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LEGISLATIVE PRIORITIES IN SUPPORT OF FAMILIES

HEARING

BEFORE THE

MILITARY PERSONNEL SUBCOMMITTEE

OF THE

COMMITTEE ON ARMED SERVICES
HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

HEARING HELD
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LEGISLATIVE PRIORITIES IN SUPPORT OF FAMILIES

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
MILITARY PERSONNEL SUBCOMMITTEE,
Washington, DC, Monday, March 15, 2010.

The subcommittee met, pursuant to call, at 5:34 p.m., in room 2118, Rayburn House Office Building, Hon. Susan A. Davis (chairwoman of the subcommittee) presiding.

OPENING STATEMENT OF HON. SUSAN A. DAVIS, A REPRESENTATIVE FROM CALIFORNIA, CHAIRWOMAN, MILITARY PERSONNEL SUBCOMMITTEE

Mrs. DAVIS. Good afternoon, everybody. Let me just get my sea legs for two seconds, having just flown in, but I really appreciate your all being here. This is such an important topic and we are pleased that such a broad group of folks from the Military Family Association, with your expertise and help and support, could be with us. We are looking forward to this hearing. Thank you.

The hearing will come to order.

The focus of today's hearing is a review of the priority legislative initiatives needed to support military families, and we have asked the National Military Family Association, the association with the greatest expertise regarding family issues, to help us understand how the Congress can best assist our military families.

This hearing follows a subcommittee hearing on March 9, just last week, that featured researchers from the RAND Corporation and the Army War College, who related the conclusions of two studies to assess the effects of deployment on military children. The RAND study, as you know, was sponsored by the National Military Family Association, and I want to congratulate the association for investing in an excellent study that advanced our knowledge of the toll that war exacts from the children of those that serve.

This is the second of our hearings scheduled to last for the one hour that is available to us prior to our votes at 6:30, so I would ask you to remain mindful of that.

I think this is a terribly important topic, and as I read through all of your comments and the work that you have put into it, it may be that we need to go on and schedule again, but I know trying to get here are at 5:30 isn't always easy from California; so we will do what we can.

I also wanted to thank you for the emphasis that you had on mental health and for looking at the whole family because I think those are very important issues. I think we have addressed it to

a limited extent, but I am hoping that throughout the discussion that we can focus on it some more.

I want to welcome our witnesses: Mrs. Kathleen Moakler, Government Relations Director, and I know you have been in that place for a long time. Thank you. Dr. Barbara Cohoon, Government Relations Deputy Director; Ms. Kelly Hruska, Government Relations Deputy Director as well; Mrs. Candace Wheeler, also Government Relations Deputy Director; and Ms. Katie Savant, a Government Relations Deputy Director also.

So once again thank you so much and I know Mr. Wilson that you will have a comment. Thank you.

[The prepared statement of Mrs. Davis can be found in the Appendix on page 25.]

STATEMENT OF HON. JOE WILSON, A REPRESENTATIVE FROM SOUTH CAROLINA, RANKING MEMBER, MILITARY PERSONNEL SUBCOMMITTEE

Mr. WILSON. Thank you, Chairwoman Davis, for holding this hearing and thank each of you for being here today. We certainly appreciate all of your service on behalf of military families.

Meeting the needs of military families continues to be challenging and complex. We are a nation at war fighting on two fronts and the strains of those wars translate directly and immediately to the families of members of the armed forces. When the military family unit is disrupted by deployment of a key member of the family, a host of issues arise that stress all aspects of family life—physical and mental health, personal finances, interpersonal relationships just to name a few.

With two sons having served in Iraq and another in Egypt, I know the challenges. This subcommittee, the Department of Defense, and the military services have taken a number of initiatives to address the needs of military families. Yet there remains evidence much more needs to be done and the system of support that has been created may not be adequately meeting the needs of military families.

Last week we heard testimony on the results of two studies that looked at the effects on military children who have deployed parents. Thankfully, these studies seem to suggest our military children are more resilient than we could expect. With that said, it is also clear that the well-being of our children is affected by the stability of their family and the emotional strength of the non-deployed parent among other factors.

While I appreciate the Department of Defense and military services are committed to assisting and supporting military families, I am not convinced the right services are getting to the right family members at the right time. I am also concerned the provisions of family support services are not always completely coordinated and integrated. I am also interested in hearing from our witnesses how effective the coordination and integration effort is. I am also interested in hearing where we must provide additional effort in the form of policy and resources to improve what is already being done.

With that, Madam Chairwoman, I join you in welcoming our witnesses and I look forward to the testimony.

[The prepared statement of Mr. Wilson can be found in the Appendix on page 26.]

Mrs. DAVIS. Thank you, Mr. Wilson.

I know that you have a plan to present a rather quick overview and we look forward to that. Thank you.

Mrs. Moakler, if you would like to begin.

STATEMENT OF KATHLEEN B. MOAKLER, GOVERNMENT RELATIONS DIRECTOR, NATIONAL MILITARY FAMILY ASSOCIATION

Mrs. MOAKLER. Thank you. Chairwoman Davis, Ranking Member Wilson, and other distinguished committee members, thank you for the opportunity to speak today on behalf of military families, our nation's families. Many families are facing their eighth year of deployments. Many have dealt with multiple deployments. We have second graders who have lived with a parent absent from their lives for months at a time over and over again. It is the only life they know. We appreciate the many initiatives and programs supported by this subcommittee in years past for our service members, retirees, their families, and their survivors. They have become part of the overall fabric of family readiness.

The challenge that now faces us is making sure that our family readiness programs receive sustained funding and are included in the annual budget process. With budget cuts and shortfalls looming, we should not randomly reduce funding to family programs and services across the board. Service members and their families cite morale, welfare, and recreation (MWR) programs like gyms, libraries, and other installation-provided service as important to their well-being during deployments. Substantial cuts to these programs make them wonder why services talk about support yet often cut or reduce the same programs that are identified as the most important by our families.

One of the ways to evaluate the efficacy of programs is research. In May 2008, we commissioned the RAND Corporation to do a longitudinal study on the experience of 1,500 families. You had the opportunities to hear the result of that study in a hearing last week. Our role now is to determine how we use these findings to target support to enhance the strength of military families. If total months deployed matter, how do we maintain health in the families that are doing okay—that is 70 percent—as they experience more deployments? How do we target programs to meet the needs of families of school-aged children while not diminishing support for families with younger children? How do we engage those who interact with older youth, especially girls, with additional information and resources?

How do we foster relationships between deployed parents, at-home caregivers and older children to facilitate healthy reintegration? And how do we help caregivers of older children and youth strike a work/life balance? What can Congress, Department of Defense (DOD), and communities do to help in this effort? Ensure funding for military family programs consistent with the demands created by eight plus years of war; fund YMCA memberships for teams and families through the existing DOD contract for at least six months post-deployment; develop effectiveness measures for all

family programs; identify and replicate best practices, camping programs, community outreach, and a focus on reintegration.

And, as a point of information, we have had 2,552 applications submitted since our Operation Purple site opened this morning.

We also need to publicize resources available to support military families and engage nonprofits to identify and meet needs of local military families.

The National Military Family Association for our part is going to gather the best minds at a summit in May to engage in a national conversation focused on military children and families. We hope to develop recommendations into a blueprint for action. And now we will hear from Dr. Cohoon.

STATEMENT OF DR. BARBARA COHOON, GOVERNMENT RELATIONS DEPUTY DIRECTOR, NATIONAL MILITARY FAMILY ASSOCIATION

Dr. COHOON. Chairman Davis, Ranking Member Wilson, and distinguished members of this subcommittee, health care access continues to be an issue. The recent implementation and then deferment of Medicare reimbursement rate cuts has only heightened our military families' access concerns. Our Association asserts that behind every wounded service member is a wounded family. As the war continues, families are also experiencing their own invisible wounds and their need for behavioral health services will remain high even after military operations scale down. We appreciate the inclusion of service member caregiver compensation in the National Defense Authorization Act (NDAA) fiscal year 2010; however, we believe this provision did not go far enough. Compensation should be a priority. Current law creates a potential gap in compensation following transition and did not include training, health care, and expanded respite care benefits.

In order for caregivers to perform their job well, they must be given the skills to succeed. This will require training through a standardized civilian-certified program and appropriately compensated. The caregiver self-selection process occurs during the early phase of recovery; therefore benefits must be established while they are still upstream on active duty.

And now we will hear from Kelly Hruska.

STATEMENT OF KELLY HRUSKA, GOVERNMENT RELATIONS DEPUTY DIRECTOR, NATIONAL MILITARY FAMILY ASSOCIATION

Ms. HRUSKA. Chairwoman Davis, Ranking Member Wilson, distinguished members of the subcommittee, thank you for the opportunity to speak today about the exceptional family member program. We appreciate the legislation to establish an office for community support for military families with special needs in this year's NDAA. Our families are anxious for it to stand up and we are closely monitoring its progress. However, we must remember that our special needs families often require medical, educational, and family support resources. This new office must address all these various needs in order to effectively implement change. This new office will go a long way in identifying and addressing special

needs, and we will look forward to working with you to remedy these issues as they arise.

And now we will hear from Candace Wheeler.

STATEMENT OF CANDACE WHEELER, GOVERNMENT RELATIONS DEPUTY DIRECTOR, NATIONAL MILITARY FAMILY ASSOCIATION

Mrs. WHEELER. Chairwoman Davis, Ranking Member Wilson, and distinguished members of our subcommittee, our association has long realized the unique challenges our National Guard and Reserve families face and their need for additional support. Our Reserve Component families are often geographically dispersed, live in rural areas, and do not have the same family support programs as their active duty counterparts. However, in the past several years, great strides have been made by Congress and the services to help strengthen Reserve Component families. We thank you for these important provisions and ask that their funding be included in the baseline budget.

We appreciate Congress's attention to the Yellow Ribbon program by including reporting requirements in last year's NDAA. To ensure that Yellow Ribbon services are consistent across the nation, we urge you to conduct oversight hearings as well. We also ask that the definition of family member be expanded to allow non-I.D. cardholders to attend these important programs in order to support their service member and gain valuable information. Although our association applauds the innovative behavioral health support programs for our Reserve Component families such as Military OneSource, TRICARE Assistance Program (TRIAP), and Military Family Life Consultants, we remain concerned that not all National Guard and Reserve families have mental health care services where they live.

And now we will hear from Katie Savant.

STATEMENT OF KATIE SAVANT, GOVERNMENT RELATIONS DEPUTY DIRECTOR, NATIONAL MILITARY FAMILY ASSOCIATION

Ms. SAVANT. Chairwoman Davis, Ranking Member Wilson and distinguished members of this subcommittee, enhanced military spouse education and employment opportunities are critical to the quality of life of military families. The sudden halt of the DOD MyCAA program was a financial and emotional strain to nearly 137,000 spouses. We are pleased the program has been reinstated for those currently enrolled. MyCAA provides critical financial support to spouses through all levels of their career progression whether the spouse is new to the workforce or a mid-level professional. Military spouses feel empowered and recognized by DOD through this program.

We ask this subcommittee to fully fund the program not only for currently enrolled spouses but for those who will need the funding in the future. Our military community is experiencing a shortage of medical, mental health, and child care providers. Many of our spouses would like to seek training in these professions. We encourage DOD to create portable career opportunities for spouses

seeking in-demand professions. By providing the opportunity to grow our own, DOD will help alleviate provider efficiencies.

Thank you for your support of service members and their families. We urge you to remember their service as you work to resolve the many issues facing our country. Working together we can improve the quality of life for all military families.

We welcome any questions you may have.

[The joint prepared statement of Mrs. Moakler, Dr. Cohoon, Ms. Hruska, Mrs. Wheeler, and Ms. Savant can be found in the Appendix on page 28.]

Mrs. DAVIS. Thank you very much. I appreciate all of your comments.

Perhaps before we start, I think one of the things that is so difficult, and I mentioned in my opening remarks briefly, is prioritizing among all these demanding issues that we have before us, and I know that is really difficult. We may try from time to time to see if we can do some of that. I think that part of the difficulty is we are not comparing apples to apples here, and I don't want to use that in a flippant way, but I think that it is very difficult to say, well, this is more important than that. And yet somehow in there we need to try to do important things to the best of our ability and I think that we look to you because you know the situation of our families far better and you are far closer to the families than we are individually here.

And so as we go through if there is a way of helping us out with that issue, I think, it would be very helpful to do that.

If I may just go to Ms. Savant for a second because you brought up MyCAA. We call it MICA here. I know that is probably not the best way to do it. But I wanted to just say as well that I think the reason that we were able to move so swiftly with this was because of the response of our military family members who reacted very quickly. They were alarmed and concerned and I think very upset when they saw initially that the program had been pulled at least temporarily. So we are very pleased to see that come back online.

I am wondering as we deal with this, and you mentioned those spouses particularly, who perhaps did not have their applications in and we know will want to do that in the future, I am wondering how you might suggest that we go forward, what suggestions you might have to structure the program to fulfill the promise of these real educational opportunities and portable professions that we need desperately in the services in a fair and cost-effective manner. And I don't know if you have any thoughts about how to reduce the costs at all or how you see this coming together. Do you have some thoughts and suggestions?

Ms. SAVANT. Sure. Chairwoman Davis, I would definitely say that costs are not something that is my expertise, but I would say that this is something that was initially open to all DOD military spouses. And as you know, the sudden halt was definitely detrimental to their education and career paths. We had students who not only were dropped out of courses but some had to take incompletes, and that can really impact their future career progression. So I think that it is great that DOD is doing a review of the program, but we do need to make sure that funding continues for military spouses who want to continue to pursue portable careers. It

is something that maybe a spouse shouldn't use initially because they weren't expecting permanent change of station (PCS) orders to move, but they are this summer and they might be going to a new state where they are required to take new courses in order to continue their profession. This funding is critical to them. So I apologize I am not able to help with determining funding, but I do think that it is critical that we continue this program.

Mrs. DAVIS. Does anybody else want to comment on that? Great.

