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U.S. DEPARTMENT OF VETERANS AFFAIRS/ U.S. DEPARTMENT OF DEFENSE COOPERATION IN REINTEGRATION OF NATIONAL GUARD AND RESERVE

HEARING

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

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U.S. DEPARTMENT OF VETERANS AFFAIRS/ U.S. DEPARTMENT OF DEFENSE COOPERATION IN REINTEGRATION OF NATIONAL GUARD AND RESERVE

TUESDAY, JUNE 24, 2008

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
Washington, DC.

The Subcommittee met, pursuant to notice, at 2:04 p.m., in Room 334, Cannon House Office Building, Hon. Harry E. Mitchell [Chairman of the Subcommittee] presiding.

Present: Representatives Mitchell, Walz, Brown-Waite and Bilbray.

OPENING STATEMENT OF CHAIRMAN MITCHELL

Mr. MITCHELL. Good afternoon, and welcome to the Subcommittee on Oversight and Investigations hearing on the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) Cooperation in Reintegration of National Guard and Reserves. This hearing will come to order.

We are here today to address what the Department of Defense and the VA are doing to help members of the reserve components reintegrate into civilian life after the return from deployment to the combat theater. Members of the National Guard and Reserves units typically disperse more widely upon their return than those in active-duty units and it is more difficult to ensure that they receive the readjustment benefits and services that they may need and have certainly earned.

National Guard and Reserve members are serving at the same operational tempo as active-duty units. Half of the veterans from the wars in Iraq and Afghanistan are members of the National Guard or Reserve. It is important for DoD and VA to work together, along with the servicemember and his or her family, to ensure a good transition from military to civilian life. Guard and Reserve members return to their civilian lives with little decompression time. Most are married. Many have children. And they often find it difficult to reconnect with families and communities. The skills and emotional attitudes that are essential in a combat environment present unique challenges if applied to the civilian life without some readjustment assistance.

Veterans of the Guard and Reserve, just as those in active-duty components, can make use of educational benefits, healthcare, and

other readjustment assistance for having served their country. Unfortunately, excessive bureaucracy makes it difficult for veterans to receive these benefits, let alone know what is available. Close cooperation between the DoD, VA, and the State is essential to ease the transition from military to civilian life. Assisting veterans and their families requires that VA be present at demobilization (demob) sites; that returning Guard and Reserve units be engaged in and be compensated for reintegration activities at thirty, sixty, and ninety-day intervals after demobilization; that families be fully involved; that DoD, VA, and the States fully cooperation and participate in the reintegration events; and that DoD, VA, and the States engage in outreach to ensure all Guard and Reserve veterans and their families know about the services and benefits available to them.

Congress recognized these needs in the most recent National Defense Authorization Act (NDAA). The Fiscal Year 2008 NDAA mandates at thirty, sixty, and ninety-day reintegration and outreach program. The NDAA also requires DoD to create an Office of Reintegration Programs and a Center of Excellence in Reintegration within the Office of the Secretary of Defense (OSD). The reserve components are awaiting policy guidance from that office so they can proceed.

Despite the slow Federal response, a number of States have stepped up and created first class programs. I know that in my home State of Arizona, the VA plays a central role in welcoming home our Guardsmen. In fact, the VA and the National Guard Bureau (NGB) are active participants in these programs in States across the country. But only a minority of States have them.

At the national level, VA, NGB and OSD for Reserve Affairs are not showing the same level of cooperation and this is unacceptable. Let me give you a very recent example. Just last week the 325th Combat Support Hospital, or CSH, an Army Reserve Unit based in Independence, Missouri, returned home from a 10-month tour of duty in Iraq. CSH units experience the absolute worst that war has to offer on a daily basis. Combat healthcare providers require the best post-deployment support that we can provide them. The 325th CSH, while deployed, is composed of four Reserve subunits from across the country. In some cases, individuals are deployed with the 325th from other units to fill certain vacancies. In order to make sure that all the members of the returning unit are provided reintegration services, DoD and the VA must work closely together and be prepared to deliver those services in multiple places nationwide. This is not an easy task, but it absolutely must be done.

Our citizen soldiers, sailors, airmen and Marines leave their families and civilian lives to put themselves in harm's way to protect our Nation. The least we can do is give them the care and respect that they have earned and deserve when they come home.

[The prepared statement of Chairman Mitchell appears on p. 31.]

Mr. MITCHELL. Before I recognize the Ranking Republican Member for her remarks I would like to swear in our witnesses. I ask all witnesses from both panels if they would please stand and raise their right hand.

[Witnesses sworn.]

Mr. MITCHELL. Thank you. Next I ask unanimous consent that the Reserve Officers Association may submit a statement for the record. Hearing no objection, so ordered.

[The prepared statement of the Reserve Officers Association appears on p. 48.]

Mr. MITCHELL. Now I would like to recognize Ms. Brown-Waite for her opening remarks.

OPENING STATEMENT OF HON. GINNY BROWN-WAITE

Ms. BROWN-WAITE. Thank you very much, Mr. Chairman. I am very glad that we are holding this hearing today, to see how well VA and the Department of Defense are cooperating in the reintegration of National Guard and Reserves.

Seamless transition of our servicemembers has not always been smooth, as we know. And it's equally important for us to review how this transition is occurring for our National Guard and Reservists, and active-duty members. State National Guard bureaus are run independently and provide a variety of programs in support of returning Guardsmen and Reserves. In Florida, we have a very strong State program in support of returning National Guard units. In July of 2005, the State legislature appropriated funds to establish the Florida Armed Forces Reserve Family Readiness Program Assistance Fund to help families of servicemembers during their deployment on an as-needed basis. This program is available to Florida residents serving in all branches of the military and it provides much needed assistance to the families of our servicemembers who may experience unexpected financial hardships during their loved one's mobilization, and ensures the family will have the resources that it needs to sustain itself while the servicemember is away.

I would like to commend my colleague, Congressman John Kline of Minnesota, for his fine efforts in developing the Yellow Ribbon Initiatives to establish a DoD-wide deployment cycle support program that provides much information and services, along with referrals and very proactive outreach opportunities for servicemembers and families throughout the entire deployment cycle. His legislation, H.R. 2090, would direct the Secretary of Defense to establish a National Combat Veterans Integration Program, to be known as the Yellow Ribbon Integration Program, to provide National Guard members and their families with information, services, referral, and outreach opportunities throughout their entire deployment. H.R. 2090 was included as part of the National Defense Authorization Act for fiscal year 2008, which became Public Law 110–181 on January 28, earlier this year.

On June 7 of this year, the State of Florida held its first Yellow Ribbon event in Jacksonville supporting families of the returning 90 National Guardsmen and their families. The Florida National Guard is currently working to implement this statewide. The Minnesota Yellow Ribbon model, as authorized in the National Defense Authorization Act, is something that all States should indeed emulate.

I look forward to learning more from our witnesses today on how they are implementing programs to serve our National Guard and Reserve components. And I just wanted to also mention, Mr. Chair-

man, that when our National Guard units are deployed what we try to do is to get together with the family members who are still here to see if there are any needs in the community. And we try to, especially now during a declining economy, we try, for example, if there is someone who might be having some plumbing problems in the house, we try to get some people to volunteer from the community to help the families. And I think that this has worked very, very well in our district. And I would encourage other members to do the same.

I appreciate the opportunity that you have given this Committee by holding this Committee hearing today. And I thank you, and I yield back the balance of my time.

[The prepared statement of Congresswoman Brown-Waite appears on p. 32.]

Mr. MITCHELL. Thank you. Congressman Walz?

OPENING STATEMENT OF HON. TIMOTHY J. WALZ

Mr. WALZ. Well, thank you Mr. Chairman and Ranking Member Brown-Waite, and thank you to all our witnesses who are here today. This is a very important topic. It is not an afterthought. It is part of the spectrum of care that we deliver to our soldiers to make sure that their well-being as well as this Nation's well-being and security is taken care of.

I am very proud to have watched the development of the Beyond the Yellow Ribbon Campaign. I spent 24 years in the National Guard, in the Minnesota National Guard, and retired as a Command Sergeant Major out of that fine organization. I know when I returned back and we were all put in a room, those combat veterans and those of us who were on service and support missions, back early in these conflicts we were put in a room for reintegration and we had a nice talk from the chaplain, and we watched The Horse Whisperer, and we went home. And I still am not sure what the message was. But I know we learned it was not the right way to do it. And I applaud, I applaud our leaders out in the National Guard and Guard Bureau. We have an Adjutant General in Larry Shellito in Minnesota with a vision and an understanding of what needed to be done here. And in some cases he butted his head up against DoD directives and he said, "Um, no, we do not care if you tell us we cannot have them back for the first 30 days. We are bringing them back. And we are going to find a way to pay them and we are going to find a way to bring their family in. And we are going to find a way to get beyond these institutional obstacles that were put up."

And they have some data and some metrics we are starting to measure. One of the things is—I think that is a fantastic statistic—99 percent of our soldiers who deployed, and by the way that Red Bull Battalion, our division that went, has the distinction of serving the longest tour of duty in Iraq of any unit in the United States military. And some of their numbers are, 99 percent of them are enrolled in the VA and are captured with their information. Minnesota has something that goes the next step, it is the County Veterans Service Officers (CVSOs). And those CVSOs are given the DD-214s immediately upon return that so we are not tracking them down or trying to find out who these soldiers are. Unfortu-

nately for our Reserve and our active-duty forces the same is not true. And so while the National Guard is in a unique situation of deploying and then dispersing, they have done a better job of capturing them than the regular Army soldiers who came back after their Expiration of Time and Service (ETS) date and dispersed.

So I think, and I agree, that nationalizing to a certain degree and having DoD and VA work together with the services to make sure we have a national policy implemented, and one that works best for each of the States, is the way to go. I would have to tell you that I am hoping we are going to hear from DoD today because my concern lies with them. I am seeing great cooperating out of the National Guard Bureau. I am seeing fantastic leadership, whether it is Florida or Minnesota or the other States. But I'm quite honestly seeing some of the same bureaucratic drag that sees this as an added burden rather than a force readiness and a force protection issue of making sure, because all of us hope that we will not need to redeploy those same soldiers we are reintegrating, but we will, probably more than likely we will.

So it is in everyone's best interest to make sure that they and their families are as well taken care of, as reintegrated as possible. And the research is out there. The will seems to be out there. And this Committee has been committed to making sure that we do whatever is necessary to make sure reintegration is uniform and it can be measured with outcomes that are positive for those soldiers and for the families. So I look forward to our testimony today from people who have experienced this, who are talking with our soldiers and sailors, Marines and airmen, as we are. And tell us what we need to do to implement this. Because we're fast approaching that fourth quarter where DoD is supposed to have this implemented. And I'm hoping someone is out there today to just stand up from DoD to tell me how they are doing. And with that I yield back.

Mr. MITCHELL. Thank you very much. I ask unanimous consent that all Members have 5 legislative days to submit a statement for the record. Hearing no objection, so ordered.

At this time, I would like to recognize Mr. Patrick Campbell, Legislative Director for the Iraq and Afghanistan Veterans of America (IAVA), and Mr. Joseph Sharpe, Deputy Director of the National Economic Commission for the American Legion. And I would first like to recognize Mr. Campbell and then Mr. Sharpe for 5 minutes each.

Mr. Campbell.

STATEMENTS OF PATRICK CAMPBELL, LEGISLATIVE DIRECTOR, IRAQ AND AFGHANISTAN VETERANS OF AMERICA; AND JOSEPH C. SHARPE, JR., DEPUTY DIRECTOR, NATIONAL ECONOMIC COMMISSION, AMERICAN LEGION

STATEMENT OF PATRICK CAMPBELL

Mr. CAMPBELL. Mr. Chairman, Ranking Member, Congressman Walz, thank you for this opportunity to testify on behalf of the Iraq and Afghanistan Veterans of America. This issue is very personal to me. As a Guardsman who is still in the Guard, who also served

in Iraq, this is about my experience and about the experience of the people I served with.

I do want to take this opportunity to say thank you to the Chairman and the Ranking Member on behalf of all your work that you did with the GI bill. When I looked at who I was going to be testifying in front of I said, "These are two people who are definitely heroes in the veterans community right now." So thank you for all the work that you've done.

To be honest, writing this testimony has been really hard for me. I know the Chairman and the Ranking Member have heard me talk a little bit about this story that I'm about to tell, but this testimony has taken me down a long road of some repressed memories. I looked in my journal that I kept while I was over there, and 3 years ago today we were conducting a raid in Baghdad. It was one of the first days that we weren't actually on the tip of the spear. We were just pulling security, doing what's called an outer cordon. It was late night. It was clear. Well past curfew, no one should have been on the road. And then we saw a man start walking toward us. He got closer. We started yelling, "Stop!" He got closer. And the gunner who was guarding that corner fired a five round burst, which, you know, had two tracers, it was pretty loud, it scared everyone. And the man kept coming. He kept firing warning shots, kept firing warning shots, until the man literally was standing right in the middle of our group at two o'clock in the morning. As if he didn't even acknowledge the fact that he was being shot at, or he was surrounded by servicemembers. He walked out the other side.

