fee. Congress already has required TFL beneficiaries to pay substantial Medicare Part B fees to gain TFL coverage;***
- ***All retired service members earned equal health care coverage by virtue of their service; and***
- ***DoD should make all efforts to provide the most efficient use of allocated resources and cut waste prior to proposing additional or increased fees on eligible beneficiaries.***

TRICARE Prime – The Coalition is very concerned about growing dissatisfaction among TRICARE Prime enrollees – which is actually higher among active duty families than among retired families. The dissatisfaction arises from increasing difficulties experienced by beneficiaries in getting appointments, referrals to specialists, and sustaining continuity of care from specific providers.

Increasingly, beneficiaries with a primary care manager in a military treatment facility find they are unable to get appointments because so many providers have deployed, PCSed, or are otherwise understaffed/unavailable.

The Coalition supports the implementation of a pilot study by TMA in each of the three TRICARE Regions to study the efficacy of revitalizing the resource sharing program used prior to the implementation of the TRICARE-The Next Generation (T-NEX) contracts under the current Managed Care Support contract program.

The Coalition supports adoption of the "Medical Home" patient-centered model to help ease such problems.

But the new TRICARE contracts and the attendant reduction of Prime service areas outside the vicinity of military installations will exacerbate anxieties by forcing disenrollment of many thousands of current Prime beneficiaries.

The Coalition strongly advocates the transparency of healthcare information via the patient electronic record between both the MTF provider and network providers. Additionally, institutional and provider healthcare quality information should be available to all beneficiaries so that they can make better informed decisions.

The Military Coalition urges the Subcommittee to require reports from DoD and from the managed care support contractors, on actions being taken to improve Prime patient satisfaction, provide assured appointments within Prime access standards, reduce delays in preauthorization and referral appointments, and provide quality information to assist beneficiaries in making informed decisions.

TRICARE Standard

TRICARE Standard Provider Participation – The Coalition appreciates the Subcommittee's continuing interest in the specific problems unique to TRICARE Standard beneficiaries. TRICARE Standard beneficiaries need assistance in finding participating providers within a reasonable time and distance from their home. This is particularly important with the expansion of TRICARE Reserve

Select and the upcoming change in the Prime Service Areas, which will place thousands more beneficiaries into TRICARE Standard.

The Coalition is concerned that DoD has not yet established any standard for adequacy of provider participation, as required by section 711(a)(2) of the FY2008 NDAA. Participation by half of the providers in a locality may suffice if there is not a large Standard beneficiary population. The Coalition hopes to see an objective participation standard (perhaps number of beneficiaries per provider) that would help shed more light on which locations have participation shortfalls of Primary Care Managers and Specialists that require positive action.

The Coalition urges the Subcommittee to insist on immediate delivery of an adequacy threshold for provider participation, below which additional action is required to improve such participation. The Coalition also recommends requiring a specific report on participation adequacy in the localities where Prime Service Areas will be discontinued under the new TRICARE contracts.

TRICARE Reimbursement Rates – Physicians consistently report that TRICARE is virtually the lowest-paying insurance plan in America. Other national plans typically pay providers 25-33% more. In some cases the difference is even higher.

While TRICARE rates are tied to Medicare rates, TRICARE Managed Care Support Contractors make concerted efforts to persuade providers to participate in TRICARE Prime networks at a further discounted rate. Since this is the only information providers receive about TRICARE, they see TRICARE as lower-paying than Medicare.

This is exacerbated by annual threats of further reductions in TRICARE rates due to the statutory Medicare rate-setting formula. Physicians may not be able to afford turning away Medicare patients, but many are willing to turn away a small number of patients who have low-paying, high-administrative-hassle TRICARE coverage.

The TRICARE Management Activity has the authority to increase the reimbursement rates when there is a provider shortage or extremely low reimbursement rate for a specialty in a certain area and providers are not willing to accept the low rates. In some cases, a state Medicaid reimbursement for a similar service is higher than that of TRICARE. But the Department has been reluctant to establish a standard for adequacy of participation to trigger higher payments.