One of the larger areas that we deal with is pay raise, and over the last number of years, there has been a real attempt to provide an additional bump of a half a percentage point to bring military salaries more in line with the private sector. This year the proposal does not include that, and yet we know that it really is reflecting a raise but not the additional bump and partly because we have so many needs out there and I know that the Department of Defense is suggesting that we have come very close, but I would suggest that we are not quite there yet. Can you help us to see—we have about 11 years of history by which to judge these relatively minor advancements to pay levels and does it trump other issues in terms of the number one priority that families have? Are there other priorities that you think may really be more critical right now?

Mrs. MOAKLER. We don't usually address pay issues as an organization, but I know as members of the military coalition we are in favor of a pay raise. And as long as there wasn't a great discrepancy as there was several years ago, we are very pleased of the fact that it has caught up to outside pay raises. But if we could focus on the mid-career folks because they are the ones that are getting out and so we would like to make sure that they have some incentive to stay in.

Mrs. DAVIS. I have just a second, but can I ask along with those priorities as we look at that issue the Survivor Benefit Plan-Dependency and Indemnity Compensation (SBP–DIC) offsets, how that really fits into this? A tough question, I know. I understand that.

Mrs. MOAKLER. We have long been supporters of the elimination of the DIC offset to the SBP, and we feel that that is an important way to respect both the wishes of the service member who had, for the most part, for retirees had paid into the SBP fund to provide for his family and that the DIC is a separate benefit. That is supposed to reimburse you for any injuries or the death of the service member, so that each has a different reason to be paid out, and so we really support that that be eliminated.

Mrs. DAVIS. Thank you.

Mr. Wilson.

Mr. WILSON. Thank you very much, and again thank all of you for being here and I appreciate the individual testimony and I have never seen such brevity; so thank you very much.

For any of you, I would like to ask—it has been mentioned in the testimony that there are redundancies in military family programs and some programs don't meet the needs of today's military families. Are there any programs existing today that in your opinion should be terminated? If so, what are they?

Mrs. MOAKLER. Well, I think we need to look at the myriad of services that are provided by each of the services, and especially in the area of information and referral. It seems like people are starting up new programs to collect information from community sources and get them out there for military families. But there are so many areas to choose from that it gets confusing. So if there could be one list, the National Resource Directory is a good start, that it be a Purple list. We are all about having Purple programs for families. And not that they would lose their individual alternate but sometimes too many resources can be confusing.

Mr. WILSON. And the Internet can be a real resource to help get through so you can find it for a particular community.

Mrs. MOAKLER. Yes. You could put in your zip code and find out where those resources are.

Mr. WILSON. Again, to me, it is exciting that they are so available technologically for families.

Another recommendation has been to establish a unified joint medical command structure within DOD. Can you explain how this would be helpful?

Dr. COHOON. That would be me on this particular one. I handle health care for our organization. What we have talked about is right now what we are dealing with—the funding happens under three different services rather than as far as it being joint, and we are looking at what is happening with the National Capital region and how that is rolling out. And as we are looking at programs that are rolling out, sometimes the best practices aren't necessarily shared across services. And as we stand up at the National Capital region where you have Army and Navy working together, and down in San Antonio you have Air Force and Army working together, the ability to be able to share resources so you are purchasing the same equipment, you are teaching your staff as far as utilizing the same policies would go a long way as far as keeping down costs but also improving the quality of care through efficiencies but also as far as patient safety.

Mr. WILSON. Another example would be the Uniform Services University, which is a joint service university and since one of my sons is a graduate, I know it is a great institution. So I hope we can possibly look into what you suggest.

Dr. COHOON. We look forward to working with you on that.

Mr. WILSON. That would be great.

Then again for anyone who would like to answer, it has been suggested that the system of multilayered case managers for wounded service members and their families may be aggravating the delivery of necessary services to the families. How would you streamline the process to make it more effective?

Dr. COHOON. What we are seeing, again, is all the services are rolling out their own programs and their own level of case managers. The Department of Veterans Affairs (VA) is doing the same thing. Also we have DOD doing the same thing. And our families are getting confused as far as who do you go to for what and when. So we have been asking for basically maybe a report to take a look, and I knew the GAO was looking at the federal recovery coordinators to see how effective they are being. But also we need to look at recovery care coordinators and everyone else.

What we are finding is that the families sometimes aren't aware that certain case managers are available that they could utilize, i.e. the federal recovery coordinators, or that they are in the VA and that now they could be using the VA case managers, and instead, they are still utilizing the services on top of that.

So there is a lot of great programs, but we want to make sure that we take a look that we haven't added so many on that it is getting confusing for the families.

Mr. WILSON. Well, your organization serves such a vital function as a safety net and as a means of providing assistance to families. So I hope you all continue that effort, and I am particularly concerned about a person's going from DOD care to VA care, that that be as seamless as possible and without a hiccup so that people receive services with nobody to fall between the cracks. So thank you very much for your time.

Mrs. DAVIS. Thank you.

Ms. Bordallo.

Ms. BORDALLO. Thank you, Madam Chairman and Ranking Member Wilson. And I do want to thank you ladies for your testimony, and it looks as if services for military families is in very good shape from what I have heard.

You know, it is an old adage that it is not just the man or the woman in uniform that serves but the entire family, and I truly believe in that. In recognition for your role, our chairman recently, Mr. Ike Skelton, worked to have this year designated as the year of the military family, and while Congress has done much, there is still a lot more to be done. Now, the National Military Family Association has been a strong supporter of the reporting requirements in the 2010 National Defense Authorization bill, and as you know, this bill requires the Secretary of Defense to examine the housing standards used to distinguish between grades when setting housing allowance rates. Some complaints surrounding the notion that junior enlisted members and their families can be housed in apartments while town homes are adequate for mid-grade noncommissioned officers. Opponents of the standard believe all families should be housed in separate housing units, which is the general standard for the United States.

I would like to focus on this matter with reference to the Marine buildup. I am the representative from the territory of Guam. And the current plan involves significant acquisition of our land in Guam in order to house the 8,600 additional Marines and their families. Due to the significant concern regarding the draft environmental impact statement, I have offered some proposed alternatives to the main bed-down location of the Marines. I have proposed using less land by housing Marines in vertical structures such as condominiums.

I understand that we would all like to have a home and a yard but, in some cases, this is just not possible. So with that in mind, and I know—I don't know which one of you is a military housing expert, but with that in mind, could you comment on any concerns that you would have about building more vertical structures on Guam to house our Marine families? Could anybody give us some idea?

Ms. SAVANT. Ma'am, I wouldn't consider myself an expert, but I can certainly try to answer that question for you. I definitely think that we need to look at the area where the housing is going to be, whether it is in Guam, whether it is in Japan, Hawaii, and we need to have standards that meet the standards of that community. If that is vertical housing in Guam, then that is the standards of that community. Certainly military families do like to have homes, but that is not always available in certain areas. In city dwellings there are high-rise apartments, and I think as long as the dwellings are meeting the standards of the community and have all the safety features that are required, then those are reasonable standards to have.

Ms. BORDALLO. So as an association, if the standards are up to par, you wouldn't have any objection. Is that pretty much——

Ms. SAVANT. Yes.

Ms. BORDALLO. All right. Thank you.

Now one more question. I would like to get everyone's take on the implementation across this nation of home station mobilization and demobilization for our National Guard and Reserves. I am concerned that this is not occurring as Congress intended. I am wondering what your thoughts are on this process and what more we can do to make this a reality. As you all know it significantly degrades military readiness when we force families to travel to active duty locations far from their homes. So we need to maintain the readiness of our families by fully implementing a home station mobilization and demobilization.

Mrs. WHEELER. Ma'am, we couldn't agree with you more.

Ms. BORDALLO. Mrs. Wheeler.

Mrs. WHEELER. Yes, I am Candace Wheeler. And we agree, making sure that family has all the support that they have and not necessarily having them move during that period of time and giving them all the support. We see a lot of our Guard and Reserve actually serving as individual augmentees as well. So we need to make certain that those families have the support they need also. But, yes, we would support that.

Ms. BORDALLO. Thank you very much and I thank you for your service. It is very important the work you are doing.

Mrs. WHEELER. Thank you.

Mrs. DAVIS. Thank you.

Mr. Loebsack.

Mr. LOEBSACK. Thank you, Madam Chair and Ranking Member Wilson for having this important hearing. I thank all of you on the panel for everything you are doing.

It is often said that there are a lot of divisions in this Congress on party lines, and there are. I think it is fair to say that Congressman Wilson and I probably don't agree on very much of anything when it comes to policy issues out there, but we actually both have very close personal family members who are serving at the moment, and that brings us together certainly on these issues. I think that is fair to say, and I think the Congressman would agree with that. So I want to thank you for what you are doing here.

In Iowa, we have a lot of National Guard members, not unlike Madam Bordallo in Guam, and we come together on issues all the time to work as hard as we can for those Guard and Reserve——

Ms. BORDALLO. I have the most per capita.

Mr. LOEBSACK. That is right.

Reclaiming my time, at any rate, I am happy to hear, Mrs. Wheeler, in particular some of the things that are happening with respect to the Guard and Reserve. In the State of Iowa, we have 3,500 Guard members who are getting ready to deploy to Afghanistan and a number of them have had a number of deployments already, and a lot of us are very concerned, of course, about the families, about the children and about the spouses. In the State of Iowa the legislature and the Governor are trying to do some things with respect to spouses and employment, to try to deal with these multiple deployments and just a multitude of issues that come up with the Guard and Reserve. Again, active duty folks, they have certain specific issues. Everyone has the same issues—similar issues, obviously. General Orr, who is our adjutant general, he really is trying to place a lot of emphasis on readiness centers and armories as focal points for families for services and what have you. Health care, obviously another issue as well.

I want to give you an opportunity, Mrs. Wheeler, just to elaborate a little bit with the time remaining on some of the things that you have been working on. I know you folks were wonderful in being very brief at the outset here, but I would just like to give you some more time to talk about what you are doing and what you think needs to be done for the National Guard families.

Mrs. WHEELER. Thank you. I appreciate the time. We have seen a lot of support for our National Guard families in recent years, and we do appreciate Congress especially and the services stepping forward to help our Guard and Reserve families, whose challenges are different than our active duty families. We are seeing some innovative ways of helping. I mentioned a few in my opening. But there are some other things as well. There is something called Fort Rochester, which is a virtual community that is being stood up and I think it is a way of being able to support families. This is under the Army program. And I think that is very helpful to not only think that it has to be brick and mortar, that how do we get to our Reserve Component families? They do not necessarily live in the same geographic area. Like I said, many of them live in rural areas as well.

So thinking in more in terms of how do we support them. There is been a lot of things in recent times. Some of the things have been in like the joint family support program, assistance program, the JFSAP. That has been very helpful as well.

We have also seen the Joint Services Support, which is something you can go to online. A lot of these things are Internet based, but we need to remember we need to have touch points with families. It can't all be through the Internet, and we need to make certain that we are giving them that type of care. Military OneSource has been tremendously helpful to be able to have time for families to be able to talk with one another and to reach out and have that behavioral health support that they need, especially for our children. We are seeing that with our Guard and Reserve children that they are—with our RAND study that we went through we are seeing that they are experiencing the same types of things, but it is

very important for them to understand that they are a military family also.

And in the beginning of this war, many of our Reserve Component families did not feel like military families. They do now. And we need to make certain that we are supporting our children and the caregiver. We have also realized that when the caregiver has the support they need, then the family does better, not only during the deployment but during the reintegration period as well.

Mr. LOEBSACK. Thank you.

And just to finish up, I couldn't agree more with what you are saying, and certainly as the Guard and Reserve become an increasing operational force, they are part of the military in that sense, very much a part of the military. So thank you very much. I appreciate that. Thanks to all of you.

Thank you, Madam Chair. And I yield back.

Mrs. DAVIS. Thank you, Mr. Loebsack.

I want to turn to the behavioral health issues a little bit, and I know Dr. Cohoon—I think all of you have referenced that in some way. But one of the concerns that you have expressed is that while families see that their loved one in theater may be getting some support that the families, when they are trying to get appointments or trying to access some care, are having some difficulty. Is there a way that you can perhaps—if you want to clarify some of those concerns and what you would suggest. I think you have mentioned the fact that we have a lot of family members who might like to develop the skills to be part of the force of behavioral health specialists that are serving the military.

But short of bringing those people into the fields right away, what do you think that we need to be focusing on? Compassion fatigue, you have mentioned, creating burnout. What is it that we should be focusing on? I might also ask you as you answer that question, whether you think that we have done as good a job as we should be in integrating with Veterans Affairs as well? I think there is a real lack there in terms of transition care.

And I will be perfectly honest, I am not sure that we do as good a job just here in Congress in terms of integrating some of those discussions, but I also feel like there could be something more that you might suggest in how we can better work with the Veterans Administration to answer the needs of many of our families in transition.

Dr. COHOON. Thank you, Chairman Davis. In the beginning of the war, we really didn't have that large of a robust network, especially for mental health providers. What were in the military treatment facilities (MTFs) actually would forward deploy and then that left a gap that was in the MTF, but we really didn't have that large of a network in our civilian option. Plus there is also a general shortage of mental health providers across the country. Now that there has been added funding both for DOD and VA, they have been able to bring more providers on board as far as in the direct care system, but sometimes they don't necessarily understand our culture. It takes a little while for them to learn about military life. That happens too in our civilian network the same way.

As the network becomes more robust, we need to make sure that the mental health providers that our families are exposed to actu-

ally understand our population and our culture, and that would make things a lot easier with them. Those that are forward deployed, our mental health providers, we need to make sure that we are taking care of them also, that they have time, dwell time, so that when they do come back from theater they actually have time with their families to reintegrate, and then when they come back as far as to help us that they are ready to help us so that the provider themselves has the opportunity as far as to recharge their batteries, and a lot of times we are not seeing that.

With the mental health integration between DOD and VA, that is what keeps me up at night. That is what scares me the most. Because basically when the military service member decides to leave the military—Admiral Mullen has talked about assessing the service member to make sure they are ready. We need to assess the family too to see how they are doing because once a service member transitions over to the VA status, depending upon what is going on, the family may not qualify for a lot of different services. They can buy COBRA so they could keep TRICARE for 36 months. They can use the Vet centers.