And I remember thinking that every one of us that day had the opportunity, and probably the responsibility, to shoot and kill that person because he was a danger to the unit. No one did. And I remember spending the rest of that night listening to a particular sergeant, who was my mentor, basically rip into us for not taking the shot, not making that tough choice. Because he said that, "we were pretty [blank], very lucky this time." If he was a suicide bomber, he probably, most of us would, already be dead. "Remember we are fighting a war and your enemy will not show you any mercy. Next time you take the shot, damn it."

This person was an exemplary non-commissioned Officer (NCO). He put his fellow soldier above himself and I looked up to him. He saved my life many times while I was there and I'm sad to say that after we got home from Iraq, the first time that I saw him after that he was lying in a casket. It was this past Memorial Day and, we had just gotten orders that we were going back to Iraq. And unfortunately, the armor, the psychological Kevlar that he put on in order to get himself and get us through the experience that we were in Iraq, he couldn't take it off when he got back. The very thing that made him strongest, that made him our leader, made him the weakest and made him to be the person that we had to say goodbye to on Memorial Day.

This hearing is on the intersection between the Departments of Defense and Veterans Affairs. Integration issues become especially important for Guard and Reservists because we are both within DoD and within VA. Now, I will say this. The good thing is that there are already model programs that have already been talked

about here today. The Beyond the Yellow Ribbon Program is so far ahead of what everything else that's currently going on. I can tell you the only time I ever heard from VA in the first year that I got back was a letter saying that I got my Social Security number stolen and I should check my credit report. The first time I went into VA I had to have someone who was a Committee staffer on this Committee tell me to go.

The Yellow Ribbon Program is a model program because it focuses on a holistic approach that deals not only with the soldier, Guard, and Marine, but also deals with their families. It gets them into counseling, it gets them a job, and finds them something to do. Which is important because I truly believe that idle hands are the devil's playground. But within that program there are a couple key pieces that even if we don't implement the Beyond the Yellow Ribbon Program that we must have in order to have successful reintegration.

First, is mandatory face to face confidential counseling with a licensed professional. I cannot tell you how embarrassing it is to be walking through the aisles of Barnes and Noble talking about my experiences in Iraq to the Post Deployment Health Reassessment (PDHRA) on my cell phone. I had to try to find an aisle where no one was reading books so I could tell them the story about the time where I had to reach into someone's cranial cavity and, then had to give the man mouth to mouth. I shouldn't have to do that over the phone.

Second, is we need to greatly expand the VA outreach programs. I'm happy to say that the VA has started to outreach to all those people who have not sought the VA for healthcare. But that's got to be a first step. We need to have a relationship that is modeled after the relationships that college alumni associations develop with their members, that start before you even become an alumni. That starts before you become a veteran. The VA needs to be a part of your life the day you join. You should get your VA card when you enlist. I mean, when get your ID card, you should already be enrolled in the VA system.

The last and probably most importantly is that the VA and DoD need to declare war on mental health stigma. I feel bad but I've sat in hearings or meetings where people say, "Oh, we've taken care of stigma." And I looked at them and I said, "You know, you've got to be kidding. That program that you just talked about was pretty much a joke." It needs to be a coordinated effort that deals with a servicemember, their family, and the public as a whole that tells people, "It's okay to get counseling." And shows people what that actually will do for their lives.

I'm beyond my time but I really appreciate this opportunity and I look forward to your questions.

[The prepared statement of Mr. Campbell appears on p. 32.]

Mr. MITCHELL. Thank you, Mr. Campbell. At this time, Mr. Sharpe?

STATEMENT OF JOSEPH C. SHARPE, JR.

Mr. SHARPE. Mr. Chairman and Members of the Subcommittee, thank you for this opportunity to present the American Legion's views on VA and DoD cooperation in reintegration of the National

Guard and Reserves. The American Legion commends this Subcommittee for holding a hearing to discuss the importance of assisting our Reserve component as they make their transition back to civilian life.

With the ending of the Cold war, the Department of Defense dramatically downsized its personnel strength. In 1990 Congress, in an attempt to assist separating servicemembers in making a successful transition back into the civilian workforce, enacted Public Law 101–510, which authorized the creation of the Transition Assistance Program, TAP. This law was intended to assist servicemembers, especially those who possess certain critical military specialties that could not easily transfer to a civilian work environment with education and career services. DoD's TAP and Disabled Transition Assistance Program (DTAP) are designed in conjunction with the U.S. Department of Labor (DOL) and the Department of Veterans Affairs to help prepare not only separating servicemembers but also their families for a seamless transition to civilian life.

Last year more than 386,200 servicemembers were discharged from active-duty status and more than 500,534 servicemembers demobilized from active-duty service. As mentioned, Public Law 101–510 mandates pre-separation counseling for transitioning servicemembers. These programs consist of specific components: pre-separation counseling, employment assistance, relocation assistance, education, training, health and life insurance. DTAP is designed to educate and facilitate disabled veterans to overcome potential barriers to meaningful employment. Currently, VA, DOL and DoD operate 215 transition offices around the world.

VA in the last several years has improved its outreach efforts, especially its efforts to reach and inform active-duty servicemembers preparing to leave the military. The American Legion still remains concerned, however, that many transitioning Operation Enduring Freedom and Operation Iraqi Freedom veterans are not being adequately advised of their benefits and services available to them from VA and other Federal and State agencies. This is especially true of Reserve and National Guard units that are often demobilized at hometown Reserve centers and National Guard armories rather than active-duty demob centers.

VA and the Department of Defense have made strides toward improved outreach. Unfortunately, VA's efforts regarding TAP are hampered by the fact that only one of the services, the Marine Corps, requires its separating members to attend these briefings. This flaw in the system did not escape the Veterans Disability Benefits Commission and resulted in a recommendation that Congress mandate TAP briefings and attendance throughout DoD. The American Legion strongly agrees with that recommendation. In order for all separating servicemembers to be properly advised of all of the benefits which they may be entitled to, it is crucial that Congress adequately fund and mandate both TAP availability and attendance in all of the military services.

VA also affords separating servicemembers the opportunity to start the disability claims process at least 6 months prior to separating from active duty through its Benefits Delivery at Discharge (BDD) Program. Unfortunately, this program is not available to all separating servicemembers with service related medical conditions

as the program is only available at 140 military installations. Necessary measures, including adequate funding, should be taken to ensure that all separating servicemembers, including members of the National Guard and Reserves, have the opportunity to participate in the BDD process if they so desire.

Finally, America asks its young people to serve in the armed forces to guard and defend this great Nation and its way of life. Their selfless service provides millions of Americans with the opportunity to pursue their vocational endeavors. The successful transition of the servicemember back into the civilian workforce must be a shared responsibility, especially if that servicemember has suffered service-connected disabilities. There is much talk about seeing this transition between DoD and VA, but it goes far beyond that. It should be a seamless transition between all Federal agencies involved in the Transition Assistance Program.

This concludes my comments. Mr. Chairman, thank you for allowing the American Legion to present comments on these important matters. Thank you.

[The prepared statement of Mr. Sharpe appears on p. 35.]

Mr. MITCHELL. Thank you, Mr. Sharpe. I have some questions. First, Mr. Campbell. In your personal experience with redeploying back home, what are the major problems you encounter with the VA or even the DoD?

Mr. CAMPBELL. Well, major problems were, one, that I was one of those individuals who was attached to a unit. So when I came home, I separated and I never had anyone checking in with me ever since I've gotten home. You have the fracturing of the unit—once you come together, from piecemeal as a unit, and you go overseas, and you come back and you fracture all over the place. Usually only the larger masses get some help.

The second problem is, is that, a lot of people didn't even know that they had a 2-year, it was 2-year back then, a 2-year window to go use the VA. It was only because one of the wives of the servicemembers we served with actually worked in the VA, and came in and did a briefing that anyone found out.

Third is that we still don't require people to go get counseling. I remember, this is going to be awful to say, the last person from my unit to commit suicide was on the same weekend that the VA did a model program for post traumatic stress disorder (PTSD) with my unit. They brought half my unit in to do a counseling program and the other half got to stay home. Well that same weekend one of the guys committed suicide. We need to have a concerted effort that goes out to every single servicemember that comes home that involves them in the VA at multiple levels. It can't be a one touch and we leave them. It needs to be a relationship.

Mr. MITCHELL. Thank you. Mr. Sharpe, what are the three biggest issues you currently see facing Guardsmen and Reservists when they reintegrate after being redeployed?

Mr. SHARPE. The number one issue is that they're not all benefiting from a comprehensive TAP program. When I returned from Iraq, we had our demob. Our demob site was Fort Bragg. Prior to my deployment, since I've already, since I'm with the American Legion and I've worked with VA pretty closely, I know the system fairly well. However, when that VA representative came to talk to

my unit their message was not in fact clear. They sent out a lot of mixed messages. We were told that we had these VA benefits but since we were a unit made up of servicemembers from ten different States that we were also told that depending on which State that you're from, that VA medical center closest to you, you may not receive any services by the fact that they're overcrowded. That's a mixed message.

One thing I had told members of my unit, once you return you're going to be offered a full physical and you need to sign up for it. The VA representative and the DoD representative in fact stated that you have a choice between having a full medical physical and an abbreviated one. That particular day, practically 95 percent of my brigade signed up for that. And the very next day they looked at the list and that representative said, "Well, all of you have signed up for this full physical but you need to know what that entails." And the one thing he said was that you're going to have a prostate exam and you know what's going to happen to you. After he said that, 85 percent ran up to the front of the room and crossed their names out. Maybe only thirty people had that exam and at the end of the exam we had two members that came up with precancerous conditions. And they would have never had known about that if they had not gone through that exam. So that's another problem.

The second problem was no one was aware that they were being offered two years of free medical care. No one understood that they could also opt with 6 months of free TRICARE. After a year, a lot of individuals in my unit didn't realize that they had missed the opportunity to sign up for TRICARE. A lot of them really didn't know that they had VA benefits. It was like the briefing that we had meant completely, it did not have a lasting impact because it was so abbreviated, there were so many mixed messages, and many of them got the impression that VA really doesn't want to take care of them. That was the first concern.

The second was a lot of members of my unit came back with all type of psychological trauma. We had individuals that lost their families, ended up homeless, they were sleeping in their cars. A lot of substance abuse. One evening a bunch of us got together and someone mentioned, "Is anyone having any mental health issues?" Practically everybody in the room raised their hand. And then someone asked, "But where do we go for help?" So, again, that wasn't made clear to them, that there was a place to go for that type of assistance. Many individuals had lost their jobs. Their companies made all type of excuses, of, "Well, the training program we have, we had then is no longer in existence." Or, "We have downsized." Or, "We have no need for you." So that was another huge problem.

Again, a lot of these individuals are married. They have families. They're from all over the country. And the TAP briefing that we had was just not adequate. And we didn't have a followup. So when someone is deployed this should be a natural part of you being in the service. Constant briefings. A clear understanding of what your benefits are. And kind of an open door policy. But that was not the case with us. And I've been deployed twice.

Mr. MITCHELL. If the rest of the Subcommittee will indulge me, just one quick question. When you had your debriefing, or your discussion as you were redeployed, was there any followup by mail? Or was the only thing you had, was it done verbally and that was it?

Mr. SHARPE. There was very little followup. Now, since I was already in the VA system and since I knew to apply for a service connection, and since I was also enrolled in TRICARE, okay, I did receive some followup maybe 6 or 7 months later. But when I questioned other members of my unit that had not applied to VA, weren't aware of their TRICARE benefits, many of them received nothing because they just didn't seem to know that they could go to the VA for help. They didn't know that they could apply. They didn't understand what a service connection meant. And, as far as the Department of Labor, you know, they weren't aware that they could go to the one stop shops, you know, for employment assistance from the Disabled Veterans' Outreach Program (DVOP) and Local Veterans' Employment Representatives (LVERs). Very little, very few of them knew that they could also get assistance for the, you know, their families and finding homes and that type of thing.

Mr. CAMPBELL. I had a very similar experience. I was told that I'd get TRICARE paperwork within 6 months of coming home so that I could re-enroll. I got 6 free months and then I never got anything. And actually to this day I'm still frustrated about that because I missed out my opportunity to buy into TRICARE at a lower cost. And, then I had to pay my school an exorbitant amount of money to enroll in healthcare when I didn't need to.

Mr. MITCHELL. Thank you. Ms. Brown-Waite?

Ms. BROWN-WAITE. Thank you, Mr. Chairman. And I want to thank both of our witnesses for their service. Words cannot express how much your ability and willingness to be in our military today means to so many people.

I would ask if in your experiences and talking with other returning servicemembers what kind of programs that you see are most successful in reaching out to our Guard and Reservists? One of the things that we have been doing recently is, we will have a family night where we actually give the information to the spouses and other family members. A mother, or mother and father, if the servicemember isn't married, to let them know what the servicemember will be eligible for. I would like to hear from both of you as to what else you found that is helpful.