The Coalition places primary importance on securing a permanent fix to the flawed statutory formula for setting Medicare and TRICARE payments to doctors.

To the extent a Medicare rate freeze continues, we urge the Subcommittee to encourage DoD to use its reimbursement rate adjustment authority as needed to sustain provider acceptance.

The Coalition urges the Subcommittee to require a Comptroller General report on the relative propensity of physicians to participate in Medicare vs. TRICARE, and the likely effect on such relative participation of a further freeze in Medicare/TRICARE physician payments along with the effect of an absence of bonus payments.

Dental Care

The Coalition appreciates the subcommittee's action in continuing active duty-level dental coverage for dependent survivors and allowing transitional dental care for Reserve members who separate after supporting contingency missions.

Active Duty Dependent Dental Plan – TMC is sensitive to beneficiary concerns that Active Duty Dental Plan coverage for orthodontia has been eroded by inflation over a number of years.

The current orthodontia payment cap is $1,500, which has not been changed since 2001. In the intervening years, the orthodontia cost has risen from an average of $4,000 to more than $5,000.

The Coalition understands that, under current law, increasing this benefit could require a reduction in some other portion of the benefit, which we do not support.

The Coalition notes that current law assumes a 60% DoD subsidy for the active duty dental plan, whereas other federal health programs (e.g., FEHB Plan and TRS) are subsidized at 72%.

The Coalition recommends increasing the DoD subsidy for the Active Duty Dependent Dental Plan to 72% and increasing the cap on orthodontia payments to $2,000.

Guard and Reserve Healthcare

Continuum of Health Care Insurance Options for The Guard and Reserve – The Coalition is very grateful for passage of TRICARE Retired Reserve (TRR) coverage for "gray area" reservists in the FY2010 NDAA.

The Coalition notes that DoD complied with direction from Congress to reduce TRICARE Reserve Select (TRS) premiums to the actual cost of coverage. For 2009, monthly TRS premiums were reduced to $47.51 (vs. $81) for member-only coverage and to $180.17 (vs. $253) for family coverage.

TMC believes a review of the current statutory methodology for adjusting premiums based on program costs should be conducted to assess whether any of the costs currently included are in fact costs of maintaining readiness or "costs of doing business" for the Defense Department that don't contribute to delivering benefit value to beneficiaries (and therefore should be excluded, with the expected result that premiums would go down). In principle, TMC believes Congress should establish a moratorium on TRS premium increases and direct DoD to make a determined effort for the most efficient use of resources allocated and to cut waste prior to the consideration of any adjustment in such premiums.

Moreover, TMC believes that holding the line on TRS premiums will encourage more families to enroll. DoD, the Services, and the Reserve Components must do much more to advertise the TRS program which stands at only 6-7% of eligible beneficiaries.

The Coalition also believes Congress is missing an opportunity to reduce long-term health care costs and increase beneficiary satisfaction by authorizing eligible members the option of electing a DoD subsidy of their civilian insurance premiums during periods of activation.

Current law already authorizes payment of up to 24 months of FEHBP premiums for activated members who are civilian employees of the Defense Department. The Coalition believes all members of the Selected Reserve should have a similar option to have continuity of their civilian family coverage.

Over the long term, when Guard and Reserve activations can be expected at a reduced pace, this option would offer considerable savings opportunity relative to funding permanent, year-round TRICARE coverage.

DoD could calculate a maximum monthly subsidy level that would represent a cost savings to the government, so that each member who elected that option would reduce TRICARE costs.