But for the most part, a lot of opportunities for them and access to care goes away. When we are looking at funding for both DOD and VA, we are maybe taking providers from the state health agencies which is maybe where families end up going because they no longer have health care coverage; so we need to make sure that all the systems are working together because we are not fighting over the same resources since we have a shortage.

Mrs. DAVIS. I believe that we are supposed to be looking at that as a result of the last bill that went through, and I am just wondering whether—have you had any sense that that is moving along at all, in the VA? I think there was an authorization to look at these issues further than what we have done in the past; is that——

Dr. COHOON. Right. We appreciate any time that we are going to take a look at a program to see how well it is working or not working, and the VA is stepping up to the plate as far as wanting to bring in service members and their family when they are still active duty. We call it upstream. Then when they come in, then they are being assessed at that particular point and able to provide them services during that time. So that allows the family then to be introduced to the VA and to what sort of system of care is available and obviously we have seen the network increase tremendously as far as within the DOD TRICARE system.

Mrs. DAVIS. Is there any sense that families would resist filling out surveys? We know that even the men and women who serve have some difficulty initially in wanting to be part of that for fear of not being able to go home or issues of stigma that seem to prevail. Have you heard anything? Are families really asking that they are surveyed and that there are forms that they could respond to that would suggest the level of their need?

Dr. COHOON. Stigma does exist even with our families for lots of different reasons. It is present in society as a whole, and so you are trying to break that particular cultural barrier on top of all of it. We really have been asking our families to be evaluated the same way that the service member is predeployment, during the deploy-

ment, and post-deployment just to see how they are doing. They were included in the Cohort Millennium Study, and we are looking forward to seeing what type of information we get from there. But we are really not getting the pulse of really how our families are doing.

Our study did—had wonderful findings, but we are just scratching the surfaces and when the longitudinal pieces come out, we will be able to find out more and more information. But we have been asking that we start assessing how our families are doing. And even when the war winds down, we are also wanting to make sure that we have programs in place that we continue to, as far as we can, to bring more mental health providers on board and we keep surveying them on how they are doing.

Mrs. DAVIS. What do you think is the best mechanism for doing that, then? I know we have telephone mental health where service members and perhaps you can tell me if their families as well would have the opportunity to access someone anywhere in the country who is there to be able to listen and to recommend some strategy, some treatment for them? Is that an important vehicle for that? How can we best assess——

Dr. COHOON. Well, telephone mental health is great because it helps Candace's population, which is the Guard and Reserve. If it is nonmedical care, then it doesn't make any difference as far as where you sit as far as physically and where you are providing care where that individual sitting. But if it is medical care, we are looking at geographical barriers as far as licensing, as far as being able to provide the medical care, and we have been asking for that to be looked at to see if there are ways in which we can open that particular door up. There are some wonderful programs coming out.

There needs to be some better education to our families as far as what the programs do, why they should be utilized. And especially the TRIAP program, there are some great opportunities there, but our families, I think a little bit with stigma, but also as far as not really understanding this new concept, that they haven't really embraced it as much as we would like to see done.

Mrs. DAVIS. Thank you.

Mr. Wilson.

Mr. WILSON. Thank you, Madam Chairwoman. Again, thank all of you for what you are doing. And, Mrs. Wheeler, as a National Guard family ourselves, I had the privilege and opportunity of conducting premobilization legal counseling armory to armory for about 25 years, and as I look back, we were helpful but gosh, what is being done now and your organization has helped make it so much more meaningful and the family members truly understand now that their husbands or wives could be deployed overseas, not just in my state for hurricane recovery and relief. So thank you for what you do.

Another issue that I am concerned about, the widows tax, the SBP–DIC offset. I am really concerned that a lot of people in our country do not know about this, and so if you all could explain how this is such a problem because I know it is, and any way that you can help us on legislation that is pending would be helpful too.

Mrs. MOAKLER. Well, I think one of the major areas, as I mentioned before, retired service members choose to sign up for the survivor benefit plan and they pay a portion of their retired pay each month to provide for their spouse upon their death. So they have paid into that program. They may also be eligible because of wounds or conditions that they have because of their service. They may die from service-connected disabilities. Then their spouse would also be eligible for the dependency and indemnity compensation. Two different programs given for two different reasons. And that is why we believe it is unfair for the DIC to offset the SBP.

Mr. WILSON. For many families we are talking about a thousand dollars a month?

Mrs. MOAKLER. Yes.

Mr. WILSON. And most Americans, you may be aware, are not at all aware, and people do understand what a thousand dollars means a month, particularly with children. So I hope you all keep raising the awareness so that good people like Susan Davis can make a difference.

Also, another issue that I am concerned about is TRICARE. This is a terrific benefit for active duty, for Guard, and Reserve, but in some of the material that you all have provided to us you warn, which I think is correct, that this can be a hollow benefit and I am so concerned that be there are circumstances being created that can overwhelm the health care capabilities of our country. But on TRICARE in particular what recommendations do you have to make sure that this truly is a benefit that can be accessed by military families?

Dr. COHOON. We have been watching the Medicare reimbursement rate cut closely. As you know the TRICARE is tied—the payment is tied to the Medicare reimbursement rate, and as it drops down 21.2 percent we have been hearing from some providers that we may actually see them decide not to take our population, and this is not really the best time for us to be losing providers especially in the mental health field. We are also looking at our TRICARE contractors may be changing and we are looking at two out of three may possibly change. Of that that means that 66 percent of our providers will be up for renegotiation as far as either deciding to sign on for TRICARE or not.

So you add that, the reimbursement rate possible cuts, and then national health care reform on top. We are wondering if given the reimbursement rate for TRICARE, if the provider will stay on board or not, and if they won't, especially in rural areas where there is a limited number of providers that are available to begin with, then you have a benefit, but then you are not able to access any doctors because they are not taking TRICARE. We hear on a regular basis that doctors are taking TRICARE, especially mental health, but when you call them they are no longer taking TRICARE patients.

Mr. WILSON. And that is so crucial. I am the former president of the Mental Health Association; so this has been an issue that I care about and we have serious problems that need to be addressed. But we look forward to the suggestions that all of you have because I was struck by your comment of a hollow benefit. There are many people concerned about a free ticket, no show, that

you have a card but nowhere to go. And we should be working together on how this can be beneficial and particularly in Guard and Reserve in faraway places.

People commute—it is not uncommon—200, 300 miles across state lines to come to armories. So we have got a challenge. And I look forward to working with the chairwoman on this. Thank you.

Mrs. DAVIS. Thank you, Mr. Wilson. I appreciate your raising that because I think we really do need to make certain that the providers are available and TRICARE has been actually recently successful in attracting physicians, but we remain concerned about that and the fact that I know that on a number of bases—I guess it is not necessarily just TRICARE—but where so many of the physicians are actually in theater who they had access prior to that and the community physicians have very much filled in a lot of those gaps. But you are suggesting that even though they may say they are taking patients, you are finding that that is not true. I think it would be interesting for us to know if you have some—I don't know whether it is necessarily statistics or even anecdotal information about that, it would be helpful for us to know and to have an opportunity to follow up as well. I would like to have a better picture of that.

Dr. COHOON. We have been using our Facebook as far as asking some information from those that have been following, especially with the Medicare cuts, are they hearing providers that are telling them that they are no longer going to be taking TRICARE? And I did ask the woman in our office, Bailey, that handles that, and we have pulled off some quotes as far as "this isn't good, wonder how it will affect those of us as reservists." "The civilian doctors don't want to take TRICARE before the cuts. Now it is going to become a real problem in certain communities." And another wrote, "so many sacrifices to ensure your family is being taken care of and now this." So they—as I mentioned in our oral, there are—this has heightened our concern as far as access. We haven't heard that providers are actually walking away, but we do hear that when our families do reach out that even though they are taking TRICARE patients, they are just full up, or if they go to the behavioral health provider list, the same thing as far as calling them and finding that they are just not available.

Mrs. DAVIS. So it is compounded when there is a shortage of providers and then a concern, and I think we are all working to be sure that there are no cuts that the physicians will need to be anticipating; so that is something that we are working on.

Dr. COHOON. And we are wanting to make sure that those that come back from theater have time to be able to regroup so that when they do come back to take care of us, they are able, they are full, 100 percent up and running so that they can take care of us.

Mrs. DAVIS. Thank you.

One of the issues I think you have raised with respite care, whether it is child care or it is respite care for a loved one who is caring for a wounded service member, as we look at limited budgets across the board, I am just wondering whether you are hopeful that we can allow for some reasonable respite care even though in many ways we haven't answered the initial need for child care

itself or for care—for some compensation for those who are caring for a loved one. How did we try to balance those needs?

Dr. COHOON. I will talk about the respite for the wounded and then I will have Kelly talk about respite as far as for the child care.

In the National Defense Authorization Act, you included a service member compensation but there isn't any added respite care that is in there. Others—there isn't any training that is in there. And as we are looking at seamless transition of care, we want to make sure that whatever starts while they are active duty, as we call upstream, that it is smooth and runs into the VA. And the VA has some programs, aid and attendance, home health, those types of things, but our services are keeping our service members a lot longer than they ever did in the past. So by the time the service member transitions along with the caregiver there has been years sometimes as far as going on.

So if the VA is going to set up some types of programs which the House and Senate have passed which include respite care, include training and include compensation, we would want to make sure that these benefits—the caregiver can start giving those benefits a lot earlier along, so that by the time they have reached the VA we are not looking at someone that has been totally burned out. Because they have walked away from their employment, a lot of them. If it is mom or dad they may not have health care. They may no longer have a job. That is why we have been advocating for that particular piece. We understand that there is limited resources as far as funding. We are talking a small population that really could benefit from these services and we really want to make sure that the benefits we put together are seamless and they start upstream where the caregiver actually is recognized and starts their job and continues on without any bumps in the system into the veteran status.

And I will let Kelly talk about the child care.

Ms. HRUSKA. There are several available programs for respite care for caregivers when a service member is deployed. There are Guard and Reserve programs and programs for active duty both on the installation and for those who are geographically dispersed. Those programs are run through the NACCRRA, the National Association of Child Care Resource and Referral Agencies. In this year's NDAA, Congress called for a study to see if the program is adequately funded and if it is being utilized. We are anxious to see the results of that study and whether or not we think it is important——

Mrs. DAVIS. Do you know when that is supposed to be available?

Ms. HRUSKA. I know GAO is just starting it; so we are hoping for it by the end of the fiscal year.

Mrs. DAVIS. Thank you. Do we need to push a little harder?

Ms. HRUSKA. That would be helpful. We would appreciate that. But we are anxious to see the results of the study to make sure that families know about it, are they utilizing it, and if there is an increase necessary, where is it required?

Mrs. DAVIS. Thank you. Also, you mentioned, I think, Ms. Moakler, the summit on children's issues in May, and I am wondering what you hope is going to come out of that summit.

Mrs. MOAKLER. Well, we hope to bring together great minds and come up with some action items that would pinpoint how we can take the programs we have and make them work better for both our caregivers and our children and also to see if we have missed any program. And we are going to have a two-day summit.

First everyone is going to come together and come up with some action items. And then we are bringing more people in the second day to look at those and kind of kibitz and say, well, have you thought of this, have you thought of this, so that it is not just a one stop but that we pull as many folks as we can into the room to discuss this issue.

Mrs. DAVIS. Is there anything about the RAND study that actually surprised any of you or that you felt really provided you with some additional information that you wouldn't have had otherwise?

Mrs. MOAKLER. Well, I think around the office we call it the "duh" study. You know, it is something that we have all known through anecdotal evidence, but when we actually have the research to back it up that really helps us focus in on what needs to be done.

Kelly, did you have something?

Ms. HRUSKA. Well, as Kathy said, I just want to reiterate, I mean so many times we hear the anecdotal stories, and you asked us, well, how widespread is this? I think this gives us that statistical quantitative data to back up those anecdotal stories and that is very important. I think the longitudinal information is going to provide us much more information. And so we are anxious to share that with you when that becomes available.

Mrs. WHEELER. One of the things I thought was striking was the fact that it is the total time of deployment, time apart during that period of time, and we are really looking at a three-year period of time. So our families are finding that the longer they are separated the more problems they are having. One of the other things I thought was fascinating was the reintegration piece for girls. Having raised a daughter myself and having had her father deployed, I think that was an interesting thing.

So we have always been looking at deployment. Maybe we need to be spending a little more time on the reintegration, though we all know reintegration happens, before the reintegration happens, so making sure that the family understands what they might be moving towards, so giving them those types of support both before deployment and during deployment. That is what we are seeing with our Yellow Ribbon programs for our Guard and Reserve families, that that is helping them get ready, that they're learning skills as they move along.

Dr. COHOON. I would say looking at the fact that the caregivers—how their mental health is really affects the well-being of the whole entire family. And that brings us back to wanting to make sure that we really are assessing how our families are doing. You had asked me earlier as far as surveys, the Army, when I was over in Germany, they actually asked no matter what you are coming in for a series of questions to see really how you are doing.

So it could be just as easy as that, that every time you have made a doctor's appointment, we just ask how you are doing.

Mrs. DAVIS. One of the things that I picked up at a session recently with some of the wives, spouses of our SEALs, and Special Operations folks is that they had a lot of concern about additional help with homework and tutoring, and I was surprised. I was hearing that a lot. And I didn't pick any of that up on surveys necessarily, that there is such a concern on the part of the member who is serving that the kids may not be getting as much help, and obviously if you have several children, it is very hard for mom or dad, even if it is a single dad to try to provide that. Do you know whether that might be part of the focus? And I would really be interested in knowing if there is anything that we could or should be doing.

I understand that there is a network online for some homework assistance and help, and I think maybe some of our families are aware of that. It sounded to me that a lot of them are not. Is this an area that you have explored with families and is there anything we can do to help?