Mr. SHARPE. I believe there should be a standardized program for all the Reserve and National Guard. I know some States are more proactive than others but that shouldn't be the case. Everyone should have the same opportunities. Right now, we have veterans moving to various States because they know that they're going, the benefits are better. The military has done a great job as far as having mandatory, I guess, workshops on sexual harassment, or other subjects, other areas of importance, and that should be one. There should be a mandatory program that all Reserve and National Guardsmen go through. We generally have Uniformed Services Employment and Reemployment Rights Act briefings on a regular basis. But there should also be some more from VA or the Department of Labor, who consistently comes to the unit, maybe three or four times a year and give these type of briefings. And,

it should be done during family day. Because if the servicemember misses the information, then you have a second person that may get it. But there should definitely be a national program where everyone gets the same benefits, and it should be mandatory.

Ms. BROWN-WAITE. Mr. Campbell?

Mr. CAMPBELL. I actually spent this morning talking with a bunch of veterans service organizations (VSOs) and a private company that was looking into implementing one of the Dole-Shalala Commission reports requiring a single portal for understanding a veteran's benefits. The whole conversation dealt specifically with the ideas, of answering the question "What am I entitled to?" And even if I do know what I'm entitled to, how do I actually access those benefits? Right now if you go to the VA Web site or you go to the DoD Web site, I mean you're going to get lost in Web pages. So one of the number one priorities is boiling down that information. Military One Source is a great opportunity for people to call in but there's no Web site equivalent that shows you what you're entitled to. That's priority number one.

Number two, the welcome home events, the phone calls, the e-mails, like I said, it's not going to be just one thing. It's reaching people in different ways. I don't get e-mails from the VA. I get letters from the VA. But I come from a generation that almost deals specifically in text messages and e-mails. The VA's doing this call center where they're calling 500,000 veterans, which is great. But how else are we touching them? Are we sending them e-mails? Are we sending letters? I mean, the VA doesn't have a program where you can sign up and say, "Hey, send me some stuff about education. Send me some stuff about small business programs. It needs to be a relationship, not just a touch and go.

Ms. BROWN-WAITE. My last question before I run out of time is the Marines actually make the Transition Assistance Program mandatory. The other branches do not. Do you feel, if both of you would reply, do you feel that this should be mandatory for the other branches of service? That TAP would be of great help to the servicemembers also?

Mr. SHARPE. Absolutely. At least by going through TAP you are aware of what benefits that you have. And, and it should not be toward the end of your career, but it should start as soon as you sign up to the military. We have visited various DoD facilities across the country and we've had town hall meetings with hundreds of soldiers and Marines. And that seems to be the biggest complaint, of them not being able to access their benefits and not knowing what's available to them. And it should be a mandatory program. And I think that would solve a lot of our problems.

Ms. BROWN-WAITE. And I think if you combine that along with Mr. Campbell's suggestion of having an e-mail sign up list——

Mr. SHARPE. Exactly.

Ms. BROWN-WAITE [continuing]. As benefits change——

Mr. SHARPE. Right.

Ms. BROWN-WAITE [continuing]. There would be an instant updating.

Mr. CAMPBELL. That's very funny, because that was the exact feature that this new program that they were working on would do. You put in what you would want to find and then every day it

would update what the new programs available under this subject. Technology can solve a lot of these problems, but we need to invest in it and actually make it happen. And I also just want to say that we need to be careful with anything we do at the end of a tour, because I call it the duffel bag syndrome. They give you enough stuff the last couple days you're there to fill up a duffel bag. You keep it in the duffel bag until about a year later and you're dumping it out going, you know, "What is all this?" It needs to be consolidated. It needs to be put in a way that's understandable. Hard copy, digital copy, it needs to be put up everywhere.

Ms. BROWN-WAITE. Thank you. I yield back the balance.

Mr. MITCHELL. Thank you.

Mr. Walz.

Mr. WALZ. Well, thank you both for your testimony. And when it is this Committee, and I hope that your fellow Americans, are thanking you for your service, but I think it should be in deed and not just in words. So I am pleased to sit on this Committee that I think is starting to deliver. And I want to thank, of course, the Legion for decades of work and of advocating for these very things. And I think there's a new voice on the Hill, one that is gaining great respectability and great accountability, and it is the passionate voice of IAVA. So I thank you for that. And I thank you, and when legislation comes forward like our Pain Care Relief Bill, I appreciate you helping advocate for that. It makes a difference being in this together.

Just a couple of things here that I am hearing. And I really appreciate, I think you are onto this. This Beyond the Yellow Ribbon and watching how this worked, and your experience is exactly right. The prostate example is exactly it. When you are sitting in those billets and you have been gone from home for quite a while, and then they tell you that if you go see these people you might be there an extra day or two, you do not, you want to be outside the wire in three minutes. And you will tell them whatever they want to hear. And I had soldiers who were hurt, and I had to drag them down there myself because they were concerned about that. So I think that as we are starting to get this right, and I think in Minnesota where we have made it part of it, we have brought them back in, we have paid them on unit training assembly on drill weekends, brought their families in, made this part of the, you know, it was very clear cut on what was going to happen, there was much more of an acceptance.

And I also think you hit on a couple very important points, of getting it unified, standardized or whatever. I think, Mr. Campbell your point on the mental health side of this, all of those who have been in know how critical this is. And it is difficult to change a culture. It takes a long time. And it is not just a military culture, it is a culture here in the United States as we deal with mental health and what we consider to be acceptable treatment or levels of acceptability. So I am deeply sorry for the loss of your sergeant. It is a story that we hear all too often. It is all too, it is all too common.

But I do not think you should be surprised at what is happening and the slowness to get this done. We have had, and I just want to give you this. We have witnesses that testify in front of us, ex-

pert witnesses that are brought into this panel, that write books like "How the Helping Culture's Eroding Self-Reliance," "Addiction Isn't A Brain Disease, Congress," "Stressed Out Vets, Believing the Worst About PTSD and Mind Games," "Senate Mental Health Parity Bill Ill Conceived and Wrong." There is still a very strong emphasis here of saying that these are things that really are not that big a problem. And I think we have to be very realistic as we are trying to implement these and push them forward that you are simultaneously battling the idea that maybe this is not needed. And I said what we need to be able to prove is, and what I am concerned about is, prove the metrics that we are getting something out of this. Prove that we actually are doing the things that we say we are going to do. Be able to prove the quality of life. And I think that is what we are starting to see in Minnesota because the outcomes are what was most important and they back planned from the outcomes. What they wanted was healthy families, healthy warriors at the point that they were back into the society and figuring out how to get them there.

So I have a couple of questions, again. I am asking you both to speculate on this. Why do you think we experience such resistance from the VA and DoD in allowing us just to simply register people with their DD-214 to the VA immediately? Mr. Campbell, you said you even took it a step further and said the day you raise your hand is the day you should be enrolled in the VA. I said if we cannot do that, at least the day you leave you should automatically be enrolled. And I get the answer, things like, "Well, that is personal data," and again, it is we cannot force someone to enter into the system. We are not forcing them to enter into the system. We are forcing them to capture the data and be available, that it is there. And so I am just, your opinions from the two of you, why do you think we experience that resistance? They give me things like they are afraid we will lose the data. Now, if there is anybody in here who does not find that, if it were not so sad it would be humorous, about the VA talking about losing data. Because none of our County Veterans Service Officers have done that, who are trying to enroll them. So I am just curious.

Mr. SHARPE. My opinion as far as spending some time working with the VA and visiting many of the VA facilities around the country, and also when I was on active duty I was in the medical corps, so my last assignment was Walter Reed, is that both institutions are just overwhelmed. When we deployed back to Fort Bragg and we visited Womack there were just so many veterans coming, I mean, there were so many people demobing and leaving Fort Bragg. The hospital staff was obviously stressed out. They really didn't want individuals to go through the full physical because they didn't have the staff members to do it.

Mr. WALZ. Mm-hmm.

Mr. SHARPE. Same thing with the VA. A lot of VA facilities are underfunded. You know, staffing is a problem. They would rather just take the easy road when they feel like they're overwhelmed and can't handle it anymore. And I think that's the big problem, is that we just don't have enough facilities to handle it. We're still closing VA hospitals. We've closed half of DoD medical facilities. Prior to being in the Civil Affairs Military Occupation Specialties

(MOS), I was in a combat stress unit. We had 13 such units across the country. Eight of them were demobilized. So I had to find another unit, another MOS to get into. So we just didn't, for this war we just didn't have the medical capacity to handle the huge numbers of individuals.

Mr. CAMPBELL. I've always said that if all the people who needed help from the VA were to all ask for help at once the VA would break underneath the weight. And I think that that's a problem. I remember the first time this issue came up, an office was asking me about a bill that would require this same thing. And the first line we got back was, "Oh, it's a Health Insurance Portability and Accountability Act (HIPAA) protection. You can't share information." And I kept thinking to myself, "It's similar," in HIPAA there's waiver for similar populations. And what it came down to me, basically, was they don't look at servicemembers as a similar population to veterans, which to me when you're talking about seamless transition, you're making a nice big gorge in between the two, and where it doesn't need to be. Only because we have drawn the lines like that. No one in their right mind, draws lines like that. It's all one part of the process. You're a student and then you're an alumni. You're a servicemember and then you're a veteran.

Mr. WALZ. I yield back. Thank you, Mr. Chairman.

Mr. MITCHELL. Thank you.

Mr. Bilbray.

Mr. BILBRAY. Thank you, Mr. Chairman. First, Mr. Campbell, I apologize for missing your testimony but I appreciate your candor and your personal experience on this. So we pretty well agree that we should try to have as uniform structure as possible across the services. I hope you all, the challenge is going to be the Reservists. I mean, we sometimes forget that we are actually 50 sovereign countries that have joined together into a federation. And the ability for the Federal Government to always be imposing on those States certain standards is an interesting tightrope we have been pulling for a long time.

Though I have to say, your points, both of you, is the point that, I have to say just coming from local government that if you were, we were talking about a certain population that was homeless, a population that had committed crimes, a population that, what, may not even be legally present in the United States, the access and information and the access to services are so pre-structured for those populations better than what we have with the VA and veterans. There are nonprofits out there falling over themselves, getting Federal grants to provide services to people that have never earned the right of these services. And that is mandated by so many different laws that those, that information has to be available and those groups or agencies are serving it, to where sadly we do not give the same type of attention to those who have earned the right of these services. And I guess I always try to remind people these are, this is not a welfare program. These are earned privileges that were earned out in the field by working on it.

The question is, Mr. Campbell, you talk about the use of technology. When you get a phone call from the VA, is it a personal phone call? Is electronic reverse 911?

Mr. CAMPBELL. I've never gotten a phone call from the VA. I have gotten a phone call from the DoD and it is, it is one of those calls that we used to do when we worked on campaigns where it, it was an automatic dialer.

Mr. BILBRAY. Yes.

Mr. CAMPBELL. And then as soon as you picked up you would be then, there would be a long pause and then they would get you to a live person. And it would say, "Sergeant Patrick Campbell, please hold for the PDHRA, Post Deployment Health Reassessment Team," and then another pause. And then you would talk to someone who was a licensed physician assistant who had only 1 or 2 days of actual mental health training.

Mr. BILBRAY. Okay. So they are using a form of the reverse 911? Because it, you know, we have used that now for disaster preparedness and voting and everything else now, to where you literally can customize it and get ahold of people who on a certain cause saying, you know, because you are putting notice that you have this, this, and this down there. I will tell you something, the biggest challenge I have is that as somebody that was born at a naval reservation, you know, grew up going from one Navy base to the other, I think there is 10 years of my life between when my father died and when I started in college that I was not either in the military establishment, on VA going to college, or working in government. Bureaucracies inherently are insensitive and ineffective. And a big bureaucracy tends to be bigger than that.

My question though is that working on this population, I think that we have to be talking about not just the services that are not or are available to you once you get into the States. I think we have grossly underestimated, especially to Reservists, the impact that we have had that modern transportation has done to the veteran when they come back. I have worked with law enforcement where the suicide rate is statistically higher, of the problem of going from in harm's way and then coming home to the wife and kids, and going back and forth, and the psychology effect. And I just ask anybody to think about, those of us in Congress, when you wake up in the morning and you try to figure, "Am I in the district, or am I in Washington? Where am I?" Veterans go through this whole process, of where am I. I think there is really a gross underestimating about the effect of pulling somebody out of a war zone, flying them back in a couple days, and putting them in with their family immediately. And not understanding that until Vietnam there was always a decompression. There was always more ability to brief and debrief before you were put out onto the street. And I think that as tough as it is for our regular forces our Reservists are hit the hardest. I do not know where we find the system, and I think maybe working with our veterans organizations that actually being these agents, I think that we probably ought to do more at literally contracting to our veterans organizations, as contractors of the United States Government, just as we do with certain nonprofits for other targeted populations and do as much for our veterans that we're willing to do for a hell of a lot of other people running around this country who did not earn that. Any comments about that, Mr. Sharpe?

Mr. SHARPE. I agree with you. I'm still in Reserves. We're currently training individuals to go all over the world. I was involved in a training exercise a few months ago where we trained about 75 individuals, Army Reservists and Navy. At the end of the 4 weeks, we sent them to 6 different countries. And during that time, you know, we're trying to prepare them not only to go into theater but what it's going to be like for them once they return. And so of course we try and give them a briefing of the benefits that they may not be aware of.