The Coalition recommends the Subcommittee:

- ***Require a GAO review of DoD's methodology for determining TRS costs for premium adjustment purposes to assess whether it includes any costs of maintaining readiness or "costs of doing business" for the Defense Department that don't contribute to beneficiary benefit value and thus should be excluded from cost/premium calculations;***
- ***Authorize development of a cost-effective option to have DoD subsidize premiums for continuation of a Reserve employer's private family health insurance during periods of deployment as an alternative to ongoing TRS coverage;***
- ***Allow eligibility in Continued Health Care Benefits Program (CHCBP) for Selected Reservists who are voluntarily separating and subject to disenrollment from TRS;***
- ***Authorize members of the IRR who qualify for a reserve retirement at age 60 to participate in TRR as an incentive for continued service (and higher liability for recall to active duty);***
- ***Monitor implementation of the new TRR authority to ensure timely action and that premiums do not exceed 100 percent of the TRS premium; and***
- ***Allow FEHB plan beneficiaries who are Selected Reservists the option of participating in TRS.***

Guard and Reserve Mental Health – The Coalition is concerned that Guard and Reserve members and their families are at particular risk for undetected effects of the unseen injuries of war. The risk is compounded by Reserve Component members' anxiety to return to their families as soon as possible, which typically entails expedited departure from active duty and return to a community where military health care and other support systems are limited.

Unfortunately, most such members view the current post deployment health self-assessment program at demobilization sites as an impediment to prompt return to their families. Under this scenario, strong disincentives for self-reporting exacerbate an already wide variation in the diagnosis and treatment of post traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and other combat-related stress conditions.

The Coalition believes redeploying Reserve Component members should be allowed to proceed to their home station and retained on active duty orders to complete post-deployment examination requirements at the home station. This change is important to improve proper diagnosis, reporting and treatment of physical and mental injuries; to help perfect potential service connected disability claims with the VA; and to help correct the non-reporting of injuries at the demobilization site.

The Coalition believes that Guard and Reserve members and their families should have access to evidence-based treatment for PTSD, TBI, depression, and other combat-related stress conditions. Further, Post Deployment Health examinations should be offered at the member's home station, with the member retained on active duty orders until completion of the exam.

Guard and Reserve Health Information – The Coalition is concerned that the current health records for many Guard and Reserve members do not contain treatment information that could be vital for diagnosis and treatment of a condition while on active duty. The capture of non-military treatment is an integral part of the member's overall health status.

The Coalition believes there should be an effort to improve the electronic capture of non-military health information into the service member's medical record.

TRICARE For Life (TFL)

When Congress enacted TFL in 2000, it explicitly recognized that this coverage was fully earned by career service members' decades of sacrifice, and that the Medicare Part B premium would serve as the cash portion of the beneficiary premium payment. The Coalition believes that this remains true today and will oppose any new additional fees. Additionally, the Coalition believes that means-testing has no place in setting military health fees.

The Coalition is aware of the challenges imposed by Congress' mandatory spending rules, and appreciates the Subcommittee's efforts to include TFL-eligibles in the preventive care pilot programs included in the FY2009 NDAA. We believe their inclusion would, in fact, save the government money and hope the Subcommittee will be able to find a more certain way to include them than the current discretionary authority, which DoD has declined to implement.

The Coalition also hopes the subcommittee can find a way to resolve the discrepancy between Medicare and TRICARE treatment of medications such as the shingles vaccine, which Medicare covers under pharmacy benefits and TRICARE covers under doctor visits. This mismatch, which requires TFL patients to absorb the cost in a TRICARE deductible or purchase duplicative Part D coverage, deters beneficiaries from seeking this preventive medication.

Coalition priorities for TFL-eligibles include:

- ***Securing a permanent fix to the flawed formula for setting Medicare/TRICARE payments to providers;***
- ***Resisting any effort to establish an enrollment fee for TFL, given that many beneficiaries already experience difficulties finding providers who will accept Medicare patients; and***
- ***Including TFL beneficiaries in DoD programs to incentivize compliance with preventive care and healthy lifestyles.***

Restoration of Survivors' TRICARE Coverage

When a TRICARE-eligible widow/widower remarries, he/she loses TRICARE benefits. When that individual's second marriage ends in death or divorce, the individual has eligibility restored for military

ID card benefits, including SBP coverage, commissary/exchange privileges, etc. – with the sole exception that TRICARE eligibility is not restored.