Mrs. WHEELER. I would be happy to answer that. One of the interesting programs that has been out for a while is called Tutor.com, and it actually is now being offered to all military families, which is wonderful. It had started with the Army and now it is being available for our military families. It is a 24/7 program. All of the—actually the tutors are trained and have certain certification in order to do this. We see this as a couple wins. Not only is this helpful for families, helpful for the service member in alleviating that concern; it is also an opportunity for spouses to look at portable careers. So we see this as a double edge, being able to actually help take care of our own which is marvelous. But this is a great program that has been moving forward. There is another program called the Scholarships for Outstanding Airman to ROTC (SOAR) program, which is offered by Military Impacted Schools Association. It is an online program as well. It is excellent and very, very helpful to families.

So there are resources out there. I think a lot of it is making certain that they know they are available. The Tutor.com is new to all military families, and we have certainly been publicizing that and will continue to do so. So has the Department of Defense. And that is being funded for all families by the Department of Defense. So it is a great step in the right direction. Thank you.

Mrs. DAVIS. That is fine. Thank you. I appreciate that. And just finally, I think Secretary Gates has said that there is a process looking forward to Don't Ask Don't Tell, that military families would be consulted. How do you think that would be helpful and what role do you all see playing in that?

Mrs. MOAKLER. Well, first, let me state that the National Military Family Association has no position on Don't Ask Don't Tell, but we are pleased that the working group that Secretary Gates has appointed has been charged to look at the true views and attitudes of our service members and their families, and we are happy that they are going to look at both the policies that affect the service members and their families concerning eligibility for benefits and we hope that they will seek input from the broader military community, that they don't just focus on the gay and lesbian community but that they look at families across the board and our as-

sociation has long promoted the need for support of all families during deployments and we feel that there are some families that are not getting the resources they need because of fear of disclosure, and so they are having to suffer in silence.

Mrs. DAVIS. Thank you. I appreciate that.

Thank you all very much. We are so glad you are out there. You are making such a great contribution. I know the military families are pleased that they have such strong advocates and we certainly want to continue work with you in every way possible. So stay in touch and let us know when you have some areas where you think we should give additional time and attention.

Thank you very much for being with us.

[Whereupon, at 6:37 p.m., the subcommittee was adjourned.]

A P P E N D I X

MARCH 15, 2010

PREPARED STATEMENTS SUBMITTED FOR THE RECORD

MARCH 15, 2010

Opening Statement
Chairwoman Susan Davis
The National Military Family Association
Legislative Priorities
March 15, 2010

The focus of today's hearing is a review of the priority legislative initiatives needed to support military families. We have asked the National Military Family Association, the association with the greatest expertise regarding family issues, to help us understand how the Congress can best assist our military families.

This hearing follows a Subcommittee hearing on March 9 that featured researchers from the Rand Corporation and the Army War College who related the conclusions of two studies to assess the effects of deployment on military children. The Rand study was sponsored by the National Military Family Association and I want to congratulate the association for investing in an excellent study that advanced our knowledge of the toll that war exacts from the children of those that serve.

Opening Remarks – Rep. Joe Wilson
Military Personnel Subcommittee Hearing
Legislative Priorities in Support of Families
15 March 2010

Thank you, Mrs. Davis, for holding this hearing. And thank you to each member of today's panel.

Meeting the needs of military families continues to be challenging and complex. We are a nation at war, fighting on two fronts and the strains of those wars translate directly and immediately to the families of the members of the Armed Forces. When you disrupt the military family unit by deploying a key member of that family, a host of issues arise that stress all aspects of family life: physical and mental health, personal finances, and interpersonal relationships, just to name a few.

This subcommittee, the Department of Defense, and the military services have taken a number of initiatives to address the needs of military families. Yet, there remains evidence much more needs to be done and the system of support that has been created may not be adequately meeting the needs of military families.

Last week we heard testimony on the results of two studies that looked at the effects on military children who have deployed parents. Thankfully these studies seem to suggest our military children are more resilient than we could expect. With that said, it is also clear the well-being of our children is affected by the

stability of their family and the emotional strength of the non-deployed parent among other factors.

While I appreciate that the Department of Defense and the military services are committed to assisting and supporting military families, I am not convinced the right services are getting to the right family members at the right time. I am also concerned the provision of family support services are not always completely coordinated and integrated. So I am interested in hearing from our witnesses as to how effective the coordination and integration effort is.

I am also interested in hearing where we must provide additional effort – in the form of policy and resources – to improve what is already being done.

With that, Madam Chairwoman, I join you in welcoming our witnesses and look forward to their testimony.

Statement of

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Government Relations Director

Barbara Cohoon, Ph.D., R.N.
Government Relations Deputy Director

Kelly Hruska
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NATIONAL MILITARY FAMILY ASSOCIATION

Before the

Subcommittee on
Personnel

of the

UNITED STATES HOUSE OF REPRESENTATIVES
ARMED SERVICES COMMITTEE

March 15, 2010

Not for Publication
Until Released by
The Committee

Military families serve our country with pride, honor, and quiet dedication. The National Military Family Association is the leading nonprofit organization committed to strengthening and protecting the families of the men and women currently serving, retired, wounded or fallen. We provide families of the Army, Navy, Marine Corps, Air Force, Coast Guard, and Commissioned Corps of the USPHS and NOAA with information, work to get them the benefits they deserve, and offer programs that improve their lives. Our 40 years of service and accomplishments have made us a trusted resource for military families and the Nation's leaders.

Association Representatives in military communities worldwide provide a direct link between military families and the Association staff in the Nation's capital. These volunteer Representatives are our "eyes and ears," bringing shared local concerns to national attention.

The Association does not have or receive federal grants or contracts.
Our website is: ***www.MilitaryFamily.org.***

Chairwomen Davis and Distinguished Members of the Subcommittee, the National Military Family Association would like to thank you for the opportunity to present testimony on the quality of life of military families – the Nation's families. As the war has continued, the quality of life of our service members and their families has been severely impacted. Your recognition of the sacrifices of these families and your response through legislation to the increased need for support have resulted in programs and policies that have helped sustain our families through these difficult times.

We endorse the recommendations contained in the statement submitted by The Military Coalition. In this statement, our Association will expand on several issues of importance to military families:

I. Family Readiness
II. Family Health
III. Family Transitions

I. Family Readiness

The National Military Family Association believes policies and programs should provide a firm foundation for families buffeted by the uncertainties of deployment and transformation. It is imperative full funding for these programs be included in the regular budget process and not merely added on as part of supplemental funding. We promote programs that expand and grow to adapt to the changing needs of service members and families as they cope with multiple deployments and react to separations, reintegration, and the situation of those returning with both visible and invisible wounds. Standardization in delivery, accessibility, and funding are essential. Programs should provide for families in all stages of deployment and reach out to them in all geographic locations. Families should be given the tools to take greater responsibility for their own readiness.

We appreciate provisions in the National Defense Authorization Acts and Appropriations legislation in the past several years that recognized many of these important issues. Excellent programs exist across the Department of Defense (DoD) and the Services to support our military families. There are redundancies in some areas, and times when a new program was initiated before looking to see if an existing program could be adapted to answer an evolving need. Service members and their families are continuously in the deployment cycle, anticipating the next separation, in the throes of deployment, or trying to reintegrate after the service member returns. Dwell times seem shorter and shorter as training, schools, and relocation impede on time that is spent in the family setting.

"My husband will have three months at home with us between deployment and being sent to school in January for two months and we will be PCSing soon afterwards. ....This does not leave much time for reintegration and reconnection." – Army Spouse

We feel that now is the time to look at best practices and at those programs that are truly meeting the needs of families. In this section we will talk about existing programs, highlight best practices, and identify needs.

Child Care

At every military family conference we attended last year, child care was in the top five issues affecting families – drop-in care being the most requested need. Some installations are responding to these needs in innovative ways. For instance, in a recent visit to Kodiak, Alaska, we noted the gym facility provided watch care for its patrons. Mom worked out on the treadmill or elliptical while her child played in a safe carpeted and fenced-in area right across from her. Another area of the gym, previously an aerobics room, had

been transformed into a large play area for "Mom and me" groups to play in the frequently inclement weather. These solutions aren't expensive but do require thinking outside the box.

Innovative strategies are needed to address the non-availability of after-hours child care (before 6 a.m. and after 6 p.m.) and respite care. We applaud the partnership between the Services and the National Association of Child Care Resource and Referral Agencies (NACCRRA) that provides subsidized child care to families who cannot access installation based child development centers. We also appreciate the new SitterCity.com contract that will help military families find caregivers and military subsidized child care providers.

Still, families often find it difficult to obtain affordable, quality care especially during hard-to-fill hours and on weekends. Both the Navy and the Air Force have programs that provide 24/7 care. These innovative programs must be expanded to provide care to more families at the same high standard as the Services' traditional child development programs. The Army, as part of the funding attached to its Army Family Covenant, has rolled out more space for respite care for families of deployed soldiers. Respite care is needed across the board for the families of the deployed and the wounded, ill, and injured. We are pleased the Services have rolled out more respite care for special needs families, but since the programs are new we are unsure of the impact it will have on families. We are concerned, however, when we hear of some installations already experiencing shortfalls of funding for respite care early in the year.

At our *Operation Purple® Healing Adventures* camp for families of the wounded, ill and injured, families told us there is a tremendous need for access to adequate child care on or near military treatment facilities. Families need the availability of child care in order to attend medical appointments, especially mental health appointments. Our Association encourages the creation of drop-in child care for medical appointments on the DoD or VA premises or partnerships with other organizations to provide this valuable service.

We appreciate the requirement in the FY 2010 National Defense Authorization Act calling for a report on financial assistance provided for child care costs across the Services and Components to support the families of those service members deployed in support of a contingency operation and we look forward to the results.

Our Association urges Congress to ensure resources are available to meet the child care needs of military families to include hourly, drop-in, and increased respite care across all Services for families of deployed service members and the wounded, ill, and injured, as well as those with special needs family members.

Working with Youth

Older children and teens must not be overlooked. School personnel need to be educated on issues affecting military students and must be sensitive to their needs. To achieve this goal, schools need tools. Parents need tools, too. Military parents constantly seek more resources to assist their children in coping with military life, especially the challenges and stress of frequent deployments. Parents tell us repeatedly they want resources to "help them help their children." Support for parents in their efforts to help children of all ages is increasing, but continues to be fragmented. New federal, public-private initiatives, increased awareness, and support by DoD and civilian schools educating military children have been developed. However, many military parents are either not aware such programs exist or find the programs do not always meet their needs.

Our Association is working to meet this pressing need through our *Operation Purple*® Summer Camps. Unique in its ability to reach out and gather military children of different age groups, Services, and components, our *Operation Purple* program provides a safe and fun environment in which military children feel immediately supported and understood. Now in our seventh year, we have sent more than 30,000 children to camp for free with the support of private donors. This year, we expect to send another 10,000 children to camp at 67 locations in 34 states and Guam, and Germany. We also provided the camp experience to families of the wounded. In 2009, we introduced a new program under our *Operation Purple* umbrella, offering family reintegration retreats in the National Parks. They have been well received by our families and more apply than can attend. We are offering ten retreats this year.

Through our *Operation Purple* camps, our Association has begun to identify the cumulative effects multiple deployments are having on the emotional growth and well being of military children and the challenges posed to the relationship between deployed parent, caregiver, and children in this stressful environment. Understanding a need for qualitative analysis of this information, we commissioned the RAND Corporation to conduct a pilot study in 2007 aimed at the current functioning and wellness of military children attending *Operation Purple* camps and assessing the potential benefits of the *Operation Purple* program in this environment of multiple and extended deployments.

In May 2008, we embarked on phase two of the project – a longitudinal study on the experience of 1,507 families, which is a much larger and more diverse sample than included in our pilot study. RAND followed these families for one year, and interviewed the non-deployed caregiver/parent and one child per family between 11 and 17 years of age at three time points over the year. Recruitment of participants was extremely successful because families were eager to share their experiences. The research addressed two key questions:

- How are school-age military children faring?
- What types of issues do military children face related to deployment?

In December, the baseline findings of the research were published in the journal *Pediatrics*. Findings showed:

- As the months of parental deployment increased, so did the child's challenges.
- The total number of months away mattered more than the number of deployments.
- Older children experienced more difficulties during deployment.
- There is a direct correlation between the mental health of the caregiver and the well-being of the child.
- Girls experienced more difficulty during reintegration, the period of months readjusting after the service member's homecoming.
- About one-third of the children reported symptoms of anxiety, which is somewhat higher than the percentage reported in other national studies of children.
- In these initial findings, there were no differences in results between Services or Components.

What are the implications? Families facing longer deployments need targeted support – especially for older teens and girls. Supports need to be in place across the entire deployment cycle, including reintegration, and some non-deployed parents may need targeted mental health support. One way to address these needs would be to create a safe, supportive environment for older youth and teens. Dedicated Youth Centers with activities for our older youth would go a long way to help with this. Our Association, as an outgrowth of the study results, will be holding a summit in early May, where we will be engaging with

experts to isolate action items that address the issues surfaced in the study. We will be happy to share these action items with you.

Our Association feels that more dedicated resources, such as youth or teen centers, would be a first step toward addressing the needs of our older youth and teens during deployment.

Families Overseas

Families stationed overseas face increased challenges when their service member is deployed into theater. One such challenge we have heard from families stationed in EUCOM concerns care for a family member, usually the spouse, who may be injured or confined to bed for an extended illness during deployment. Instead of pulling the service member back from theater, why not provide transportation for an extended family member or friend to come from the States to care for the injured or ill family member? This was a recommendation from the EUCOM Quality of Life conference for several years.

Our Association asks that transportation be provided for a designated caregiver to an overseas duty station to care for an incapacitated spouse when a service member is deployed.

Military Housing

In the recent RAND study of military children on the home front commissioned by our Association, researchers found that living in military housing was related to fewer caregiver reported deployment-related challenges. For instance, fewer caregivers who lived in military housing reported that their children had difficulties adjusting to parent absence (e.g., missing school activities, feeling sad, not having peers who understand what their life is like) as compared to caregivers who needed to rent their homes. In a subsequent survey, the study team explored the factors that determine a military family's housing situation in more detail. Among the list of potential reasons provided for the question, "Why did you choose to rent?" researchers found that the top three reasons parents/caregivers cited for renting included: military housing was not available (31%); renting was most affordable (28%), and preference to not invest in the purchase of a home (26%).