A lot of them do come back within a few days. They're back home with their families. And because of that there are a lot of adjustment problems. As I mentioned earlier, many of them are having problems with employment and employers. We know that a lot of employers now are reluctant to hire Reservists because they know they're going to be deployed more than once. We have employers that are afraid of PTSD. They're not really sure what that is. We have employers that are asking for individuals' DD-214s. They want to see if they're service connected. Once they find out they're service connected, they will let them go. And those are all the problems that we're encountering now.

With the universities, a lot of the universities are discovering that these veterans are not prepared to come back into the classroom. They don't know what to do for them. We're trying to get a lot of them to start setting up mental health programs on campuses to take care of that. Luckily, the American Legion has 15,000 posts across the country so we've instituted a lot of our own programs.

Mr. BILBRAY. Does the American Legion get any Federal funds to provide the support facilities for veterans?

Mr. SHARPE. No, we don't. It's all from membership and a lot of fundraising. My post here in Washington, we work a lot with Walter Reed and a lot of the things we do for Walter Reed, the soldiers there, comes out of our own pockets.

Mr. BILBRAY. Well, thank you. I know this may be a controversial statement, Mr. Chairman, but I think that we, I know my time is up. But I think we need to take a look at the possibility of providing the same type of grants to our veteran organizations to provide these services as we have for other groups to provide targeted populations. I yield back.

Mr. CAMPBELL. Can I actually just say one thing about that?

Mr. MITCHELL. Yes.

Mr. CAMPBELL. H.R. 67 did something similar to that, not to the veterans service organizations, but to the county veterans service organizations. And I think there right now is a battle between the Senate and House versions of that. And I think for ever dollar we spend in a county service organization, I think a State gets $12 into the economy because, you know, they are so successful at helping people find their benefits. And I think this has already been passed through the House. You've already made an investment to say that something like this is important. We just need to actually see it all the way through.

Mr. BILBRAY. And Mr. Campbell, I was the Chairman of San Diego County when we founded our county veterans services. So thank you for bringing that up.

Mr. MITCHELL. Thank you. And one last question, Patrick, to you. Do you believe that when you're talking about the outreach program, that TV would help? There's nothing on TV now. Would TV help?

Mr. CAMPBELL. We actually are implementing a large campaign with Ad Council. Ad Council, the people who do the Smokey the Bear ads. Because we believe that, we need to be reaching out to veterans where they are. That's going to be TV. That's going to Internet ads. It's going to be all forms of reaching out. And we encourage DoD and VA to work with us to help, echo that campaign. Part of that's going to be demystifying. The idea of combat stress. Rebranding mental health issues. But also getting out a central location, bringing everyone to a central location, saying, "This is where you find your resources. This is where you find your benefits." That reaching out and centralization of infomation is what this generation of veterans needs.

Mr. MITCHELL. Thank you. And thank you, Mr. Sharpe and Mr. Campbell, for not only coming today but also for your service to this country, and to the groups that you represent. Thank you very much.

I would like to welcome the second panel to the witness table, if they would. And I will begin as the panel takes their seats. For our second panel we've invited the OSD Reserve Affairs to talk about their progress on the NDAA mandated Yellow Ribbon program. And rather than provide a live witness, Donald Nelson, Deputy Assistant Secretary of Defense for Reserve Affairs, submitted written testimony.

[The statement of Mr. Nelson appears on p. 46.]

Mr. MITCHELL. If any Members have questions, we can submit these for the record.

At this time I would like to recognize Colonel Corinne Ritter, Director of the Army Reserve Surgeon Forward for the U.S. Army Reserves; Sergeant Major Janet Salotti, U.S. Army Retired, who is the Chief of Reintegration of the Office of Joint Manpower and Personnel for the National Guard Bureau; and Major General Marianne Mathewson-Chapman, U.S. Army Retired, who is the National Guard and Reserve Coordinator for the Office of Outreach to Guard and Reserve Families of the Veterans Health Administration. Major General Mathewson-Chapman is accompanied by Dr. Edward Huycke, Chief Department of Defense Coordination Officer for the Veterans Affairs Administration; Dr. Alfonso Batres, Chief Readjustment Counseling Officer for the Veterans Health Administration; and Karen Malebranche, Executive Director for OEF/OIF for the Veterans Health Administration; and Bradley Mayes, Director of the Compensation and Pension Service for the Veterans Benefits Administration (VBA). At this time I would recognize Colonel Ritter, Sergeant Major Salotti and Major General Mathewson-Chapman for up to 5 minutes each. And we can begin with Colonel Ritter.

TESTIMONY OF COLONEL CORINNE RITTER, DIRECTOR, ARMY RESERVE SURGEON FORWARD, UNITED STATES ARMY RESERVE, U.S. DEPARTMENT OF DEFENSE; SERGEANT MAJOR JANET SALOTTI, CHIEF, REINTEGRATION OFFICE, OFFICE OF JOINT MANPOWER AND PERSONNEL, NATIONAL GUARD BUREAU, U.S. DEPARTMENT OF DEFENSE (ON BEHALF OF LIEUTENANT GENERAL H. STEVEN BLUM, CHIEF, NATIONAL GUARD BUREAU, U.S. DEPARTMENT OF DEFENSE); AND MAJOR GENERAL MARIANNE MATHEWSON-CHAPMAN, USA (RET.), PH.D., ARNP, NATIONAL GUARD AND RESERVE COORDINATOR, OFFICE OF OUTREACH TO GUARD AND RESERVE FAMILIES, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY EDWARD C. HUYCKE, M.D., CHIEF DEPARTMENT OF DEFENSE COORDINATION OFFICER, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ALFONSO BATRES, PH.D., M.S.S.W., CHIEF READJUSTMENT COUNSELING OFFICER, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; KAREN MALEBRANCHE, EXECUTIVE DIRECTOR OF OEF/OIF SECTOR, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND BRADLEY G. MAYES, DIRECTOR, COMPENSATION AND PENSION SERVICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF COLONEL CORINNE RITTER

Colonel RITTER. Good afternoon Mr. Chairman, distinguished Members. I'm Colonel Corinne Ritter representing the Army Reserve in the reintegration of our soldiers into their communities in their organic units following deployment. I want to thank sincerely the House Veterans' Affairs Committee and its Subcommittees for their unwavering support of our soldiers and their families.

To date, over 27,000 soldiers have deployed overseas this year and 195,000 have mobilized since September 11, 2001. The Army Reserve takes a holistic approach to the reintegration of soldiers back into their civilian communities in bringing them back to their families, their jobs, and their prior lives. Prior to deployment, and during the deployment, and especially following the deployment, our Yellow Ribbon Program, now mandated by the National Defense Authorization Act of 2008, assists the soldiers and their families in gaining access to information, services, referral and proactive outreach opportunities throughout the entire deployment cycle.

This is a departure from past deployments in that it's phased throughout the deployment cycle. Not just at the end of the deployment. The four phases include pre-deployment, deployment, demobilization, and post-deployment reconstitution. Our major supporting commands, our direct reporting units, the brigades, the battalions, and their subordinate units, are staffed with the personnel to assist in the coordination of reintegration.

The Department of Defense is aware of our challenges in administering this program. The Army Reserve is proud of its family portals. The Web site contains a wealth of information and Web links

to assist the family whether the soldier is deployed or not. This Web portal is emphasized through various commanders' conferences and contact with family members and our strong family program coordinators. Our relationships with various employers cannot be understated. The Chief of Army Reserve, Lieutenant General Stultz, takes an active role in nurturing these relationships, ensuring employers realize not only how much we value their support but also informing them of the value added of hiring and maintaining Army Reserve soldiers.

The Army Reserve today and the VA have fostered an excellent relationship, grassroots type, through programs such as the Post Deployment Health Reassessment events. They're not all phone-in events. There are many events that are scheduled at our Reserve centers and the VA is always on site as needed. I wanted to add that. Last weekend, we attended the VA right here in Washington, DC's welcome home celebration. General Stultz was a keynote speaker. And the VA is also part of the Army Medical Action Plan's Committee along with us. The VA's also working to include us with their new disability evaluation program that's just kicked off over at Walter Reed. And last fall, the Army Reserves kicked off its Warrior Family Assistance Center, where we have a centralized family assistance program. Not in every State, but where the soldiers and their families can call into our headquarters down at Fort McPherson.

So these programs serve as a safety net, just not for the soldiers but for their families as they move through the deployment cycle. Again, thank you for this opportunity and I look forward to answering your questions.

Mr. MITCHELL. Thank you. Sergeant Major Salotti?

STATEMENT OF SERGEANT MAJOR JANET SALOTTI

Sergeant Major SALOTTI. Good afternoon, Mr. Chairman. I am Retired Sergeant Major Janet Salotti. I'm the Chief of the National Guard Bureau's Reintegration Office as well as the National Guard's Representative in the Secretary of Defense's Office of Reintegration. I am here today to respond to the four written questions that the Committee sent to Lieutenant General Blum, Chief of the National Guard Bureau.

In regard to your question regarding how the number of National Guardsmen that are deployed and what the National Guard Bureau is doing to reintegrate these returning servicemembers, over the past 7 years more than 270,000 members of the Army and Air National Guard have deployed overseas. Of those, more than 68,000 have deployed more than once. Right now there are more than 33,000 Army and Air National Guard Personnel ordered to duty overseas.

Title 10, section 1142 requires pre-separation counseling for all members of the armed forces who serve 180-plus days of active duty. Mandatory pre-separation counseling covers healthcare, education, VA, and employment benefits. In most cases, this transition assistance is currently provided for Guardsmen and Reservists returning from an extended combat deployment in briefings at the demobilization station before they reconnect with their homes, families, and civilian jobs. However, a May 2005 U.S. Government Ac-

countability Office (GAO) report found that enhanced services could improve transition assistance for the Reserves and National Guard. The report concluded that members of the Reserve and National Guard get information similar to that provided to our separating active component servicemembers but not the time to participate fully in a transition assistance program.

In response to this need for better support, the National Guard in several States built programs to augment the Federal transition support program. The National Guard Bureau provided some of the funds used to do this. In some cases, State governments have provided funds of their own. So far during the current fiscal year, the National Guard Bureau has distributed a total of $4.9 million to over 20 States so that they can execute their reintegration activities. Additionally, several other States have conducted reintegration events without Federal funds.

In the fall of 2006, the National Guard Bureau led a working group that captured the local demobilization and transition support best practices of the first nine States to build their own programs. With the encouragement of the National Guard Bureau six additional States have organized their own programs. Last year's National Defense Authorization Act requires DoD to establish a Yellow Ribbon Reintegration Program. Since the National Guard Bureau had already created a template based on the best practices of existing programs, the Bureau offered its template and to contribute manpower to the Office of the Assistant Secretary of Defense for Reserve Affairs to help staff a Yellow Ribbon Program Office in order to implement the requirements of the NDAA for fiscal year 2008. OSD decided to create its own guidance instead.

In May of this year, in the absence of any guidance from OSD, the Chief of the National Guard Bureau provided to the States interim program guidance for conducting reintegration activities in the Army National Guard. NGB is in the process of formulating interim guidance for the Air National Guard as well. While not all soldiers and airmen currently receive the benefits of the program, the bottom line is that using the resources the National Guard has, we are quickly working toward this goal.

You asked if the National Guard had received any funding or instructions for the implementation of the Yellow Ribbon Program. Assistant Secretary of Defense Hall sent a 3 March 2008 letter to the Chief of the National Guard Bureau, among others, stating the Department of Defense is committed to establishing a new office for the Yellow Ribbon Reintegration Program and fielding services under the program no later than the fourth quarter of this year.

You also wanted to know about our relationship with the Department of Veterans Affairs. The National Guard Bureau has a 3-year-old memo of understanding with the VA defining how to share information and work together. This memo is a template that most States and territories have adopted to define their own relationship with the VA. In these agreements the Bureau, VA, and the States agree to assist each other at the local and national level to provide transition services to Guard members. Forty-seven States and territories have signed a memo. Five more are developing agreements. And two States believe that a formal agreement is not necessary

given the close relationship between the VA and the local Guard Bureau.

And you further asked where the greatest unmet National Guard needs for the Yellow Ribbon support. In the next year and a half, there are elements of 12 National Guard brigade combat teams from 11 different States scheduled to deploy. Eight of those States do not have a well developed reintegration program.

Mr. MITCHELL. Thank you very much. Major General Mathewson-Chapman?

STATEMENT OF MAJOR GENERAL MARIANNE MATHEWSON-CHAPMAN

Major General MATHEWSON-CHAPMAN. Good afternoon, Mr. Chairman and Members of the Subcommittee. Thank you for inviting me to speak about the cooperation between the Department of Veterans Affairs, VA, the Department of Defense, DoD, the National Guard and the Reserves. From the start of fiscal year 2002 through the first quarter of 2008, slightly more than half of the returning servicemembers from Operation Enduring Freedom/Operation Iraqi Freedom were members of the Reserve or the National Guard. I am pleased to report VA and DoD are coordinating their efforts more closely than ever to ensure our newest veterans reintegrating into their communities are being offered all of the benefits and services to which they are eligible. I am accompanied by a team of subject matter experts if you have specific questions for each one of them and they have already been introduced.