This is out of line with other federal health program practices, such as the restoration of CHAMPVA eligibility for survivors of veterans who died of service-connected causes. In those cases, VA survivor benefits and health care are restored upon termination of the remarriage. Remarried surviving spouses deserve equal treatment.

The Coalition recommends restoration of TRICARE benefits to previously eligible survivors whose second or subsequent marriage ends in death or divorce.

Base Realignment and Closure (BRAC) and Re-basing

Military transformation and BRAC become more pressing issues as the Pentagon approaches the BRAC deadline set for September 15, 2011. The impact on the MHP is significant and concern about the impact on beneficiaries is of high priority to TMC. Specific areas of interest to the TMC include:

- Supporting a Health Facilities Program that uses evidenced-based design to update or replace Military Treatment Facilities (MTFs) to maintain world-class health care delivery capability in support of all eligible beneficiaries;
- Protecting full access, availability and services to beneficiaries and their families during the entire military transformation (BRAC and global re-basing) process, with added focus on Walter Reed Army Medical Center, Bethesda National Naval Medical Center, DeWitt Healthcare Network, and San Antonio Army Medical Center, while seeking full and timely funding for these world-class projects;
- Encouraging DoD to establish and sustain provider networks and capacity at both closing and gaining installations and units impacted by transformation;
- Promoting the coordination of efforts between Managed Care Support Contractors to ensure smooth beneficiary transition from one geographic area to another;
- Codifying the requirement to continue Prime benefits and assistance in localities affected by realignment and closure actions; and
- Monitoring the National Capitol Region Medical Joint Task Force activities to ensure the most effective use of resources to improve access and quality.

The Coalition recommends requiring an annual DoD report on the adequacy of health resources, funding, services, quality and access to care for beneficiaries affected by BRAC/re-basing.

Master Chief Joseph L. Barnes, USN (Retired)
National Executive Director, Fleet Reserve Association; and
Co-Chairman, The Military Coalition

Joseph L. (Joe) Barnes is a retired Navy Master Chief and serves as the Fleet Reserve Association's (FRA's) National Executive Director. He is a member of FRA's National Board of Directors, chairs the Association's National Committee on Legislative Service, and is responsible for managing the organization's National Headquarters in Alexandria, VA. In addition, he is president of the newly established FRA Education Foundation which oversees the Association's scholarship program that presents awards totaling nearly $100,000 to deserving students each year.

Barnes joined FRA's National Headquarters team in 1993 and prior to assuming his current position in 2002, he served as FRA's Director of Legislative Programs. 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 Co-Chairman of the Military Coalition (TMC) and co-chairs TMC's Personnel, Compensation and Commissaries Committee. He is also a member of the Defense Commissary Agency's Patron Council and an ex-officio member of the U.S. Navy Memorial Foundation's Board of Directors.

He received the U.S. Coast Guard's Meritorious Public Service Award and was appointed an Honorary Member of the U.S. Coast Guard by then Commandant of the Coast Guard Adm. James Loy, and former Master Chief Petty Officer of the Coast Guard Vince Patton.

While on active duty, he was the public affairs director for the U.S. Navy Band in Washington, DC, and directed marketing and promotional efforts for national 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. He earned the Certified Association Executive (CAE) designation from ASAE in 2003 and is an accredited member of the International Association of Business Communicators (IABC).

Kathleen B. Moakler
Government Relations Director; National Military Family Association; and
Co-Chair, The Military Coalition Survivor Committee

Mrs. Moakler has been associated with the National Military Family Association since 1995 as a member of the headquarters staff. She has served as Headquarters Office Manager and several positions in the Government Relations Department, including Deputy Director. In February 2007, Ms. Moakler was appointed as interim Director of Government Relations and was permanently appointed as Director in October 2007. In that position, she monitors the range of issues relevant to the quality of life of the families of the seven uniformed services and coordinates a staff of 4 deputy directors.