Privatized housing expands the opportunity for families to live on the installation and is a welcome change for military families. We are pleased with the annual report that addresses the best practices for executing privatized housing contracts. As privatized housing evolves the Services are responsible for executing contracts and overseeing the contractors on their installations. With more joint basing, more than one Service often occupies an installation. The Services must work together to create consistent policies not only within their Service but across the Services as well. Pet policies, deposit requirements, and utility polices are some examples of differences across installations and across Services. How will Commanders address these variances as we move to joint basing? Our families face many transitions when they move, and navigating the various policies and requirements of each contractor is frustrating and confusing. It's time for the Services to increase their oversight and work on creating seamless transitions by creating consistent policies across the Services.

We are pleased the FY 2010 NDAA calls for a report on housing standards and housing surveys used to determine the Basic Allowance for Housing (BAH) and hope Congress will work to address BAH inequities.

Privatized housing is working! We ask Congress to consider the importance of family well-being as a reason for expanding the amount of privatized housing for our military families.

Commissaries and Exchanges

The commissary is a vital part of the compensation package for service members and retirees, and is valued by them, their families, and survivors. Our surveys indicate that military families consider the commissary one of their most important benefits. In addition to providing average savings of more than 30 percent over local supermarkets, commissaries provide a sense of community. Commissary shoppers gain an opportunity to connect with other military families, and are provided with information on installation programs and activities through bulletin boards and publications. Commissary shoppers also receive nutritional information through commissary promotions and campaigns, as well as the opportunity for educational scholarships.

Our Reserve Component families have benefitted greatly from the addition of case lot sales. We thank Congress again for the provision allowing the use of proceeds from surcharges collected at these sales to help defray their costs. Not only have these case lot sales been extremely well received and attended by family members not located near an installation, they have extended this important benefit to our entire military community.

Our Association continues to be concerned that there will not be enough commissaries to serve areas experiencing substantial growth, including those locations with service members and families relocated by BRAC. The surcharge was never intended to pay for DoD and Service transformation. Additional funding is needed to ensure commissaries are built or expanded in areas that are gaining personnel as a result of these programs.

Our Association believes that additional funding is needed to ensure commissaries are built or expanded in areas that are gaining personnel due to BRAC and transformation.

The military exchange system, like the commissary, provides valuable cost savings to members of the military community, while reinvesting their profits in essential Morale, Welfare and Recreation (MWR) programs. Our Association strongly believes that every effort must be made to ensure that this important benefit and the MWR revenue is preserved, especially as facilities are down-sized or closed overseas. In addition, exchanges must continue to be responsive to the needs of deployed service members in combat zones and have the right mix of goods at the right prices for the full range of beneficiaries.

As a member of the Defense Commissary Patron Council and a strong proponent of the military exchange system, our Association remains committed to protecting commissary and exchange benefits that are essential to the quality of life of our service members, retirees, families and survivors.

National Guard and Reserve

The National Military Family Association has long recognized the unique challenges our Reserve Component families face and their need for additional support. National Guard and Reserve families are often geographically dispersed, live in rural areas, and do not have the same family support programs as their active duty counterparts. The final report from the Commission on the National Guard and Reserve confirmed what we have always asserted: "Reserve Component families face special challenges because they are often at a considerable distance from military facilities and lack the on-base infrastructure and assistance available to active duty families."

This is especially true when it comes to accessing the same level of counseling and behavioral health support as active duty families. However, our Association applauds the innovative counseling and behavioral health support to National Guard and Reserve families, in the form of Military OneSource counseling, the TRICARE Assistance Program (TRIAP), and Military Family Life Consultants (MFLC).

Combined, these valuable resources are helping to address a critical need for our Reserve Component families.

In the past several years, great strides have been made by both Congress and the Services to help strengthen our National Guard and Reserve families. Our Association wishes to thank Congress for authorizing these important provisions. We urge you to fully fund these vital quality of life programs critical to our Reserve Component families, who have sacrificed greatly in support of our Nation.

In addition, our Association would like to thank Congress for the provisions allowing for the implementation of the Yellow Ribbon Program, and for including reporting requirements on the program's progress in the FY2010 National Defense Authorization Act. We continue to urge Congress to make the funding for this program permanent. In addition, we ask that you conduct oversight hearings to ensure that Yellow Ribbon services are consistent across the nation. We also ask that the definition of family member be expanded to allow non-ID card holders to attend these important programs, in order to support their service member and gain valuable information.

Our Association asks Congress to fully fund the Yellow Ribbon Program, and provide oversight hearings to ensure that Yellow Ribbon services are consistent across the nation, and are accessible to all Reserve Component families.

Flexible Spending Accounts

We would like to thank Members of Congress for the Sense of Congress on the establishment of Flexible Spending Accounts for uniformed service members. We hope this Subcommittee will press each of the seven Service Secretaries to establish these important pre-tax savings accounts in a consistent manner. Flexible Spending Accounts would be especially helpful for families with out-of-pocket dependent care and health care expenses. We ask that the flexibility of a rollover or transfer of funds to the next year be considered.

Financial Readiness

Financial readiness is a critical component of family readiness. Our Association applauds DoD for tackling financial literacy head-on with their Financial Readiness Campaign. Financial literacy and education must continue to be on the forefront. We are strong supporters of the Military Lending Act (MLA) and hope Congress will press states to enforce MLA regulations within their state borders. With the depressed economy, many families may turn to payday lenders. DoD must continue to monitor the MLA and its effectiveness of derailing payday lenders.

Military families are not immune from the housing crisis. We applaud Congress for expanding the Homeowners' Assistance Program to wounded, ill, and injured service members, survivors, and service members with Permanent Change of Station orders meeting certain parameters. We have heard countless stories from families across the nation who have orders to move and cannot sell their home. Due to the mobility of military life, military homeowners must be prepared to be a landlord. We encourage DoD to continue to provide financial education to military service members and their families to help families make sound financial decisions. We also encourage DoD to continue to track the impact of the housing crisis on our military families.

We appreciate the increase to the Family Separation Allowance (FSA) that was made at the beginning of the war. In more than eight years, however, there has not been another increase. We ask that the FSA be indexed to the Cost of Living Allowance (COLA) to better reflect rising costs for services.

Increase the Family Separation Allowance by indexing it to COLA.

II. Family Health

Family readiness calls for access to quality health care and mental health services. Families need to know the various elements of their military health system are coordinated and working as a synergistic system. Our Association is concerned the DoD military health care system may not have all the resources it needs to meet both the military medical readiness mission and provide access to health care for all beneficiaries. The direct care system of Military Treatment Facilities (MTFs) and the purchased care segment of civilian providers can work in tandem to meet the responsibilities given under the TRICARE contracts, meet readiness needs, and ensure access for all military beneficiaries.

Congress must provide timely and accurate funding for health care. DoD and VA health care facilities must be funded to be "world class," offering state-of-the-art health care services supported by evidence-based research and design. Funding must also support the renovation of existing facilities or complete replacement of out-of-date DoD health care facilities. As we get closer to the closure of Walter Reed Army Medical Center and the opening of the new Fort Belvoir Community Hospital and the new Walter Reed National Military Medical Center, as part of the National Capitol Region BRAC process, we must be assured these projects are properly and fully funded. We encourage Congress to provide any additional funding recommended by the Defense Health Board's BRAC Subcommittee's report.

The Military Health System

Improving Access to Care

In the question and answer period during a Senate Armed Services Committee hearing last year, Senator Lindsey Graham (R-SC) asked panel members to "give a grade to TRICARE." Panel members rated TRICARE a "B" or a "C minus." Our Association's Director of Government Relations stated it was a two- part question and assigned a grade of "B" for quality of care and "C-" for access to care. We welcomed this discussion focused on access issues in the direct care system - our military hospitals and clinics - reinforcing what our Association has observed for years. We have consistently heard from families that their greatest health care challenge has been getting timely care from their local military hospital or clinic.

Our Association continues to examine military families' experiences with accessing the Military Health System (MHS). Families' main issues are: access to their Primary Care Managers (PCM); getting someone to answer the phone at central appointments; having appointments available when they finally got through to central appointments; after hours care; getting a referral for specialty care; being able to see the same provider or PCM; and having appointments available 60, 90, and 120 days out in our MTFs for follow-ups recommended by their providers. Families familiar with how the MHS referral system works seem better able to navigate the system. Those families who are unfamiliar report delays in receiving treatment or sometimes decide to give up on the referral process and never obtain a specialty appointment. Continuity of care is important to maintain quality of care. The MTFs are stressed from eight years of provider deployments, directly affecting the quality of care and contributing to increased costs. Our Association thanks Congress for requiring, in the FY09 NDAA, a report on access to care and we look forward to the findings. This report must distinguish between access issues in the MTFs, as opposed to access in the civilian TRICARE networks.

Our most seriously wounded, ill, and injured service members, veterans, and their families are assigned case managers. In fact, there are many different case managers: Federal Recovery Coordinators

(FRC), Recovery Care Coordinators, coordinators from each branch of Service, TBI care coordinators, VA liaisons, et cetera. The goal is for a seamless transition of care between and within the two governmental agencies, DoD and the VA. However, with so many coordinators to choose from, families often wonder which one is the "right" case manager. We often hear from families, some whose service member has long been medically retired with a 100 percent disability rating or others with less than one year from date-of-injury, who have not yet been assigned a FRC. We need to look at whether the multiple, layered case managers have streamlined the process, or have only aggravated it. Our Association still finds families trying to navigate alone a variety of complex health care systems, trying to find the right combination of care. Individual Service wounded, ill, and injured program directors and case managers are often reluctant to inform families that FRCs exist or that the family qualifies for one. Many qualify for and use Medicare, VA, DoD's TRICARE direct and purchased care, private health insurance, and state agencies. Why can't the process be streamlined?

Support for Special Needs Families

Case management for military beneficiaries with special needs is not consistent because the coordination of the military family's care is being done by a non-synergistic health care system. Beneficiaries try to obtain an appointment and then find themselves getting partial health care within the MTF, while other health care is referred out into the purchased care network. Thus, military families end up managing their own care. Incongruence in the case management process becomes more apparent when military family members transfer from one TRICARE region to another and is further exacerbated when a special needs family member is involved. Families need a seamless transition and a warm handoff between TRICARE regions and a universal case management process across the MHS. Each TRICARE Managed Care Contractor has created different case management processes. The current case management system is under review by DoD and the TRICARE Management Activity.

We applaud Congress and DoD's desire to create robust health care, educational, and family support services for special needs children. But, these robust services do not follow them when they retire. We encourage the Services to allow these military families the opportunity to have their final duty station be in an area of their choice, preferably in the same state in which they plan to live after the service member retires, to enable them to begin the process of becoming eligible for state and local services while still on active duty. We suggest the Extended Care Health Option (ECHO) be extended for one year after retirement for those already enrolled in ECHO prior to retirement. If the ECHO program is extended, it must be for all who are eligible for the program. We should not create a different benefit simply based on diagnosis.

There has been discussion over the past years by Congress and military families regarding the ECHO program. The FY09 NDAA included a provision to increase the cap on certain benefits under the ECHO program and the FY10 NDAA established the *Office of Community Support for Military Families with Special Needs*. The ECHO program was originally designed to allow military families with special needs to receive additional services to offset their lack of eligibility for state or federally provided services impacted by frequent moves. We suggest that before making any more adjustments to the ECHO program, Congress should direct DoD to certify if the ECHO program is working as it was originally designed and if it has been effective in addressing the needs of this population. We need to make the right fixes so we can be assured we apply the correct solutions. This new office will go a long way in identifying and addressing special needs. However, we must remember that our special needs families often require medical, educational and family support resources. This new office must address all these various needs in order to effectively implement change.

National Guard and Reserve Member Family Health Care

National Guard and Reserve families need increased education about their health care benefits. We also believe that paying a stipend to a mobilized National Guard or Reserve member for their family's coverage under their employer-sponsored insurance plan while the service member is deployed may work out better for many families in areas where the TRICARE network may not be robust.

Grey Area Reservists

Our Association would like to thank Congress for the new TRICARE benefit for Grey Area Reservists. We want to make sure this benefit is quickly implemented and they have access to a robust network.

TRICARE Reimbursement

Our Association is concerned that continuing pressure to lower Medicare reimbursement rates will create a hollow benefit for TRICARE beneficiaries. As the 111th Congress takes up Medicare legislation, we request consideration of how this legislation will impact military families' health care, especially our most vulnerable service, access to mental health.

National provider shortages in the mental health field, especially in child and adolescent psychology, are exacerbated in many cases by low TRICARE reimbursement rates, TRICARE rules, or military-unique geographic challenges - for example large populations in rural or traditionally underserved areas. Many mental health providers are willing to see military beneficiaries on a voluntary status. However, these providers often tell us they will not participate in TRICARE because of what they believe are time-consuming requirements and low reimbursement rates. More must be done to persuade these providers to participate in TRICARE and become a resource for the entire system, even if that means DoD must raise reimbursement rates.

Pharmacy

We caution DoD about generalizing findings of certain beneficiary pharmacy behaviors and automatically applying them to our Nation's unique military population. We encourage Congress to require DoD to utilize peer-reviewed research involving beneficiaries and prescription drug benefit options, along with performing additional research involving military beneficiaries, before making any recommendations on prescription drug benefit changes, such as co-payment and tier structure changes for military service members, retirees, their families, and survivors.

We appreciate the inclusion of federal pricing for the TRICARE retail pharmacies in the FY 2008 NDAA. However, we still need to examine its effect on the cost of medications for both beneficiaries and DoD. Also, we will need to see how this potentially impacts Medicare, civilian private insurance, and the National Health Care Reform affecting drug pricing negotiations.

We believe it is imperative that all medications available through TRICARE Retail Pharmacy (TRRx) should also be available through TRICARE Mail Order Pharmacy (TMOP). Medications treating chronic conditions, such as asthma, diabetes, and hypertension should be made available at the lowest level of co-payment regardless of brand or generic status. We agree with the recommendations of *The Task Force on the Future of Military Health Care* that over-the-counter (OTC) drugs be a covered pharmacy benefit and there be a zero co-pay for TMOP Tier 1 medications.