My written statement, which I ask be submitted for the record, provides a detailed description of VA's outreach efforts for non-severely injured National Guard and Reserve members during the four phases of the deployment cycle. And we have a graphic for you to look at.

[Slide]

Major General MATHEWSON-CHAPMAN. And we've taken only four phases from the deployment cycle. The pre-deployment phase, during deployment at the demobilization sites, immediately post-deployment, and on a continuing basis throughout the lifetime of the veteran. Please note this slide and also the four phases of the deployment cycle. In each one of these phases VA works closely with families, communities, counties, State governments, to coordinate efforts and ensure that we cast a net as wide as possible to inform our Nation's veterans of VA's services, benefits, and healthcare.

During the pre-mobilization phase, VA supports efforts for early contact to National Guard members, Reserve members and family members during the pre-mobilization phase of deployment. Members and families learn about VA's services and benefits during the Soldier Readiness Processing, (SRP) events held prior to mobilization. This outreach effort continues throughout the deployment phase as VA collaborates with each military service, family members, and programs, and other training events. Families are a vital force in guaranteeing veterans know how to access the care and services they need. VA works with the National Guard family programs and many VA facilities conduct continuous welcome home events and town hall meetings for returning servicemembers and their families.

Moreover, everyone inducted into the five military branches since November of 2004 has received a VA benefits pamphlet at the Military Entrance Processing Station. This pamphlet provides basic information on VA benefits and services at the start of their early military career.

Our latest efforts to expand services during the deployment phase represents collaboration between the two departments as we stand up a comprehensive standardized process for VA enrollment during the mandatory demobilization enrollment procedures at 12 Army sites. This pilot program began in May 28, 2008, and through the first half of June has already contacted more than 1,000 separating members of the National Guard or Army Reserves at Fort Bragg, North Carolina, and Camp Shelby, Mississippi. VA has enrolled approximately 80 percent of these veterans and we plan to expand this program to the other services over the next few months.

During the demobilization process, VA also participates in the Transition Assistance Program, and the DTAP programs and briefings where servicemembers again are informed of the array of benefits and services available to them. They are also instructed in how to complete the VA enrollment application and VBA staff advise on what evidence is needed to support their disability claims.

During the post-deployment phase VA and DoD conduct the Post Deployment Health Reassessment as was just mentioned earlier for Guard and all of the Reserves. VA's PDHRA event is threefold. We enroll servicemembers. We provide information on VA benefits and services and provide assistance in scheduling followup appointments. Almost 73 percent of the Reserve component PDHRA referrals were either to a VA vet center or a VA medical center.

In addition to TAP, DTAP, PDHRA and welcome home events at VA Medical Centers, VA conducts direct outreach by telephone as part of the Secretary's recently announced Combat Veteran Call Center Campaign to contact every OEF/OIF veteran, including members of the National Guard and Reserve who have separated from service but who have not yet enrolled in VA healthcare. Local OEF/OIF Program Managers at VA facilities and network representatives are provided referrals in their geographical areas to conduct followup contact should the veteran want additional information about enrollment, VA benefits, or other types of services.

Since May of 2005, as was also mentioned, VA has partnered with the National Guard with a national memorandum of understanding to allow access for VA staff members to educate troops and families on VA benefits and services. In 2006, we participated and trained the 54 transition assistant advisors who were hired by the National Guard and trained by VA to provide our conduit, our link, to the National Guard and Reserves in the State to provide information and conduct outreach in each State and facilitate referrals for VA healthcare and benefits.

Additionally, outreach materials are distributed to National Guard and Reserve members in collaboration with DoD. VA published and distributed one million copies of a new brochure that summarizes healthcare and other benefits available to members of the National Guard and Reserve when they return back to their civilian life.

VA's mission is to care for those who have borne the battle and it is a mission we take very seriously. Every day our clinicians and staff are developing robust strategies and outreach to distribute information to National Guard and Reserve members in collaboration with DoD. We thank the Subcommittee for their interest in this matter and we thank DoD for their cooperative efforts in supporting our newest veterans who are members of the National Guard and Reserve. This concludes my prepared statement. My colleagues and I are ready to answer any questions you may have on this topic.

[The prepared statement of Major General Mathewson-Chapman, and the referenced slides, appear on p. 40.]

Mr. MITCHELL. Thank you very much. And Major General Mathewson-Chapman and the support you have with you, my first question is for all of you. And I have heard what you are talking about, all of the efforts you have made. But, if you heard the first panel, one of the things they said over and over is they do not know about this stuff. There seems to be a lack of, you have all this printed material, you have all these people on staff, but it is not getting down to the people who need it. Last week Secretary Peake lifted a decades old ban on the authority to purchase media advertising, allowing the VA to use TV media for outreach. This is important for reaching veterans that are widely dispersed. Will you be able to use this new authority? And let me ask, it is a couple part question so I am going to ask it all at one time. Will you be able to use this new authority to advertise the reintegration programs? That is one. Two, I know the Disability Assistance and Memorial Affairs Subcommittee of the Veterans' Affairs Committee requested an outreach plan due last October and has yet to receive that plan. Will you have a preliminary plan for the TV outreach available by the second week in July? And the third question, I would like to ask you to please integrate this new authority into that plan to show explicitly how it would be paid for with the current budget authority.

Major General MATHEWSON-CHAPMAN. Mr. Chairman, I'll have to take that for the record. We just heard about this last week so we haven't formulated a full plan yet on how this is going to be instituted.

[After consultations with VA, the Subcommittee staff has learned that the oversight plan for media outreach is coming out in December and will be provided to the Subcommittee at that time.]

Mr. MITCHELL. My understanding is that you will implement this, the TV? I mean, I understand, you have the authority to buy TV and as Mr. Campbell said earlier there is an outreach by his group and other VSOs to go not only on TV but also online with other types of media. And they would hope that there would be some cooperation so that they could have a full blown program that people can understand what the services are that you are providing that many of them are not taking advantage of because they do not know about it.

Major General MATHEWSON-CHAPMAN. Absolutely.

Mr. MITCHELL. The next question I have is for Sergeant Major Salotti. You stated that General Hall sent a letter March 3 this year to Lieutenant General Blum stating OSD's commitment to es-

tablishing a new Yellow Ribbon Reintegration Program Office no later than the fourth quarter of this year. The fourth quarter begins in less than 2 weeks. Has OSD provided an updated timeline on establishing this office or provided guidance on setting up nationwide Yellow Ribbon Reintegration Programs?

Sergeant Major SALOTTI. No sir, they have not.

Mr. MITCHELL. Thank you. And Colonel Ritter, is it accurate to say that the Army Reserve is waiting for OSD to provide guidance and funding? And have you been given any indication as to when OSD is going to do that?

Colonel RITTER. No, we have not. We have formulated our own plan, though, and put together what we're going to do with our Yellow Ribbon Program and identified a budget for it.

Mr. MITCHELL. Sergeant Major Salotti, one last question. Yellow Ribbon Programs require funding. Has OSD given you resources to implement these programs, or information about how OSD intends to fund these programs?

Sergeant Major SALOTTI. No sir, they have not.

Mr. MITCHELL. Thank you. Colonel Ritter, is the Army Reserve capable of tracking the location of every member of a Reserve unit after it demobilizes and making sure that every member received reintegration assistance?

Colonel RITTER. Yes sir, we are. And going back to the 325th Combat Support Hospital, I have a break out with me right now to show where those soldiers dispersed to throughout the country by State. I can show you between Independence, Missouri, Kansas City, Springfield and Columbus and others, if you'd like to, we can track our soldiers.

Mr. MITCHELL. And one last one, Colonel Ritter. Does the Office of Chief of the Army Reserve have reintegration programs in place?

Colonel RITTER. I want to answer that, we have some of the safety nets I spoke about in place, like PDHRA, part of our reintegration program, as we roll it out. But the plan right now is being implemented.

Mr. MITCHELL. Thank you. Congresswoman Brown-Waite.

Ms. BROWN-WAITE. Thank you, Mr. Chairman. Sergeant Major Salotti, how can you run a program of reintegration if you do not even know what the guidelines are and what your funding amount is going to be? Did I understand it correctly? And I am not criticizing you. I am just imagining someone being in your position. How do you do what you have to do without having the known resources?

Sergeant Major SALOTTI. Ma'am, the National Guard is actually running its own vision by virtue of the fact that I was very instrumental in the legislation in working with Representative Kline's office and working with the model States that were already using programs, Minnesota in particular, sir. We are doing an estimate, if you will, based on what our States are providing us on what it is currently costing them to actually run their programs. Working very closely with the Army Guard, the Army Guards program is very robust. And as I said we are also starting to work with the Air Guard to implement a similar program for them. So we are using estimates from our States as well as what the Army Guard is already familiar with as to what they have currently spent on

the program in order to do an estimate of what it would take for the Guard Bureau to continue the project that we have been doing now for the last eighteen months or so.

Ms. BROWN-WAITE. Okay. In States like Florida so much of the funding is actually appropriated at the State level. What kind of Federal funding, and VA and/or DoD if you would respond to this, what kind of Federal funding do you anticipate may be needed to move this program to a national program so that all States participate? And also, with PAYGO, where should the funding for such a program come out of? I would just like your suggestions. It is our job to find it, but where would you suggest?

Sergeant Major SALOTTI. Ma'am, we share the exact same concerns that you have in regards to that. Right at this particular moment, I don't have any suggestions for you because we are looking into it as well.

Ms. BROWN-WAITE. Have the costs for New Hampshire or Minnesota, can you give us some idea of what those costs were? I have heard that they were $1 million. Is that accurate?

Sergeant Major SALOTTI. Yes, ma'am. That would be accurate as a matter of fact. Very, actually in excess in some cases particularly with Minnesota's program.

Ms. BROWN-WAITE. Okay. Again, I would ask about the TAP program. If the representative, if Colonel Ritter and Major General Mathewson-Chapman, if they believe that the TAP program should be mandatory for all branches of the service, not just the Marines who have stepped up and made it mandatory? A yes or no would do.

Colonel RITTER. Based on the last testimony, I believe yes. Yes. I haven't really thought about if it should be a mandatory program or not. And that's why I hesitated. I have really not thought about that question.

Ms. BROWN-WAITE. Are any attempts being made to make it a mandatory program?

Colonel RITTER. It's managed as a requirement, but not mandatory, as they go through a processing.

Ms. BROWN-WAITE. It is, let me make sure I understand this. It is a requirement?

Colonel RITTER. Right.

Ms. BROWN-WAITE. Like I am required to pay taxes? I am required to pay taxes but it is also mandatory that I pay taxes. So help me, help me split that very fine hair here.

Colonel RITTER. Okay, I will rephrase that. I agree that it should be mandatory.

Ms. BROWN-WAITE. Well, I will rephrase. What are you doing to make it mandatory?

Colonel RITTER. I'll take that back to the leadership, ma'am.

[The following was subsequently received from DoD:]

The Army Reserve is committed to ensuring a successful transition for returning Reserve Soldiers. Through Army Reserve Employer Partnership Initiatives and Employer Support of the Guard/Reserve programs, many Army Reserve Soldiers return to their previous employers upon completion of their deployment. Therefore, the TAP should remain a voluntary program for those few Army Reserve Soldiers who are without civilian employment or need transition assistance. With additional funding, the Army Reserve would support a Web-based modified TAP activity that could be incor-

porated as part of the Yellow Ribbon Reintegration Program. This modified TAP would be a partnership among the DoD, VA and DOL consisting of information focused on job assistance and related services, with goals of increasing employability, awareness of education, and volunteer activities. Individual transition plans help Soldiers achieve realistic career and personal goals.

Ms. BROWN-WAITE. Okay. Thank you.

Colonel RITTER. I don't know, I don't know if I have a timeline on that.

Ms. BROWN-WAITE. Okay. Major General?

Major General MATHEWSON-CHAPMAN. I would just like to comment on the TAP. Being a 30-year Guardsman myself, the TAP was really developed for active duty, as they were transitioning out they might have 6 months or so to attend the TAP briefing. What we're finding with the Guardsmen at the demobilization site, again it was not mandatory but highly recommended. Again, there could be potentially times that they are offered, on a Monday morning after they had been flying all night and they just arrived there, and now you have to listen to different TAP briefings. It's also been criticized that, again, Department of Labor talks about the wonderful job opportunities at Fort Dix but I'm from Kansas. So when I do get home, I find out things aren't so rosy as they said Fort Dix was because the TAP is geared for that local area. So the TAP briefings are conducted at an active-duty facility. And one of those twelves that we are now doing the demobilization briefings. So again, it's critical. Are they really, is the TAP really for the Guard and Reserve, or more active duty? There's now Turbo TAP that was developed by DoD to catch those others on the Internet. So you can still, again, learn about your benefits. I don't know how widely that's used. It's another option. Again, it's up to you to do that TAP briefings on your own, on your own time. But it is something. It is a time when you have them there. They're only there 3 to 4 days. They've got a lot of things on their plate for the Guard and Reserve. That's just one more thing that you're going to require but that's the best that we have right now, to get them to understand the benefits, except of demobilization program that we're doing now, when they are learning about VA benefits. We're getting them enrolled. So we're starting the first piece, to finally learn about VA and what their benefits are.