Mrs. Moakler represents the interests of military families on a variety of advisory panels and working groups, including the DoD/VA Survivors Forum, and the State Department Interagency Roundtable. Mrs. Moakler is co-chair of the Survivors Committee for the Military Coalition (TMC), a consortium of 35 military and veteran organizations and serves on the Retiree Committee. She is often called to comment on issues pertaining to military families for such media outlets as the NY Times, CNN, NBC news , NPR and the Military Times. She writes regularly for military focused publications.

An Army spouse of over 28 years, Mrs. Moakler has served in various volunteer leadership positions in civilian and military community organizations in that time. Through the years, Mrs. Moakler has worked with many military community programs including hospital consumer boards, commanders' advisory boards, family readiness groups, church councils, youth programs, and the Army Family Action Plan at all levels. She believes that communication is paramount in the efficient delivery of services and the fostering of a rich community life for military families.

She holds a Bachelor of Science degree in Business Administration from the State University of New York at Albany. Mrs. Moakler has been awarded the Army Commanders Award for Public Service and the President's Volunteer Service Award.

Mrs. Moakler is also a military mom. Her daughter is an Army nurse who has served two tours in Iraq and one son is an Army major stationed at Ft. Belvoir, Virginia. Her oldest son is an aspiring actor in Hollywood, California. Mrs. Moakler and her husband, Colonel Martin W. Moakler Jr. USA (retired), reside in Alexandria, Virginia.

Master Sergeant Michael P. Cline (USA-Ret)
Executive Director, Enlisted Association of the National Guard of the United States; CEO of the EANGUS Service Corporation; and President, The Military Coalition

Michael Cline has served as Executive Director/CEO of the EANGUS Service Corporation, and the Chief Executive Officer of the "We Care for America" Foundation since 1990. He represents the constituency of the association – more than 414,000 enlisted men and women of the National Guard, all National Guard retirees, and family members of these patriots.

Cline is the President of The Military Coalition, a consortium of 34 military, veterans, and uniformed services organizations representing over 6 million members of the uniformed services--active, reserve, retired, survivors, veterans--and their families. Cline served as Co-Chairman of the TMC for eight years and currently Co-Chairs the Guard and Reserve Subcommittee. He also serves on the Secretary of Veterans' Affairs Advisory Committee on Education for 11 years and is an ex-officio member of the Board of Directors of the National Guard Youth Challenge Foundation. He is a Trustee of the National Guard Association of the United States Insurance Trust. He is listed in Strathmore's Who's Who in Business and Distinguished Member Who's Who Worldwide.

Master Sergeant Cline has over 38 years of military service to his country. He retired from the Ohio Army National Guard in 1992. His assignments included Infantry, Military Police and Investigation, Communication, Mobilization-Readiness, and Training Program Manager.

Cline is a life member of the Enlisted Association of the National Guard of the United States, the American Legion, AMVETS, National Military Family Association, Association of the United States Army, and the National Rifle Association. He was selected an Honorary Chief Master Sergeant for the Air National Guard in June 1999, only the fourth time this honor had been bestowed and the first time to be presented to an Enlisted member.

Academically, he holds an Associates degree in Business Management and a Bachelor's degree in Human Resource Management from Malone College in Canton, Ohio. He also is a licensed Realtor, Notary Public and holds a teaching certificate in vocational education. Cline has been recognized by numerous state and National associations, most recently having been honored by the South Carolina Military Department with the State's highest award - the Meritorious Service Medal. He is a recipient of The Military Coalition, Award of Merit and was recognized by the Reserve Forces Policy Board for his support of the Guard and Reserve. He has received the Distinguished Service Award from the National Guard Association and was also recognized by the Chief of National Guard Bureau with NGB EAGLE award.