The new T3 TRICARE contract will provide TRICARE Managed Care Contractors and Express-Scripts, Inc. the ability to link pharmacy data with disease management. This will allow for better case management, increase compliance, and decrease cost, especially for our chronically ill beneficiaries.

However, this valuable tool is currently unavailable because the T3 contract is still under protest and has not yet been awarded.

National Health Care Proposal

Our Association is cautious about current rhetoric by the Administration and Congress regarding National Health Care Reform. We request consideration of how this legislation will also impact TRICARE.

The perfect storm is brewing. TMA will probably be instituting the new T3 contract in 2011. Currently, there is the possibility that two out of three TRICARE Managed Care Contractors could change. This means that the contracts of 66 percent of our TRICARE providers would need to be renegotiated. Add the demands and uncertainties to providers in regards to health care reform and Medicare reimbursement rate changes. This leads to our concern regarding the impact on providers' willingness to remain in the TRICARE network and the recruitment of new providers. The unintended consequences may be a decrease in access to care due the lack of available health care providers.

DoD Must Look for Savings

We ask Congress to establish better oversight for DoD's accountability in becoming more cost-efficient. We recommend:

- Requiring the Comptroller General to audit MTFs on a random basis until all have been examined for their ability to provide quality health care in a cost-effective manner;
- Creating an oversight committee, similar in nature to the Medicare Payment Advisory Commission, which provides oversight to the Medicare program and makes annual recommendations to Congress. *The Task Force on the Future of Military Health Care* often stated it was unable to address certain issues not within their charter or the timeframe in which they were commissioned to examine the issues. This Commission would have the time to examine every issue in an unbiased manner.
- Establishing a Unified "Joint" Medical Command structure, which was recommended by the Defense Health Board in 2006 and 2009.

Our Association believes optimizing the capabilities of the facilities of the direct care system through timely replacement of facilities, increased funding allocations, and innovative staffing would allow more beneficiaries to be cared for in the MTFs, which DoD asserts is the most cost effective. The Task Force made recommendations to make the DoD MHS more cost-efficient which we support. They conclude the MHS must be appropriately sized, resourced, and stabilized; and make changes in its business and health care practices.

We suggest additional funding and flexibility in hiring practices to address MTF provider deployments.

Our Association recommends a one year transitional active duty ECHO benefit for all eligible family members of service members who retire.

We believe that Reserve Component families should be given the choice of a stipend to continue their employer provided care during deployment.

Behavioral Health Care

Our Nation must help returning service members and their families cope with the aftermath of war. DoD, VA, and state agencies must partner in order to address behavioral health issues early in the process

and provide transitional mental health programs. Partnering will also capture the National Guard and Reserve member population, who often straddle these agencies' health care systems.

Full Spectrum of Care

As the war continues, families' need for a full spectrum of behavioral health services—from preventative care and stress reduction techniques, to counseling and medical mental health services—continues to grow. The military offers a variety of psychological health services, both preventative and treatment, across many agencies and programs. However, as service members and families experience numerous lengthy and dangerous deployments, we believe the need for confidential, preventative psychological health services will continue to rise. It will remain high even after military operations scale down. Our study on the impact of the war on caregivers and children found the mental health of the caregiver directly affects the overall well-being of the children. Therefore, we need to treat the family as a unit rather than as individuals because the caregiver's health determines the quality of life for the children.

Access to Behavioral Health Care

Our Association is concerned about the overall shortage of mental health providers in TRICARE's direct and purchased care network. DoD's *Task Force on Mental Health* stated timely access to the proper psychological health provider remains one of the greatest barriers to quality mental health services for service members and their families. The Army Family Action Plan (AFAP) identified mental health issues as their number three issue for 2010. While families are pleased more mental health providers are available in theater to assist their service members, they are disappointed with the resulting limited access to providers at home. Families are reporting increased difficulty in obtaining appointments with social workers, psychologists, and psychiatrists at their MTFs and clinics. The military fuels the shortage by deploying some of its child and adolescent psychology providers to combat zones. Providers remaining at home report they are overwhelmed by treating active duty members and are unable to fit family members into their schedules. This can lead to provider compassion fatigue, creating burnout and exacerbating the provider shortage problem.

We have seen an increase in the number of mental health providers joining the purchased care side of the TRICARE network. However, the access standard is seven days. We hear from military families after accessing the mental health provider lists on the contractors' websites that the provider is full and no longer taking TRICARE patients. The list must be up-to-date in order to handle real time demands by families. We need to continue to recruit more mental health providers to join the TRICARE network and we need to make sure we specifically add those in specialty behavioral health care areas, such as child and adolescence psychology and psychiatrists.

Families must be included in mental health counseling and treatment programs for service members. Family members are a key component to a service member's psychological well-being. Families want to be able to access care with a mental health provider who understands or is sympathetic to the issues they face. We recommend an extended outreach program to service members, veterans, and their families of available mental health resources, such as DoD, VA, and State agencies. We appreciate the VA piloting programs that incorporate active duty service members and their families into their newly established OIF/OEF health care clinics. The family is accessed as a "unit" and educated about the VA's benefits and services. These initiatives need to be expanded throughout the VA and fully funded.

Frequent and lengthy deployments create a sharp need in mental health services by family members and service members as they get ready to deploy and after their return. There is also an increase in demand in the wake of natural disasters, such as hurricanes and fires. We need to maintain a flexible pool of mental health providers who can increase or decrease rapidly in numbers depending on demand on the MHS side.

Currently, Military Family Life Consultants and Military OneSource counseling are providing this type of service for military families on the family support side. The recently introduced web-based TRICARE Assistance Program (TRIAP) offers another vehicle for non-medical counseling, especially for those who live far from counselors. We need to make the Services, along with military family members, more aware of resources along the continuum. We need the flexibility of support in both the MHS and family support arenas, as well as coordination of support between these two entities. We must educate civilian network providers about our culture. Communities along with nongovernment organizations are beginning to fulfill this role, but more needs to be done.

Availability of Treatment

Do DoD, VA and State agencies have adequate mental health providers, programs, outreach, and funding? Better yet, where will the veteran's spouse and children go for help? Many will be left alone to care for their loved one's invisible wounds resulting from frequent and long combat deployments. Who will care for them when they are no longer part of the DoD health care system?

The Army's Mental Health Advisory Team (MHAT) IV report links reducing family issues to reducing stress on deployed service members. The team found the top non-combat stressors were deployment length and family separation. They noted soldiers serving a repeat deployment reported higher acute stress than those on their first deployment and the level of combat was the major contribution for their psychological health status upon return. Our study on the impact of deployment on caregivers and children found it was the cumulative time deployed that caused increased stress. These reports demonstrate the amount of stress being placed on our troops and their families.

Our Association is especially concerned with the scarcity of services available to the families as they leave the military following the end of the service members' activation or enlistment. Due to the service member's separation, the families find themselves ineligible for TRICARE and Military OneSource, and are very rarely eligible for health care through the VA. Many will choose to locate in rural areas lacking available mental health providers. We need to address the distance issues families face in finding mental health resources and obtaining appropriate care. Isolated service members, veterans, and their families do not have the benefit of the safety net of services and programs provided by MTFs, VA facilities, Community-Based Outpatient Centers, and Vet Centers. We recommend:

- using alternative treatment methods, such as telemental health;
- modifying licensing requirements in order to remove geographic practice barriers that prevent psychological health providers from participating in telemental health services outside of a VA facility;
- educating civilian network psychological health providers about our military culture as the VA incorporates Project Hero; and
- encouraging DoD and VA to work together to provide a seamless "warm hand-off" for families, as well as service members transitioning from active duty to veteran status and funding additional transitional support programs if necessary.

National Guard and Reserve Members

The National Military Family Association is especially concerned about fewer mental health care services available for the families of returning National Guard and Reserve members. Some are eligible for TRICARE Reserve Select, but, as we know, National Guard and Reserve members are often located in rural areas where there may be fewer mental health providers available. Policy makers need to address the distance issues that families face in linking with military mental health resources and obtaining appropriate care. Isolated National Guard and Reserve families do not have the benefit of the safety net of services

provided by MTFs and installation family support programs. Families want to be able to access care with a provider who understands or is sympathetic to the issues they face. We recommend the use of alternative treatment methods, such as telemental health; increasing mental health reimbursement rates for rural areas; modifying licensing requirements in order to remove geographic practice barriers that prevent mental health providers from participating in telemental health services; and educating civilian network mental health providers about our military culture. We urge DoD to expand information outreach about the new TRIAP program, which provides access to non-medical counseling via phone and web through the TRICARE managed care support contractors. We hear the National Guard Bureau's Psychological Health Services (PHS) is not working as designed to address members' mental health issues. This program needs to be evaluated to determine its effectiveness.

Children

Our Association is concerned about the impact of deployment and/or the injury of the service member is having on our most vulnerable population, children of our military service member and veterans. Our study on the impact of the war on caregivers and children found deployments are creating layers of stressors, which families are experiencing at different stages. Teens especially carry a burden of care they are reluctant to share with the non-deployed parent in order to not "rock the boat." They are often encumbered by the feeling of trying to keep the family going, along with anger over changes in their schedules, increased responsibility, and fear for their deployed parent. Children of the National Guard and Reserve members face unique challenges since there are no military installations for them to utilize. They find themselves "suddenly military" without resources to support them. School systems are generally unaware of this change in focus within these family units and are ill prepared to lookout for potential problems caused by these deployments or when an injury occurs. Also vulnerable are children who have disabilities that are further complicated by deployment and subsequent injury of the service members. Their families find stress can be overwhelming, but are afraid to reach out for assistance for fear of retribution to the service member's career. They often choose not to seek care for themselves or their families. We appreciate the inclusion of a study on the mental health needs of our children in the FY10 NDAA and hope the research we commissioned will provide useful information as the study is designed.

The impact of the wounded, ill, and injured on children is often overlooked and underestimated. Military children experience a metaphorical death of the parent they once knew and must make many adjustments as their parent recovers. Many families relocate to be near the treating MTF or the VA Polytrauma Center in order to make the rehabilitation process more successful. As the spouse focuses on the rehabilitation and recovery, older children take on new roles. They may become the caregivers for other siblings, as well as for the wounded parent. Many spouses send their children to stay with neighbors or extended family members, as they tend to their wounded, ill, and injured spouse. Children get shuffled from place to place until they can be reunited with their parents. Once reunited, they must adapt to the parent's new injury and living with the "new normal." We appreciate the inclusion in the FY10 NDAA of a study to assess the impact on children of the severely wounded.

We encourage partnerships between government agencies, DoD, VA and State agencies and recommend they reach out to those private and non-governmental organizations who are experts on children and adolescents. They could identify and incorporate best practices in the prevention and treatment of mental health issues affecting our military children. We must remember to focus on preventative care upstream, while still in the active duty phase, in order to have a solid family unit as they head into the veteran phase of their lives. School systems must become more involved in establishing and providing supportive services for our nation's children.

Caregiver Burnout

In the eighth year of war, care for the caregivers must become a priority. There are several levels of caregivers. Our Association hears from the senior officer and enlisted spouses who are so often called upon to be the strength for others. We hear from the health care providers, educators, rear detachment staff, chaplains, and counselors who are working long hours to assist service members and their families. They tell us they are overburdened, burnt out, and need time to recharge so they can continue to serve these families. These caregivers must be afforded respite care, given emotional support through their command structure, and be provided effective family programs.

Education

The DoD, VA, and State agencies must educate their health care and mental health professionals of the effects of mild Traumatic Brain Injury (mTBI) in order to help accurately diagnose and treat the service member's condition. They must be able to deal with polytrauma—Post-Traumatic Stress Disorder (PTSD) in combination with multiple physical injuries. We need more education for civilian health care providers on how to identify signs and symptoms of mild TBI and PTSD.

The families of service members and veterans must be educated about the effects of TBI, PTSD, and suicide in order to help accurately diagnose and treat the service member/veteran's condition. These families are on the "sharp end of the spear" and are more likely to pick up on changes attributed to either condition and relay this information to their health care providers. Programs are being developed by each Service. However, they are narrow in focus targeting line leaders and health care providers, but not broad enough to capture our military family members and the communities they live in. As Services roll out suicide prevention programs, we need to include our families, communities, and support personnel.

Reintegration Programs

Reintegration programs become a key ingredient in the family's success. Our Association believes we need to focus on treating the whole family with programs offering readjustment information; education on identifying mental health, substance abuse, suicide, and traumatic brain injury; and encouraging them to seek assistance when having financial, relationship, legal, and occupational difficulties. We appreciate the inclusion in the FY10 NDAA for education programs targeting pain management and substance abuse for our families.

Successful return and reunion programs will require attention over the long term, as well as a strong partnership at all levels between the various mental health arms of DoD, VA, and State agencies. DoD and VA need to provide family and individual counseling to address these unique issues. Opportunities for the entire family and for the couple to reconnect and bond must also be provided. Our Association has recognized this need and successfully piloted family retreats in the National Parks promoting family reintegration following deployment.

We recommend an extended outreach program to service members, veterans, and their families of available psychological health resources, such as DoD, VA, and State agencies.

We encourage Congress to request DoD to include families in its Psychological Health Support survey and perform a pre and post-deployment mental health screening on family members (similar to the PDHA and PDHRA currently being done for service members).

We recommend the use of alternative treatment methods, such as telemental health; increasing mental health reimbursement rates for rural areas; modifying licensing requirements in order to remove

geographic practice barriers that prevent mental health providers from participating in telemental health services; and educating civilian network mental health providers about our military culture.

Caregivers must be afforded respite care; given emotional support through their command structure; and, be provided effective family programs.

Wounded Service Members Have Wounded Families

Our Association asserts that behind every wounded service member and veteran is a wounded family. It is our belief the government, especially the DoD and VA, must take a more inclusive view of military and veterans' families. Those who have the responsibility to care for the wounded, ill, and injured service member must also consider the needs of the spouse, children, parents of single service members and their siblings, and the caregivers. DoD and VA need to think proactively as a team and one system, rather than separately; and addressing problems and implementing initiatives upstream while the service member is still on active duty status.