Ms. BROWN-WAITE. Question, so are you at the demobilization sites?

Major General MATHEWSON-CHAPMAN. Yes, we are at the twelve Army demobilization sites now. We have now been granted access on the mandatory briefings that all troops have to go through. Part of that, usually the second day, they get there the 1st day, the second day. They continue to have VBA briefings. Some of that is a mini TAP. The Vet Center representatives are there. They talk about Vet Centers. And then we from VHA are there to provide a 10-minute briefing on healthcare benefits and instruct it in how to complete the 10–10EZs. Collect them, and then process those forms back and send them to the facility they want to receive their care. That is ongoing now. It began May 28th. And it's continuing now. The 12 sites, we're getting to roll this out to the Marines, and then the Navy and the Air Force Reserve by fall.

Ms. BROWN-WAITE. Thank you very much. I appreciate the fact that you answered. Thank you.

Mr. MITCHELL. Congressman Walz.

Mr. WALZ. Well, again, thank you all for being here. I am very appreciative of that. But I think we need to cut straight to the chase. There is a chair that is empty and that is the Department of Defense and I have very little time and very little patience for that. I will be very clear when we start discussing PAYGO and how we are going to fund this. This is a cost of war. We authorized $170 billion last week. President Bush put zero in his budget for this program. Make no mistake about it, when we are asked to take this out from somewhere else—the Department of Defense has a responsibility for this, not to wash their hands of these warriors when they leave the system and say, "We do not care what happens to them, especially the National Guard." So the questions need to be directed at the empty chair today and we will get to them and we will ask them. Because the issue of how we are going to fund this, since the time we have been here we have spent more than that in Iraq. And I do not care what your feelings are toward the War. This is an absolutely proven integration program. General Blum's estimates on what it would cost and the reintegration programs, they were mandated by Congress. If DoD does not like it, we are getting the same thing.

Let me ask a couple questions here, and Sergeant Major I have to tell you, I was out at Walter Reed a while back and I got introduced as a former Sergeant Major who is now in Congress and a young trooper said, "I am sorry." And I said, "Why is that?" And he said, "You got demoted." And so I appreciate you being here. I also want to say how much I appreciate the Guard Bureau being proactive on this. I have watched this happen myself and I have seen the results of this. I see the surveys coming back from the families. And I have a couple of questions.

Is it true that National Guard Bureau actually offered their best practices, lessons learned to DoD?

Sergeant Major SALOTTI. Yes sir, it is.

Mr. WALZ. And what did they do with those?

Sergeant Major SALOTTI. As I mentioned in the beginning question, sir, when we offered OSD the template for them to use, the decision was made that they would come up with their own program.

Mr. WALZ. Okay, and they have a lot of experience in that with National Guardsmen out in the community, I am assuming?

Sergeant Major SALOTTI. I do not know the answer to that, sir.

Mr. WALZ. Okay. And they provided what guidance then to you, just so you could formulate this? Because as we speak, we have tens of thousands coming back through the rotations?

Sergeant Major SALOTTI. We have not received any official guidance from OSD, sir. We have taken our——

Mr. WALZ. But they have 6 days to get it done.

Sergeant Major SALOTTI. Yes, sir.

Mr. WALZ. Okay. Well, maybe we are jumping the gun, Chairman. If you are a Guardsman right now, in your honest assessment, and your knowledgeable assessment of this, if you are a Guardsman, if you are one of these troopers, does it matter what

State you go to war in and come back in? Does it matter how you are going to be reintegrated into society on the way the system is set up right now?

Sergeant Major SALOTTI. No sir, it will not other than the specific benefits that are provided by the State. Because the Guards——

Mr. WALZ. But does it as of today, if I were to mobilize and come back through Minnesota as opposed to another State, would my experience be different today?

Sergeant Major SALOTTI. Yes, sir.

Mr. WALZ. Will one of those soldiers be better off and have a better chance at reintegration?

Sergeant Major SALOTTI. No, sir. I think that would be equal regardless of the State that you deploy from.

Mr. WALZ. So it does not matter now? So these States that are implementing this are not making any difference?

Sergeant Major SALOTTI. What the States are doing, sir, is taking the guidance that we have provided to make——

Mr. WALZ. Okay.

Sergeant Major SALOTTI [continuing]. A standard program——

Mr. WALZ. I see what you are saying.

Sergeant Major SALOTTI [continuing]. That is geared toward that State.

Mr. WALZ. Well this gets back to the question that came up once before and my colleague from San Diego was mentioning. In your opinion, is there a need for unified best practice research centrally? Because I heard our soldiers say with this generation, especially IAVA, that the centralization of this, the uniformity of this, the ability to get there would be helpful to them. Is it your opinion that we should give out grants and let individual organizations do this? Or should we focus through the best practices of NGB and the Reserves and bring it that way, so that seamless transition from DoD to VA is there? I guess I am asking an opinion. It is subjective. You have seen this enough, Sergeant Major, to know.

Sergeant Major SALOTTI. In my opinion, sir, the Minnesota model is the way to go.

Mr. WALZ. Okay. And my last question on this, because I hear this often, and this goes to Colonel Ritter. I think you have a much more challenging situation with your troops because of the nature of the Reserve. And I think the general public is somewhat ignorant of the fact of how this reintegrates. And what I am starting to hear from the parents and the families of reservists and then to the active duty is, you are doing a fantastic job in Minnesota with the National Guard but you are separating our Reservists away from that. Would that be your experience? That it, there is more challenges because of the Federal nature of your——

Colonel RITTER. Oh, absolutely, sir. It is quite a challenge to manage this across the country. We do work closely with our Guardsmen of all services to even, to do events together.

Mr. WALZ. Yes.

Colonel RITTER. And we do look to the States that our Reserve units are in and the help from our constituents there also. But anything to help reintegrate the soldiers back into their communities,

back with their families, we are open to the plan and the national plan. And we look forward to it.

Mr. WALZ. And my final question is, this may not be the right group today, but something we are starting to look at. Are you seeing a reflection in retention rates on how well you do reintegration? Sergeant Major, do you have anything at least in the beginning on this?

Sergeant Major SALOTTI. Absolutely, sir. This is definitely a retention as well as readiness issue as far as the National Guard.

Mr. WALZ. And is it financially cheaper to keep a soldier in than it is to recruit a new one and train them?

Sergeant Major SALOTTI. Absolutely, sir.

Mr. WALZ. So in the long run, we would save money, probably if we did this, correct? If we kept them in by reintegrating them?

Sergeant Major SALOTTI. Most definitely, sir.

Mr. WALZ. All right. I yield back, Chairman.

Mr. MITCHELL. Thank you. Congressman Bilbray.

Mr. BILBRAY. Mr. Chairman, I went so over my time I will yield back and I figure I am even. So thank you very much. I appreciate it. I appreciate the panel and I have no questions.

Mr. MITCHELL. Thank you. And again, I would like to give you my thanks and the panel's thanks for not only the service you have given to our country, two of you are retired. But also, now, what you are doing. Your service to the organizations that are trying to help us overcome what I think, what we all think, is a real problem. So thank you so much for your testimony, and good luck to you all. And this concludes the hearing.

[Whereupon, at 3:37 p.m., the Subcommittee was adjourned.]

APPENDIX

Prepared Statement of Hon. Harry E. Mitchell,
Chairman, Subcommittee on Oversight and Investigations

We are here today to address what the Department of Defense and the VA are doing to help members of the National Guard and Reserves reintegrate into civilian life after their return from deployment to the combat theater. Members of Guard and Reserves units tend to disperse much more widely upon their return than those in active duty units and it is more difficult to ensure that they receive the services and benefits that they need and have earned. The need for DoD and VA to work together to assist returning Guard and Reserves members, and their families as well, is especially acute in today's environment, where the Guard and Reserves are serving at the same operational tempo as active duty units. Fully half of OIF and OEF veterans are members of the Guard or Reserves.

When Guard and Reserves members return home, they return to their pre-existing civilian lives. Most are married and many have children. Reconnecting with families and communities can be difficult. The skills and emotional attitudes that are essential in a combat environment can be disastrous if brought back to civilian life. Veterans in the Guard and Reserves, just as those in active components, have educational and other benefits that are their rightful due for having served their country. Assisting these veterans and their families in reintegrating into civilian life, and ensuring they receive the benefits they have earned requires close cooperation between DoD, VA, and, in the case of the National Guard, the States. Assisting veterans and their families means that VA needs to be present at demobilization sites; that returning Guard and Reserves units be engaged in, and be paid for, reintegration activities at 30, 60, and 90 day intervals after demobilization; that families be fully involved; that DoD, VA, and the States fully cooperate and participate in the reintegration events; and that DoD, VA, and the States engage in outreach to ensure that all Guard and Reserves veterans and their families know about the services and benefits available to them and get what they need and deserve.

Congress recognized these needs in the most recent National Defense Authorization Act. The NDAA mandates the 30, 60, and 90 day reintegration program and outreach. The NDAA also requires DoD to create an Office of Reintegration Programs within the Office of the Secretary of Defense and a Center of Excellence in Reintegration within that office. The National Guard Bureau and Reserve Affairs are still waiting for policy guidance from that office so they can proceed.

There are a number of States that have first class programs. VA and the National Guard Bureau are active participants in these programs, but only a minority of States have them. At the national level VA and the National Guard Bureau, DoD Reserve Affairs, and the Office of the Secretary of Defense do not appear to be talking at all. This must change, and it must change now.

Let me give you a very recent example that illustrates how important it is that DoD and VA take on this mission. Just last week, the 325th Combat Support Hospital, an army reserve unit based in Independence, Missouri, returned from a 10-month tour of duty in Iraq. CSH [CASH] units experience the absolute worst that war has to offer on a daily basis. Combat health care providers, as much if not more than combat and other support units, require the best post-deployment support that we can provide them. The 325th CSH, while deployed, is composed of four Reserve subunits from across the country. In addition, many members of the just-returned unit were cross-leveled—that is, shortages of personnel in the 325th were filled by Reservists from other CASH units from around the country. So in order to make sure that all of the members of returning units are provided reintegration services, DoD and VA must work closely together and be prepared to deliver those services at multiple places nationwide. This is no easy task but it absolutely must be done. Our Guard and Reserves service members leave their civilian lives and their fami-

lies and put themselves in harm's way in order to protect our Nation. We have a moral obligation to take care of them when they come back home.

Prepared Statement of Hon. Ginny Brown-Waite, Ranking Republican Member, Subcommittee on Oversight and Investigations

Thank you Mr. Chairman.

Mr. Chairman,

I appreciate you holding this hearing on how well VA and the Department of Defense are cooperating in the reintegration of National Guard and Reserves. As we know, "seamless transition" of our servicemembers has not always been a smooth road to plow, and it is equally important for us to review how this transition is occurring for our National Guard and Reservists, as well as for our active-duty servicemembers.

In each State, the National Guard Bureau support is run independently, and each State provides varied programs to support their returning Guard and Reservists. In my own State of Florida, we have a very robust State sponsored program for soldier support for our National Guard units. In July of 2005, the Florida State legislature appropriated funding to establish the Florida Armed Forces Reserves Family Readiness Program Assistance Fund (FL AFR FRPAF) to assist the families of servicemembers during their deployments on as-needed bases. This program, available to Florida residents serving in all branches of the military, provides much needed assistance to the families of our servicemembers, who may experience unexpected financial hardships during their loved one's mobilization, and ensures the families have the resources needed to sustain themselves while the servicemember is away.

I would like to commend my colleague, Congressman John Kline of Minnesota for his efforts in developing the Yellow Ribbon Initiatives to establish a DoD-wide Deployment Cycle Support program that provides information, services, referral, and proactive outreach opportunities for RC Service Members and Families throughout the entire deployment cycle. His legislation, H.R. 2090, would direct the Secretary of Defense to establish a national combat veteran reintegration program (to be known as the Yellow Ribbon Reintegration Program) to provide National Guard members and their families with information, services, referral, and outreach opportunities throughout the entire deployment cycle. This bill language was included in the National Defense Authorization Act for Fiscal Year 2008, which became Public Law 110–181 on January 28, 2008.

On June 7, 2008, the State of Florida held its first Yellow Ribbon event in Jacksonville, supporting the return of 90 Army National Guardsmen and their families. The Florida National Guard is currently working to implement the Minnesota Yellow Ribbon model as authorized in the National Defense Authorization Act for Fiscal Year 2008. It is programs like these that make the transition between the Department of Defense to the Department of Veterans Affairs easier for our servicemembers and their families.

I look forward to learning more from our witnesses today on how they are implementing programs to serve our National Guard and Reserve components. These servicemembers play a significant role in the defense of our Nation and the freedoms we enjoy, and should be given all due consideration when we evaluate the programs that serve them.

Thank you again, Mr. Chairman and I yield back my time.