He is married to the former Diana Crawford and has seven children and sixteen grandchildren. His wife is retired from the D.C. Air National Guard after more than 25 years of military service. His wife Diana has been the association's editor of the New Patriot Magazine since 1991 and together they work side-by-side to make EANGUS the association of choice for Enlisted National Guard members and retirees. His oldest son, Mike, is an Army veteran, having served in Operation Desert Storm. His son Bill is an Air Force veteran. His youngest son, John, is an Air Force Major and a former enlisted Ohio Air National Guard member. Cline's immediate family has loyally dedicated more than 93 years of military service to the United States.

Deirdre Parke Holleman, Esq.
Executive Director, The Retired Enlisted Association; and
Co-Chair, The Military Coalition Survivor Committee

Deirdre Parke Holleman, Esq. is the Executive Director of The Retired Enlisted Association. She is also the Co-Director of the National Military and Veterans Alliance (NMVA) and the Co-Chairman of The Military Coalition's (TMC) Survivors Committee. In all three capacities and as a member of TMC's Health Care Committee Mrs. Holleman focuses on healthcare, financial and benefit matters for the Military's retirees, the active duty, the National Guard and Reserves and all their families and survivors.

Prior to joining TREA Mrs. Holleman was the Washington Liaison for The Gold Star Wives of America, Inc. There she represented the concerns of active duty widows and widows of Military members who die of service connected disabilities Before Congress, the Department of Defense, the Department of Veteran Affairs and other Veteran Service Organizations.

Mrs. Holleman is an attorney licensed to practice in the State of New York and before all Federal Courts. She argued many cases before all the Appellate Courts of New York including the New Your Court of Appeals, the highest appellate court in the state. She successfully argued **In the Matter of Marie B.,** a case that struck down a New York statute as unconstitutional. For years she was a civil trial attorney in New York primarily handling Domestic, Family and Juvenile cases. She was the Associate Director of The Legal Aid Society of Mid-New York, Inc. This charity represents people who cannot afford to hire counsel in civil matters over nine counties in Upstate New York. She has a B.A. in History and Journalism from George Washington University and a J.D. from Vanderbilt University School of Law.

She lives in Rosslyn Virginia with her husband Christopher Holleman, an Administrative Judge for the Small Business Administration.

Colonel Steven P. Strobridge (USAF-Ret)
Director, Government Relations, Military Officers Association of America (MOAA); and
Co-Chairman, The Military Coalition

Steven P. Strobridge, a native of Vermont, is a 1969 graduate from Syracuse University. Commissioned through ROTC, he was called to active duty in October 1969.

After several assignments as a personnel officer and commander in Texas, Thailand, and North Carolina, he was assigned to the Pentagon from 1977 to 1981 as a compensation and legislation analyst at Headquarters USAF. While in this position, he researched and developed legislation on military pay, health care, retirement and survivor benefits issues.

In 1981, he attended the Armed Forces Staff College in Norfolk, VA, en route to a January 1982 transfer to Ramstein AB, Germany. Following assignments as Chief, Officer Assignments and Assistant for Senior Officer Management at HQ, U.S. Air Forces in Europe, he was selected to attend the National War College at Fort McNair, DC in 1985.

Transferred to the Office of the Secretary of Defense upon graduation in June 1986, he served as Deputy Director and then as Director, Officer and Enlisted Personnel Management. In this position, he was responsible for establishing DoD policy on military personnel promotions, utilization, retention, separation and retirement.

In June 1989, he returned to Headquarters USAF as Chief of the Entitlements Division, assuming responsibility for Air Force policy on all matters involving pay and entitlements, including the military retirement system and survivor benefits, and all legislative matters affecting active and retired military members and families.

He retired from that position on January 1, 1994 to become MOAA's Deputy Director for Government Relations.

In March 2001, he was appointed as MOAA's Director of Government Relations and also was elected Co-Chairman of The Military Coalition, an influential consortium of 34 military and veterans associations.