Reintegration programs become a key ingredient in the family's success. For the past two years, we have piloted our *Operation Purple® Healing Adventures* camp to help wounded service members and their families learn to play again as a family. We hear from the families who participate in this camp, as well as others dealing with the recovery of their wounded service members that, even with Congressional intervention and implementation of the Services' programs, many issues still create difficulties for them well into the recovery period. Families find themselves having to redefine their roles following the injury of the service member. They must learn how to parent and become a spouse/lover with an injury. Each member needs to understand the unique aspects the injury brings to the family unit. Parenting from a wheelchair brings a whole new challenge, especially when dealing with teenagers. Parents need opportunities to get together with other parents who are in similar situations and share their experiences and successful coping methods. Our Association believes we need to focus on treating the whole family with DoD and VA programs offering skill based training for coping, intervention, resiliency, and overcoming adversities. Injury interrupts the normal cycle of deployment and the reintegration process. We must provide opportunities for the entire family and for the couple to reconnect and bond, especially during the rehabilitation and recovery phases.

Brooke Army Medical Center (BAMC) has recognized a need to support these families by expanding in terms of guesthouses co-located within the hospital grounds and a family reintegration program for their Warrior Transition Unit. The on-base school system is also sensitive to issues surrounding these children. A warm, welcoming family support center located in guest housing serves as a sanctuary for family members. The DoD and VA could benefit from looking at successful programs like BAMC's, which has found a way to embrace the family unit during this difficult time.

The Vet Centers are an available resource for veterans' families providing adjustment, vocational, and family and marriage counseling. The VA health care facilities and the community-based outpatient clinics (CBOCs) have a ready supply of mental health providers, yet regulations have restricted their ability to provide mental health care to veterans' families unless they meet strict standards. Unfortunately, this provision hits the veteran's caregiver the hardest, especially if they are the parents. We recommend DoD partner with the VA to allow military families access to mental health services. We also believe Congress should require the VA, through its Vet Centers and health care facilities to develop a holistic approach to care by including families when providing mental health counseling and programs to the wounded, ill, and injured service member or veteran.

The Defense Health Board has recommended DoD include military families in its mental health studies. We agree. We encourage Congress to direct DoD to include families in its Psychological Health Support survey; perform a pre and post-deployment mental health screening on family members (similar to the PDHA and PDHRA currently being done for service members). We appreciate the FY10 NDAA report on the impact of the war on families and the DoD's Millennium Cohort Study including families. Both will help us gain a better understanding of the long-term effects of war on our military families.

Transitioning for the Wounded and Their Families

Transitions can be especially problematic for wounded, ill, and injured service members, veterans, and their families. The DoD and the VA health care systems, along with State agency involvement, should alleviate, not heighten these concerns. They should provide for coordination of care, starting when the family is notified that the service member has been wounded and ending with the DoD, VA, and State agencies working together, creating a seamless transition, as the wounded service member transfers between the two agencies' health care systems and, eventually, from active duty status to veteran status.

Transition of health care coverage for our wounded, ill, and injured and their family members is a concern of our Association. These service members and families desperately need a health care bridge as they deal with the after effects of the injury and possible reduction in their family income. We have created two proposals. Service members who are medically retired and their families should be treated as active duty for TRICARE fee and eligibility purposes for three years following medical retirement. This proposal will allow the family not to pay premiums and be eligible for greater access to care at certain MTFs and for certain benefits offered to active duty families for three years. Following that period, they would pay TRICARE premiums at the rate for retirees. Service members medically discharged from service and their family members should be allowed to continue for one year as active duty for TRICARE benefits and then move into the Continued Health Care Benefit Program (CHCBP) if needed.

Caregivers

Caregivers need to be recognized for the important role they play in the care of their loved one. Without them, the quality of life of the wounded service members and veterans, such as physical, psycho-social, and mental health, would be significantly compromised. They are viewed as an invaluable resource to DoD and VA health care providers because they tend to the needs of the service members and the veterans on a regular basis. And, their daily involvement saves DoD, VA, and State agency health care dollars in the long run. Their long-term psychological care needs must be addressed. Caregivers of the severely wounded, ill, and injured service members who are now veterans have a long road ahead of them. In order to perform their job well, they will require access to mental health services.

The VA has made a strong effort in supporting veterans' caregivers. The DoD should follow suit and expand their definition. We appreciate the inclusion in FY10 NDAA of compensation for service members with assistance in everyday living. However, our Association believes this provision does not go far enough. In order to perform their job well, caregivers must be taught the skills to be successful.

Compensation of caregivers should be a priority for DoD and the Secretary of Homeland Security. Caregivers must be recognized for their sacrifices and the important role they play in maintaining the quality of life of our wounded service members and veterans. Financial compensation must be established for caregivers of injured service members and veterans that begin while the hospitalized service member is still on active duty and transitions seamlessly to a VA benefit. Current law creates a potential gap in compensation during transition from active duty to veteran status. Our Association proposes that compensation should reflect the types of medical and non-medical care services provided by the caregiver.

The caregiver should be paid directly for their services. Non-medical care should be factored into a monthly stipend tied to severity of injury –cognitive and physical injury and illness—and care provided. In order to perform their job well, caregivers must be taught the skills to be successful. This will require the caregiver to be trained through a standardized, certified program. Compensation for medical care should be an hourly wage linked to training and certification of the caregiver paid for by the VA and transferrable to employment in the civilian sector if the care is no longer needed by the service member or veteran.

Consideration should also be given to creating innovative ways to meet the health care and insurance needs of the caregiver, with an option to include their family. Current proposed legislation does not include a "family" option. Additional services caregivers need are: respite care, such as 24 hour in-home care, mental health services, and travel and lodging expenses when accompanying service members and veterans for medical care.

There must be a provision for transition benefits for the caregiver if the caregiver's services are no longer needed, chooses to no longer participate, or is asked by the veteran to no longer provide services. The caregiver should still be able to maintain health care coverage for one year. Compensation would discontinue following the end of services/care provided by the caregiver. Our Association looks forward to discussing details of implementing such a plan with Members of this Subcommittee.

The VA currently has eight caregiver assistance pilot programs to expand and improve health care education and provide needed training and resources for caregivers who assist disabled and aging veterans in their homes. DoD should evaluate these pilot programs to determine whether to adopt them for caregivers of service members still on active duty. Caregivers' responsibilities start while the service member is still on active duty.

Relocation Allowance and Housing

Active Duty service members and their spouses qualify through the DoD for military orders to move their household goods when they leave the military service. Medically retired service members are given a final PCS move. Medically retired married service members are allowed to move their family; however, medically retired single service members only qualify for moving their own personal goods.

Our Association suggests that legislation be passed to allow medically retired single service members the opportunity to have their caregiver's household goods moved as a part of the medical retired single service member's PCS move. This should be allowed for the qualified caregiver of the wounded service member and the caregiver's family (if warranted), such as a sibling who is married with children or mom and dad. This would allow for the entire caregiver's family to move, not just the caregiver. The reason for the move is to allow the medically retired single service member the opportunity to relocate with their caregiver to an area offering the best medical care, rather than the current option that only allows for the medically retired single service member to move their belongings to where the caregiver currently resides. The current option may not be ideal because the area in which the caregiver lives may not be able to provide all the health care services required for treating and caring for the medically retired service member. Instead of trying to create the services in the area, a better solution may be to allow the medically retired service member, their caregiver, and the caregiver's family to relocate to an area where services already exist.

The decision on where to relocate for optimum care should be made with the Federal Recovery Coordinator (case manager), the service member's medical physician, the service member, and the caregiver. All aspects of care for the medically retired service member and their caregiver shall be considered. These include a holistic examination of the medically retired service member, the caregiver, and the caregiver's

family for, but not limited to, their needs and opportunities for health care, employment, transportation, and education. The priority for the relocation should be where the best quality of services is readily available for the medically retired service member and his/her caregiver.

The consideration for a temporary partial shipment of caregiver's household goods may also be allowed, if deemed necessary by the case management team.

Medical Power of Attorney

We have heard from caregivers of the difficult decisions they have to make over their loved one's bedside following an injury. We support the *Traumatic Brain Injury Task Force* recommendation for DoD to require each deploying service member to execute a Medical Power of Attorney and a Living Will.

Provide medically-retired wounded, ill and injured service members and their families a bridge of extended active duty TRICARE eligibility for three years, comparable to the benefit for surviving spouses.

Service members medically discharged from service and their family members should be allowed to continue for one year as active duty for TRICARE and then start the Continued Health Care Benefit Program (CHCBP) if needed.

Caregivers of the wounded, ill and injured must be provided with opportunities for training, compensation and other support programs because of the important role they play in the successful rehabilitation and care of the service member.

The National Military Family Association is requesting the ability for medically retired single service members to be allowed the opportunity to have their caregiver's household goods moved as a part of the medically retired single service member's PCS move.

DoD should require each deploying service member to execute a Medical Power of Attorney and a Living Will.

Senior Oversight Committee

Our Association is appreciative of the provision in the FY2010 NDAA establishing a DoD Task Force on the Care, Management, and Transition of Recovery, Wounded, Ill, and Injured Members of the Armed Forces to access policies and programs. We understand the Office of Wounded Warrior Care and Transition Policy (WWCTP), a permanent structure for the Senior Oversight Committee, is in the process of being established and manned. This Task Force will be independent and in a position to monitor DoD and VA's partnership initiatives for our wounded, ill, and injured service members and their families, while this organization is being created.

The National Military Family Association encourages the all Committees with jurisdiction over military personnel and veterans matters to talk on these important issues. We can no longer continue to create policies in a vacuum and be content on focusing on each agency separately because this population moves too frequently between the two agencies, especially our wounded, ill, and injured service members and their families.

We would like to thank you again for the opportunity to provide information on the health care needs for the service members, veterans, and their families. Military families support the Nation's military missions. The least their country can do is make sure service members, veterans, and their families have consistent access to high quality mental health care in the DoD, VA, and within network civilian health care systems. Wounded service members and veterans have wounded families. The caregiver must be supported by providing access to quality health care and mental health services, and assistance in navigating the health

care systems. The system should provide coordination of care with DoD, VA, and State agencies working together to create a seamless transition. We ask Congress to assist in meeting that responsibility.

III. Family Transitions

Survivors

In the past year, the Services have increased their outreach to surviving families. In particular, the Army's SOS (Survivor Outreach Services) program makes an effort to remind these families that they are not forgotten. DoD and the VA must work together to ensure surviving spouses and their children can receive the mental health services they need, through all of VA's venues. New legislative language governing the TRICARE behavioral health benefit may also be needed to allow TRICARE coverage of bereavement or grief counseling. The goal is the right care at the right time for optimum treatment effect. DoD and the VA need to better coordinate their mental health services for survivors and their children.

We thank Congress for extending the TRICARE active duty family dental insurance benefit to surviving children. The current TRICARE Management Activity policy directive allows for the surviving children of Reserve Component service members who had not previously been enrolled to be eligible for the expanded benefit. We ask that eligibility be expanded to those active duty family members who had not been enrolled in the active duty TRICARE Dental insurance program prior to the service member's death.

Our Association recommends that eligibility be expanded to active duty survivors who had not been enrolled in the TRICARE Dental Program prior to the service member's death. We also recommend that grief counseling be more readily available to survivors.

Our Association still believes the benefit change that will provide the most significant long-term advantage to the financial security of all surviving families would be to end the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP). Ending this offset would correct an inequity that has existed for many years. Each payment serves a different purpose. The DIC is a special indemnity (compensation or insurance) payment paid by the VA to the survivor when the service member's service causes his or her death. The SBP annuity, paid by DoD, reflects the longevity of the service of the military member. It is ordinarily calculated at 55 percent of retired pay. Military retirees who elect SBP pay a portion of their retired pay to ensure that their family has a guaranteed income should the retiree die. If that retiree dies due to a service-connected disability, their survivor becomes eligible for DIC.

Surviving active duty spouses can make several choices, dependent upon their circumstances and the ages of their children. Because SBP is offset by the DIC payment, the spouse may choose to waive this benefit and select the "child only" option. In this scenario, the spouse would receive the DIC payment and the children would receive the full SBP amount until each child turns 18 (23 if in college), as well as the individual child DIC until each child turns 18 (23 if in college). Once the children have left the house, this choice currently leaves the spouse with an annual income of $13,848, a significant drop in income from what the family had been earning while the service member was alive and on active duty. The percentage of loss is even greater for survivors whose service members served longer. Those who give their lives for their country deserve more fair compensation for their surviving spouses.

We believe several other adjustments could be made to the Survivor Benefit Plan. Allowing payment of the SBP benefits into a Special Needs Trust in cases of disabled beneficiaries will preserve their eligibility for income based support programs. The government should be able to switch SBP payments to children if a surviving spouse is convicted of complicity in the member's death.

We believe there needs to be DIC equity with other federal survivor benefits. Currently, DIC is set at $1,154 monthly (43% of the Disabled Retirees Compensation). Survivors of federal workers have their annuity set at 55% of their Disabled Retirees Compensation. Military survivors should receive 55% of VA Disability Compensation. We are pleased that the requirement for a report to assess the adequacy of DIC payments was included in the FY 2009 NDAA. We are awaiting the overdue report. We support raising DIC payments to 55% of VA Disability Compensation. When changes are made, ensure that DIC eligibles under the old system receive an equivalent increase.

We ask the DIC offset to SBP be eliminated to recognize the length of commitment and service of the career service member and spouse. We also request that SBP benefits may be paid to a Special Needs Trust in cases of disabled family members.

We ask that DIC be increased to 55% of VA Disability Compensation.

Education of Military Children

The National Military Family Association would like to thank Congress for including a "Sense of Congress" in regards to the *Interstate Compact on Educational Opportunity for Military Children* in last year's National Defense Authorization Act. The Compact has now been adopted in twenty-seven states and covers over 80% of our military children. The Interstate Commission, the governing body of the Compact, is working to educate military families, educators, and states on the appropriate usage of the Compact. The adoption of the Compact is a tremendous victory for military families who place a high value on education.