Prepared Statement of Patrick Campbell, Legislative Director, Iraq and Afghanistan Veterans of America

Mr. Chair and members of the House Veterans' Affairs Committee, Subcommittee on Oversight and Investigations, on behalf of Iraq and Afghanistan Veterans of America (IAVA), thank you for this opportunity to testify in front of this Subcommittee, especially regarding an issue that affects me so personally.

I also want to extend my heartfelt gratitude to the Chair and Ranking Member of this Committee who, by working together in a bipartisan manner, passed the largest increase in education benefits for veterans since the GI Bill was created 64 years ago. Our veterans and our Nation will benefit tremendously from your hard work.

I am currently serving as a combat medic in the DC National Guard. I enlisted in the Army one month before we invaded Iraq and later volunteered to be deployed

to Iraq in 2004. For one year, I was attached to the 256 infantry Brigade, part of the Louisiana National Guard. I was assigned to a line unit and patrolled various parts of Baghdad.

Three years ago today, we had just wrapped up a massive raid in our area of operations, in Northwest Baghdad. During that raid, my patrol unit was assigned to pull security, called an outer cordon, to ensure that no one attacked the other patrol group that was actually searching for the raid's target. I remember that night vividly. It was a clear, hot night and everyone was joking around that our unit finally got put on security and wasn't leading the charge. It was dark and well past curfew, the streets were desolate.

About 2 a.m. an Iraqi man appeared out of the darkness and started walking toward us. The gunner assigned to guard that corner started yelling in English and broken Arabic for the man to stop. He just kept coming. He was close when the gunner fired a 5-round burst, with at least 2 tracers, right in front of the man to get him to stop. He just kept walking. At this point we all had our weapons trained on the man and I remember switching the safety off on my weapon.

Then something peculiar happened . . . no one fired a shot. The man walked right through our check point, disappeared into the darkness without even acknowledging our presence. As soon as he walked by me I recognized the man as a local homeless guy who we always saw standing in the middle of an intersection down the street.

To be honest not firing that night was probably the most foolish risk our unit took while we were in Iraq. I spent the rest of the night listening to our patrol's senior leadership berate the lower enlisted for not shooting a man who was out beyond curfew and not responding to verbal or physical warnings to stop. My team leader and the oldest of the enlisted laid it out very sternly, "We were (expletive) very lucky this time, if he was suicide bomber most of us would be dead right now. Remember we are fighting a war and your enemy won't show you any mercy. Next time take the shot, dammit!" Although I hated to admit it, he was right.

That stern sergeant spent most our tour in Iraq keeping our guys in line and focused. I can say honestly that he saved my life more than a couple times. This man was one my best friends over there and he was mentor to me and to our entire patrol team. I looked up to him as any soldier looks up to an outstanding Noncommissioned Officer (NCO).

Unfortunately, the next time I saw this sergeant was this past Memorial Day weekend and he was laying in a casket. Just over two years after being home, he took his life and was found floating in a boat on a lake. He had sent a text message cry for help to someone at the armory, but when they went looking for him it was too late.

As a unit we came together for the funeral and many of us spent the weekend pondering how this well-respected NCO and our emotional bedrock while we were in Iraq could find himself so isolated from the rest of the world. The consensus in our unit was that the emotional callousness that a soldier must don with their body armor each morning was a lot harder for this sergeant to take off when he returned. I have heard it called psychological Kevlar. The numbness that worked so well in Baghdad became a severe hindrance at home.

This hearing is about cooperation between the Departments of Defense (DoD) and Veterans Affairs (VA) in reintegrating our Reserve and National Guard forces. These departments have taken great strides over the past 7 years to help our returning citizen soldiers. But we are far from the finish line. As a National Guard soldier, this sergeant was both the responsibility of DoD and VA and he fell through the cracks.

We must do better. Luckily, model programs are already in place.

When the Minnesota National Guard returned home from a 22-month deployment in Iraq, the single longest deployment of any unit in this conflict, the leadership of that unit realized they an innovative reintegration plan. Their "Beyond the Yellow Ribbon Program" focused on the returning soldier and their families, and brought the full resources of this government together in one coordinated effort. This program included:

- mandatory mental health counseling and training for the servicemembers and their families;
- information about VA/DoD health care, jobs, and education benefits; and
- an opportunity for the unit to come together again in a non stressful environment during those critical first three months.

This program was so successful that the Beyond the Yellow Ribbon program was included in last year's National Defense Authorization Act (Public Law 110–181). However the Department of Defense has failed to implement the program, because

it was authorized but not funded. IAVA believes that Congress must work with DoD to accelerate implementation of this effective program.

Only holistic approaches like the BtYR that focus on the servicemember and their family will ensure veterans are prepared to reintegrate into civilian life. But I'd also like to speak briefly about the key components of any reintegration program.

Mandatory Confidential Screenings Are Needed

When my unit returned home October 2005, the Post Deployment Health Reassessment (PDHRA) did not exist. It was over a year and a half before I started receiving phone calls from the Army asking me to fill out a PDHRA. When I tried to fill out the form online I was told I had missed my window of opportunity. When they eventually got in touch with me over the phone, I remember having to answer very sensitive questions as I was walking through the aisles of a Barnes & Noble Bookstore, desperately trying to find a section devoid of people. The person interviewing me was not a mental health professional but rather a physician assistant with a couple days of on-the-job training.

IAVA believes that every returning servicemember should be required to receive confidential face-to-face counseling with a licensed mental health professional within 6 months of returning home. My friend the stoic sergeant asked for help when it was already too late. We can not afford to keep waiting for veterans to self identify that they need help. Requiring mandatory counseling sessions is not a new concept. Many law enforcement and fire departments require such sessions after any type of traumatic event. We should be providing nothing less for our men and women serving in harm's way.

I have heard the Department of Defense has started implementing immediate after action reviews with counselors for servicemembers who experience traumatic events in theatre. While I cannot comment on the efficacy of this program, I can say from personal experience that counseling will be most effective when it comes time to take off the psychological Kevlar, and that is during the months *after* returning home.

VA Needs to Expand Outreach Programs

IAVA has advocated for years that the VA needs to stop being a passive system that waits for veterans to come in with their problems. Any successful outreach program would involve a multi-pronged approach that develops a relationship with the veteran before they need help, much like a successful college alumni association that starts developing ties with students before they even graduate.

We are very encouraged to hear that the VA has listened to our recommendations and implemented a plan to contact every veteran of Iraq and Afghanistan who is no longer on active duty and has not approached the VA for health care needs. This almost informal check-in has already yielded encouraging results and we look forward to hearing from the VA about what they learned from these calls to almost half a million veterans.

This call program must be a first step in building a relationship with our Iraq and Afghanistan veterans and not the entire outreach program. There have been a number of efforts to free up the VA from bureaucratic rules that supposedly prevented them from launching a mass media campaign to start bringing in new veterans into VA care programs. Section 1710 of the National Defense Authorization Act clarified this issue and IAVA implores the VA to launch a mass media campaign that educates and honors the service of our fighting men and women.

DoD and VA Need to Declare War on Mental Health Stigma

The Department of Defense and VA have stated publicly that battling mental health stigma is one of their top priorities. IAVA was pleased to see DoD start a series of stigma reduction programs within the military, and very publicly change the questions to their security clearance forms to ensure that servicemembers were not penalized for seeking counseling.

However these forays have amounted to minor skirmishes in a larger campaign to battle stigma. IAVA believes that new Center of Excellence for PTSD should greatly expand DoD and VA's stigma reduction campaign. We at IAVA are also doing our part. To de-stigmatize the psychological injuries of war, IAVA has recently partnered with the Ad Council to conduct a three-year Public Service Announcement campaign to try and combat this stigma, and ensure that troops who need mental health care get it.

Conclusion

Guard and Reservists straddle the uncomfortable line between the VA and DoD.

Only through joint coordinated efforts between these two departments will we ensure that veterans like my friend no longer fall between the cracks.

Respectfully Submitted.

Prepared Statement of Joseph C. Sharpe, Jr., Deputy Director, National Economic Commission, American Legion

Mr. Chairman and Members of the Subcommittee:

With the ending of the Cold War, the Department of Defense (DoD) dramatically downsized its personnel strength. In 1990 Congress, in an attempt to assist separating service members in making a successful transition back into the civilian workforce, enacted Public Law (P.L.) 101–510 which authorized the creation of the Transition Assistance Program (TAP). This law was intended to assist service members, especially those who possessed certain critical military specialties that could not be easily transferred to a civilian work environment, with educational and career choices.

DoD's TAP and Disabled Transition Assistance Program (DTAP) are designed, in conjunction with Department of Labor (DOL) and the Department of Veterans Affairs (VA), to help prepare not only separating service members, but also their families for a seamless transition to civilian life. Last year, more than 386,200 service members were discharged from active duty status and over 500,534 service members demobilized from active duty service. As mentioned, P.L. 101–510 (Chapter 58, Section 1142) mandates pre-separation counseling for transitioning service members. These programs consist of specific components: pre-separation counseling; employment assistance; relocation assistance; education, training, health and life insurance counseling; finance counseling; Reserve affiliation; and disabled transition assistance seminars. DTAP is designed to educate and facilitate disabled veterans to overcome potential barriers to meaningful employment. Currently, VA, DOL, and DoD operate 215 transition offices around the world.

While the TAP program assists transitioning service members leaving the military under their own accord, the DTAP program focuses on the specialized needs of the service members who are separating for medical reasons. The DTAP workshop is a half-day seminar sponsored jointly by DOL, DoD and VA. The workshop provides specialized information on VA's many disability benefits including:

- Medical Care
- CHAMPVA
- Disability Compensation
- Vocational Rehabilitation
- Disabled Veterans Insurance

In this current era of a significantly smaller all-volunteer military, the reliance on the National Guard and Reserve to fight the present Global War on Terror is unprecedented. The Reserve forces have become an essential part of all current DoD operations. Reservists in Iraq and Afghanistan reflect a significant portion of the total deployed force in any given month, and DoD reports that continued reliance on the 1.8 million Reserve and National Guard troops will continue well into the foreseeable future. Attracting and retaining well qualified individuals to execute the fundamental functions of a strong and viable national defense is paramount. Without providing proper incentives for service members to enlist and reenlist, the military will continue to be hard pressed to effectively accomplish their Global War on Terror mission.

Medical Care/Disability Compensation:

In the last several years, VA has improved its outreach efforts, especially its efforts to reach and inform active duty service members preparing to leave the military. The American Legion remains concerned, however, that a majority of transitioning service members, of the Reserves and National Guard, especially those returning from Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) are not being adequately advised of the benefits and services available to them from VA and other Federal and State agencies.

Currently, Reserve and Guard members learn of their veterans' benefits by a variety of avenues, such as demobilizations and State reintegration briefings, post deployment health reassessments, and individual unit sponsored briefings. Unfortunately, VA efforts regarding TAP are hampered by the fact that only one of the services, the Marine Corps, requires its separating members to attend these briefings. This flag in the system did not escape the Veterans' Disability Benefits Commission

(VDBC) and resulted in the recommendation that Congress mandate TAP briefings and attendance throughout DoD. The American Legion strongly agrees with that recommendation. In order for all separating service members to be properly advised of all VA benefits to which they may entitled, it is crucial that Congress adequately fund and mandate both TAP availability and attendance in all of the military services.

VA also affords separating service members the opportunity to start the disability claims process, at least 6 months prior to separation from active duty, through its Benefits Delivery at Discharge (BDD) program. Unfortunately, this program is not available to all separating service members with service-related medical conditions as the program is only available at 140 installations, which totally bypasses separating members of the Reserves and National Guard.

Reservists Return to Find No Jobs

National Guard and Reserve troops are returning from the wars in Iraq and Afghanistan only to encounter difficulties with their Federal and civilian employers at home. Many of these returning service members have lost jobs, promotions, benefits and, in a few cases, they have even encountered job demotions.

According to the Uniformed Services Employment and Reemployment Rights Act, employers must protect the old jobs of deployed service members, or provide them with equivalent positions. Benefits, raises, and promotions must be protected, as if the service member had never left. In many cases this law has not been able to protect many returning service members across the country from the negative effects of long deployments. Service members would greatly benefit by having access to the resources and knowledge that TAP can provide, but the program should have stronger employment, mental health, and small business components.

The Effects of Reserve Call-ups on Civilian Employers and Veteran Owned Businesses

The impact of deployment on self-employed Reservists is tragic with a reported 40 percent of all veteran owned businesses suffering financial losses and, in some cases, bankruptcies. Many veteran owned small businesses are unable to operate and suffer some form of financial loss when key employees are activated. The Congressional Budget Office in a report titled The Effects of Reserve Call-Ups on Civilian Employers stated that it ". . . expects that as many as 30,000 small businesses and 55,000 self-employed individuals may be more severely affected if their Reservist employee or owner is activated."

Currently, the Small Business Administration (SBA) offers Military Reservist Economic Injury Disaster Loans. This program offers loans to businesses that meet certain eligibility criteria to help offset the economic consequences of the loss of their Reservist personnel. To qualify, a company must be able to show that the activated Reservist is critical to the success of the company. The American Legion recommends that the SBA should be part of any Reservist and National Guard TAP briefing, and act in an advisory capacity to those veterans who are small business owners, to assist them with resources and information to help lessen the impact of activation on their bottom line.