However, military families define the quality of that education differently than most states or districts that look only at issues within their boundaries. For military families, it is not enough for children to be doing well in their current schools, they must also be prepared for the next location. The same is true for children in underperforming school systems. Families are concerned that they will lag behind students in the next location. With many states cutting educational programs due to the economic downturn, this concern is growing. A prime example is Hawaii, which opted to furlough teachers on Fridays, cutting seventeen days from the school calendar. With elementary schools already on a shortened schedule for Wednesday, these students are only getting three-and-a-half days of instruction a week. In addition, the recent cuts have made it increasing hard for schools to meet IEP requirements for special needs students. Furthermore, Hawaii is requiring parents to pay more for busing, and the cost of school meals have gone up 76%. Our Association believes that Hawaii's cuts are just the "tip of the iceberg" as we are beginning to see other states make tough choices as well. Although Hawaii's educational system has long been a concern for military families, many of whom opt for expensive private education, Hawaii is not the only place where parents have concerns. The National Military Family Association believes that our military children deserve to have a good quality education wherever they may live. However, our Association recognizes that how that quality education is provided may differ in each location.

We urge Congress to encourage solutions for the current educational situation in Hawaii and recognize that service members' lack of confidence that their children may receive a quality education in an assignment location can affect the readiness of the force in that location.

While our Association remains appreciative for the additional funding Congress provides to civilian school districts educating military children, Impact Aid continues to be under-funded. We urge Congress to provide appropriate and timely funding of Impact Aid through the Department of Education. In addition, we urge Congress to increase DoD Impact Aid funding for schools educating large numbers of military children to $60 million for FY 2011. We also ask Congress to include an additional $5 million in funding for special

needs children. The DoD supplement to Impact Aid is critically important to ensure school districts provide quality education for our military children.

As increased numbers of military families move into new communities due to Global Rebasing and BRAC, their housing needs are being met further and further away from the installation. Thus, military children may be attending school in districts whose familiarity with the military lifestyle may be limited. Educating large numbers of military children will put an added burden on schools already hard-pressed to meet the needs of their current populations. We urge Congress to authorize an increase in this level of funding until BRAC and Global Rebasing moves are completed.

Once again, we thank Congress for passing the Higher Education Opportunity Act of 2008, which contained many new provisions affecting military families. Chief among them was a provision to expand in-state tuition eligibility for military service members and their families, and provide continuity of in-state rates if the service member receives Permanent Change of Station (PCS) orders out of state. However, family members have to be currently enrolled in order to be eligible for continuity of in-state tuition. Our Association is concerned that this would preclude a senior in high school from receiving in-state tuition rates if his or her family PCS's prior to matriculation. We urge Congress to amend this provision.

We ask Congress to increase the DoD supplement to Impact Aid to $60 million to help districts better meet the additional demands caused by large numbers of military children, deployment-related issues, and the effects of military programs and policies. We also ask Congress provide $5 million for school districts with Special Needs children.

Support for Military Voters

The National Military Family Association would like to thank Congress for passing the Military and Overseas Voter Empowerment (MOVE) Act which was included in the FY2010 National Defense Authorization Act. As a member of the Alliance for Military and Overseas Voting Rights (AMOVR), our Association worked hard to pass this important legislation which resolves many of the absentee voting issues for our military service members and their families. The passage of the MOVE ACT was a tremendous victory for our military community whose very service helps protect the right to vote.

Spouse Education & Employment

Our Association wishes to thank Congress for recent enhancement to spouse education opportunities. In-state tuition, Post 9/11 G.I. bill transferability to spouses and children, and other initiatives have provided spouses with more educational opportunities than previous years.

Since 2004, our Association has been fortunate to sponsor our Joanne Holbrook Patton Military Spouse Scholarship Program, with the generosity of donors who wish to help military families. Our 2010 application period closed on January 31, 2010. We saw a 33% increase in applications from previous years with more than 8,000 military spouses applying to our program. Military spouses remain committed to their education and need assistance from Congress to fulfill their educational pursuits.

We have heard from many military spouses who are pleased with the expansion of the Military Spouse Career Advancement Accounts, now called MyCAA. Unfortunately the abrupt halt of the program on February 16, 2010 created a financial burden and undue stress for military spouses. We are pleased DoD has reinstated the program for the 136,583 spouses enrolled in the program prior to February 16, 2010. We ask Congress to push DoD to fully restart this critical program for all eligible spouses as soon as possible. We also ask Congress to fully fund the MyCAA program, which is providing essential educational and career support to military spouses. The MyCAA program is not available to all military spouses. We ask Congress to work

with the appropriate Service Secretary to expand this funding to the spouses of Coast Guard, the Commissioned Corps of NOAA and U.S. Public Health Service.

Our Association thanks you for establishing a pilot program to secure internships for military spouses with federal agencies. Military spouse are anxious for the program to launch and look forward to enhanced career opportunities through the pilot program. We hope Congress will monitor the implementation of the program to ensure spouses are able to access the program and eligible spouses are able to find federal employment after successful completion of the internship program.

To further spouse employment opportunities, we recommend an expansion to the Workforce Opportunity Tax Credit for employers who hire spouses of active duty and Reserve component service members, and to provide tax credits to military spouses to offset the expense in obtaining career licenses and certifications when service members are relocated to a new duty station within a different state.

The Services are experiencing a shortage of medical, mental health and child care providers. Many of our spouses are trained in these professions or would like to seek training in these professions. We think the Services have an opportunity to create portable career opportunities for spouses seeking in-demand professions. In addition to the MyCAA funding, what can the Services do to encourage spouse employment and solve provider shortages? We would like to see the Services reach out to military spouses and offer affordable, flexible training programs in high demand professions to help alleviate provider shortages.

Our Association urges Congress to recognize the value of military spouses by fully funding the MyCAA program, and by creating training programs and employment opportunities for military spouses in high demand professions to help fill our provider shortages.

Families on the Move

A PCS move to an overseas location can be especially stressful for our families. Military families are faced with the prospect of being thousands of miles from extended family and living in a foreign culture. At many overseas locations, there are insufficient numbers of government quarters resulting in the requirement to live on the local economy away from the installation. Family members in these situations can feel extremely isolated; for some the only connection to anything familiar is the local military installation. Unfortunately, current law permits the shipment of only one vehicle to an overseas location, including Alaska and Hawaii. Since most families today have two vehicles, they sell one of the vehicles.

Upon arriving at the new duty station, the service member requires transportation to and from the place of duty leaving the military spouse and family members at home without transportation. This lack of transportation limits the ability of spouses to secure employment and the ability of children to participate in extracurricular activities. While the purchase of a second vehicle alleviates these issues, it also results in significant expense while the family is already absorbing other costs associated with a move. Simply permitting the shipment of a second vehicle at government expense could alleviate this expense and acknowledge the needs of today's military family.

Travel allowances and reimbursement rates have not kept pace with the out-of-pocket costs associated with today's moves. Military families are authorized 10 days for a housing hunting trip, but the cost for trip is the responsibility of the service member. Families with two vehicles may ship one vehicle and travel together in the second vehicle. The vehicle will be shipped at the service member's expense and then the service member will be reimbursed funds not used to drive the second vehicle to help offset the cost of shipping it. Or, families may drive both vehicles and receive reimbursement provided by the Monetary Allowance in Lieu of Transportation (MALT) rate. MALT is not intended to reimburse for all costs of

operating a car but is payment in lieu of transportation on a commercial carrier. Yet, a TDY mileage rate considers the fixed and variable costs to operate a vehicle. Travel allowances and reimbursement rates should be brought in line with the actually out-of-pocket costs borne by military families.

Our Association requests that Congress authorize the shipment of a second vehicle to an overseas location (at least Alaska and Hawaii) on accompanied tours, and that Congress address the out-of-pocket expenses military families bare for government ordered moves.

Military Families – Our Nation's Families

We thank you for your support of our service members and their families and we urge you to remember their service as you work to resolve the many issues facing our country. Military families are our Nation's families. They serve with pride, honor, and quiet dedication. Since the beginning of the war, government agencies, concerned citizens and private organizations have stepped in to help. This increased support has made a difference for many service members and families, yet, some of these efforts overlap while others are ineffective. In our testimony, we believe we have identified improvements and additions that can be made to already successful programs while introducing policy or legislative changes that address the ever-changing needs of our military families. Working together, we can improve the quality of life for all these families

Kathleen B. Moakler, Government Relations Director

Mrs. Moakler has been associated with the National Military Family Association since 1995 as a member of the headquarters staff. Mrs. Moakler was permanently appointed as Government Relations 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, Megan, is an Army nurse who has served two tours in Iraq and is presently stationed at Ft. Sill, Oklahoma, and son Matthew is an Army major stationed at Ft. Belvoir, Virginia. Her oldest son, Marty, is an aspiring actor in Hollywood, California. Mrs. Moakler and her husband, Colonel Martin W. Moakler Jr. USA (retired), reside in Alexandria, Virginia.

Barbara Cohoon, Government Relations Deputy Director

Dr. Cohoon was hired as Deputy Director of Government Relations for the National Military Family Association (NMFA) in July 2006. In that position, she monitors issues relevant to the quality of life of families of the uniformed services and represents the Association at briefings and other meetings. Dr. Cohoon is a Registered Nurse with a Masters of Science in Nursing and a Doctorate in Philosophy from the College of Health and Human Services with a concentration in health policy from George Mason University. She is a member of the Honor Society of Nursing, Sigma Theta Tau. She has been published in peer reviewed health care journals. Dr. Cohoon currently serves on The Military Coalition's Veterans Affairs and Health Care Committees. She is a member of the Department of Defense's (DoD) Uniform Formulary Beneficiary Advisory Panel. She has been appointed to DoD's Defense Health Board's TBI Family Caregivers Panel, TBI Subcommittee, and the Health Care Delivery Subcommittee. Her expertise directly contributes to sustaining military service members, retirees, and their families' quality of life.

Dr. Cohoon has been a Navy submariner's spouse for over 28 years. She has been active in military spouses' clubs, various fundraisers, in the development and implementation of the first Joint Women's' Conference for military spouses and a mentor for the Command Spouses Leadership Course. She was an Executive Advisor for Fleet and Family Service Center, American Red Cross, Navy Relief Society, and Kings Bay Naval Base Medical Clinic. She received recognition as a volunteer for the CNO directed Task Force Navy Family for Hurricane Katrina evacuees. She currently resides in Old Town Alexandria, VA where she and her husband have renovated a 115+ year old home.

Kelly B. Hruska, Government Relations Deputy Director

Ms. Hruska was hired as Government Relations Deputy Director for the National Military Family Association (NMFA) in June 2007. In this position, she follows issues relevant to the quality of life of the families of the seven uniformed services, such as child care and youth, work/life issues, domestic violence, and survivors, Ms. Hruska currently co-chairs The Military Coalition's (TMC) Awards Committee and serves on the Military Construction & MWR Committee, Survivors Committee and Tax and Social Security Committee. Ms. Hruska also represents the National Military Family Association on the Department of Defense Military Family Readiness Council.

A Navy spouse for 17 years, Ms. Hruska has served in various volunteer leadership positions in civilian and military community organizations including Navy-Marine Corps Relief Society, The Girl Scouts, and Navy Spouses Clubs. She was also appointed to the City Commission on Children and Youth by the Corpus Christi City Council. Ms. Hruska received her Bachelor of Arts in Political Science from La Salle University and her Masters of Public Administration from Shippensburg University of Pennsylvania.

In addition to her work at the Association, Ms. Hruska is President of the Navy Officers' Spouses' Club of Washington D.C. Ms. Hruska and her husband, Captain Jim Hruska, USN, reside in Annandale, Virginia with their daughter, Emily.

Candace Wheeler, Government Relations Deputy Director

Mrs. Wheeler joined the National Military Family Association Government Relations staff as a Deputy Director in June 2007. However, Mrs. Wheeler is no stranger to the Association. She has been a member since 2001 and has held various positions within the organization, to include Chairman of the Board and Chief Executive Officer in 2004 and 2005. In that capacity, she served as the Association spokesperson before Congress, the Department of Defense, and the military and civilian community. She also served as President of The Board of Directors for The Military Coalition (TMC) which is comprised of 35 military, veterans and uniformed services organizations representing 5.5 million members.

In her position as Government Relations Deputy Director, Mrs. Wheeler monitors issues relevant to the quality of life of families of the uniformed services. Her areas of responsibility include Children's Education and Military Impact Aid; National Guard and Reserve Family Support, State Initiatives, to include the *Interstate Compact on Educational Opportunity for Military Children*; Absentee Voting Rights; Commissaries (DeCA); and Adoption. Mrs. Wheeler serves on The Defense Commissary Agency Patron Council; as the Co-Chair for The Military Coalition (TMC) Military Personnel, Compensation, and Commissaries Committee; and as a member of TMC Guard and Reserve Committee. She also representative the Association as an Ex-Officio member of the Interstate Compact Commission for Military Children, and as a member of the Alliance for Military and Overseas Voting Rights (AMOVR).

Katie Savant, Government Relations Deputy Director

Katie Savant started as a Government Relations Deputy Director in July 2008. Ms. Savant began working for the National Military Family Association in 2004 as a volunteer. As a Deputy Director, Ms. Savant has immersed herself in the issues of financial literacy, housing, relocation, spouse education and employment, former spouse concerns and other quality of life issues. She contributes to several publications, including *Military Money*. Ms. Savant serves on the Morale Welfare and Recreation, Military Construction and Base Realignment and Closure Committee, and the Personnel, Compensation and Commissaries Committee for The Military Coalition. She also represents military families on the Military Saves National Partners Committee and is the point of contact for US Marine Corps issues in the department.

Ms. Savant has a Bachelor of Arts in Political Science from Regis University in Denver, Colorado. She also holds a post-bachelor's American Bar Association approved Paralegal Certificate from Denver Paralegal Institute. She has worked as a paralegal in the areas of family law, health care and insurance compliance. Outside of work, Ms. Savant has volunteered with her local family readiness group to assist families during deployments.

Ms. Savant and her husband, Captain Russell R. Schultz, USMC, reside in Lorton, Virginia.

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