Education and the GI Bill

Historically, The American Legion has encouraged the development of essential benefits to help attract and retain service members into the Armed Services, as well as to assist them in making the best possible transition back to the civilian community. On June 22, 1944, then-President Franklin D. Roosevelt signed the Servicemen's Readjustment Act 1944, which later became known as the GI Bill of Rights. This historic piece of legislation, authored by the leadership of The American Legion, enabled veterans to purchase their first homes, attend college, and start private businesses. The emergence of the American middle class, the suburbs, civil rights, and finally a worldwide economic boom can be attributed to this important legislation.

The majority of individuals who join the National Guard or Reserves enter the Armed Forces straight out of high school, and many are full and part time students. With the number of activations since September 11, these same Reservists are discovering that their graduation will take longer than once anticipated. Currently, the Montgomery GI Bill pays the average Reservist $317 a month compared to his active duty counterpart who is paid $1,101 a month.

With the rising cost of tuition, many Reservists must resort to commercial loans and other loans or grants to supplement the Montgomery GI Bill. When a service member is forced to withdraw from school due to military obligation, the commercial loan must still be paid regardless of whether the student finishes the course, adding to the accumulated debt of that service member.

The American Legion recommends that TAP briefings include an education representative to provide National Guard and Reservist members this kind of information so they can avoid undue financial hardship.

The Servicemembers Civil Relief Act

On December 19, 2003, the President signed into law a complete update of the Soldiers' and Sailors' Civil Relief Act (SCRA) 1940. This helps ease the economic and legal burdens on military personnel called to active-duty status in Operation Iraqi Freedom and Operation Enduring Freedom.

Relief under SCRA extends to actions terminating leases, evictions, foreclosures and repossessions, default judgments, lower interest rates on credit cards and loans and protects against lapses or termination of insurance policies.

With the military's increased reliance on National Guard and Reserve units, creditors residing in remote areas of the country outside of the traditional military towns are not aware of this Act, including members of the Reserve component. Therefore, service members are experiencing serious financial difficulties while on active duty—their cars are repossessed, homes foreclosed and credit histories ruined because this piece of legislation is unknown.

The American Legion has produced a brochure on active-duty legal rights, copies of which will be distributed across the country to service members, their families, and local community businesses which will improve their knowledge of the program; thereby alleviating some of the frustration, misinformation, and misunderstandings that could be avoided if TAP was a mandatory program. To their credit, Navy TAP representatives discuss personal financial planning during workshops and seminars. However, the Reserve components need to have this issue also addressed pre- and post-deployment.

Make TAP/DTAP a Mandatory Program

DOL estimates that 60 percent to 65 percent of all separating active-duty service members attend the employment TAP seminars and 30 percent of all separating National Guard and Reservists attend a portion of TAP. The American Legion believes this low attendance number is a disservice to all transitioning service members. Many service members and most National Guard and Reservists are unaware of the assistance and resources offered by TAP. Without this program, service members who have served their country bravely return to the civilian workforce less equipped than their counterparts who took advantage of the information provided by TAP. According to written testimony from John M. McWilliam, Deputy Assistant Secretary of Veterans' Employment and Training, Department of Labor, May 12, 2005, "We have been working with the National Guard and Reserve on providing TAP services to these returning service members in many States on an informal and as-needed basis. In this regard, three Reserve Component TAP demonstration programs are underway in Oregon, Michigan and Minnesota."

DoD and DOL report that in Oregon 40 percent of those part time service members who attended the TAP session were looking for employment.

Access to TAP

The Government Accountability Office (GAO) report, Enhanced Services Could Improve Transition Assistance for Reserves and National Guard, May 2005, reports TAP is not made available to the National Guard and Reserves. "TAP managers with DoD and the military services explained that the chief problem is lack of time during demobilization, which is often completed in 5 days." The American Legion recommends that TAP be instituted in the following ways:

- Incorporate TAP into the unit's training schedule months before activation;
- Have a TAP briefing during a unit's organization day that includes spouses;
- Activate a unit for a weekend either before or after a deployment;
- Most units spend three to eight weeks at an installation site preparing to move into theater—TAP briefings should be available; and
- Spend an extra day or two at a demobilization site to include TAP.

The GAO report also states that many service members are not interested in the employment segment because they believe they have jobs waiting for them once they return home. That might have been true with the first rotations into theater; however, that is not the case now for many veterans, especially with back to back deployments. A number of complaints have surfaced from service members around the country that some businesses are reluctant to hire veterans still in the military and businesses have allegedly started putting pressure on veterans who have deployed once not to deploy a second time. As stated earlier, The American Legion recommends that TAP become a mandatory program for both pre- and post-deployment.

Transitional Assistance Program for National Guard and Reserves:

ABERDEEN PROVING GROUNDS, MARYLAND

The TAP program located at Aberdeen Proving Grounds, Maryland, has been called a unique program and still highly regarded as a model for all the Army. It is currently the only program that offers transition assistance to Guard and Reserves with an 8-hour presentation of services and benefits. Briefings are given covering Finance, Education, USERRA, VA compensation and disability claims, Employment Assistance, Mental Health Counseling Services, and TRICARE. The program also has a number of unique partnerships with many Federal, State and local agencies. Some of those partnerships include: the Maryland Division of Workforce Development, Perry Point VA Hospital, Department of Labor, Walter Reed Army Medical Center and the Ft. Monmouth, N.J., Transition Office. The program has a pro-active philosophy. Some examples include:

- Service members needing employment are given immediate assistance. In some cases this has led to immediate hires, and those service members returned home with a job while avoiding unemployment. If the veteran lives outside the State a point of contact is given for that individual to ensure there is a veteran representative waiting with job service resources.
- The Perry Point VA Hospital offers immediate shelter to service members who may be homeless, which lessens the numbers of homeless veterans on the nation's streets. VA reports that more than 175,000 veterans are currently homeless and another 250,000 are homeless over a period of time. VA has also reported that the number of homeless veterans who have served in Iraq and Afghanistan is increasing, especially among women with children. The American Legion believes the first line of defense in preventing additional homeless cases is to have a strong and pro-active transitional assistance program.
- Service members who need assistance with filling out compensation and disability claims are offered immediate assistance by visiting VA representatives. The program has received positive feedback by service members and commanders.

Legion Outreach Programs

Heroes to Hometowns

In an effort to increase transparency and cooperation between the DoD and the American people, The American Legion entered into an understanding with the Office of the Secretary of Defense's (OSD) Office of Military Community and Family Policy (MCFP) under the authority of the Deputy Under Secretary of Defense for Military Community and Family Policy, Leslye A. Arsht to assist in outreach and assistance efforts to transitioning severely injured service members. The American Legion agreed to provide outreach support to the military community's severely injured as they transitioned home through a program known as Heroes to Hometowns. This program embodies The American Legion's long standing history of caring for those "who borne the battle" and their families.

Heroes to Hometowns is designed to welcome home service members who can no longer serve in the military. The American public's strong support for its troops is especially evident in their willingness to help service members who are severely injured in the war, and their ever-supportive families, as they transition from the hospital environment and return to civilian life.

Heroes to Hometowns is a program that focuses on reintegration back into the community, with networks established at the national and State levels to better identify the extraordinary needs of returning families before they return home and to with the local community to coordinate government and non-government resources as necessary for as long as needed.

There are three charter members in each State's Heroes to Hometowns Executive Committee, each uniquely able to contribute to overall support with the ability to tap into their national, State, and local support systems to provide essential links to government, corporate, and non-profit resources at all levels and to garner the all important hometown support.

State Heroes to Hometowns Committees are the link between the Military Treatment Facilities and the community. The charter members consist of the State Office of Veterans Affairs, the State Transition Assistance Office and the State's veteran community represented by The American Legion. Heroes to Hometowns is a collaborative effort and The American Legion leads communities in preparing for returning service members in areas such as:

- Financial Assistance;
- Finding suitable homes and adapting as needed;
- Home and Vehicle repairs;
- Transportation for veterans to medical appointments;
- Employment and educational assistance;
- Child care support;
- Arrange Welcome home celebrations; and
- Sports and recreation opportunities.

When transitioning veterans request assistance via a Web-form or brochure available through The American Legion, the veterans' contact information is shared the State Executive Committee. The veteran must agree to share this non-sensitive information such as their name, address and telephone number of the caller and the type of assistance requested. This information is shared with the three charter members to coordinate support.

The American Legion State offices refer the veteran's request to the local post, which voluntarily connects with the veteran to provide community resources. The Heroes to Hometowns Program focuses on those needs not provided by Federal and State agencies.

To assist in the coordination of community resources, The American Legion supports OSD's Military Homefront's Online Support Network for military personnel and community organizations to connect and collaborate. This online network is dedicated to citizens and organizations that support America's service men and women. Through the support network, veterans can easily identify and quickly connect with national, State and community support programs. In 2007, the Heroes to Hometowns program expanded its vision to include all transitioning service members, to include the underserved National Guard and Reserve components. Currently, the National Guard and Reserve do not have mandated Transition Assistance Programs (TAP) when demobilizing. This hard-to-reach population primarily lives in rural America, disconnected from the traditional services provided by DoD or the VA. The American Legion, with its 2.7 million members and 14,000 posts, reaches into these rural communities conveying a consistent message of strong support for America's military personnel; the veterans who return home; care for the veteran's family; and a patriotic pride in America. With the Heroes to Hometowns program, The American Legion reaches out to provide support long after the deployment is over.

Assessing Services Rendered

The American Legion recommends that Congress require Federal agencies that deliver TAP/DTAP services to develop a management-monitoring program to better assess how well services are being delivered to transitioning service members. Currently, the effectiveness of services provided by TAP agencies is unknown because adequate performance goals and benchmarking measures have never been instituted. Consequently, there is a lack of any verifiable outcome data. Performance measures should be instituted to hold all Federal agencies involved in TAP/DTAP accountable for services rendered.

Summary

America asks its young people to serve in the armed forces to guard and defend this great nation and its way of life. Their selfless service provides millions of Americans with the opportunity to pursue their vocational endeavors. The successful transition of that service member back into the civilian workforce must be a shared responsibility, especially if that service member has suffered service-connected disabilities. There is much talk about "seamless transition" between DoD and VA, but it goes beyond that. It should be a "seamless transition" between all Federal agencies involved in a transition assistance program. That means:

- Ensuring service members know their active-duty legal rights and that those Federal agencies involved should monitor and assist in the compliance with those rights;
- Prompt adjudication of disability claims;
- Prompt adjudication of educational claims;
- Timely access to TRICARE and VA quality health care
- Housing of the homeless;
- Employment assistance;
- Small business assistance; and
- Any other Federal assistance, as needed.

The American Legion reaffirms its strong support of TAP/DTAP, but also encourages DoD to require that all separating, active-duty service members, including those from the Reserves and the National Guard, be given an opportunity to participate in TAP/DTAP training not more than 180 days prior to their separation or retirement from the armed forces, and follow-up counseling not later than 180 days after separation from active duty. The American Legion supports efforts to mandate that all service members be given the opportunity to participate in TAP/DTAP.

Prepared Statement of
Major General Marianne Mathewson-Chapman, USA (Ret.), Ph.D., ARNP, National Guard and Reserve Coordinator, Office of Outreach to Guard and Reserve Families, Veterans Health Administration, U.S. Department of Veterans Affairs

Good afternoon, Mr. Chairman and members of the Subcommittee. Thank you for inviting me to speak about the cooperation between the Department of Veterans Affairs (VA), the Department of Defense (DoD), the National Guard, and the Reserves. I am pleased to report VA and DoD are coordinating their efforts more closely than ever to ensure former members of the National Guard and the Reserves are reintegrating into society and are being offered all of the benefits and services to which they are eligible. I am accompanied today by Dr. Edward Huycke, Chief VA/DoD Coordination Officer, VHA, Mr. Charles Flora, Executive Assistant for the Readjustment Counseling Service, VHA, Karen Malebranche, Executive Director of OEF/OIF, VHA, and Mr. Bradley Mayes, Director of the Compensation and Pension Service in the Veterans Benefits Administration (VBA).

From the start of Fiscal Year (FY) 2002 through the first quarter of FY 2008, 837,458 veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have separated from active duty and become eligible for VA health care. Of those, slightly more than half, 422,870 were members of the Reserve or the National Guard. Thirty-nine percent of all separated OEF/OIF veterans have obtained VA health care, while 38 percent of returning veterans from the Reserve or National Guard have chosen to receive care from VA.

VA has a longstanding commitment to serving this important component of our Armed Forces. We are dedicated to providing the highest quality care and services to all who have worn the uniform in any branch of service. We also recognize the importance of timely contact, and that not all separating service members, or members of the National Guard and Reserve, will be interested in immediately enrolling in VA for health care or benefits. Many of them are focused on returning to their family and friends, their community, and their careers, and justifiably so. As a result, VA has developed a multi-faceted strategy to provide both episodic and continuous outreach.

Specifically, VA is focusing on three phases of intervention: first, at 12 Army Reserve Component demobilization sites across the country; second, at post-deployment health reassessments (PDHRAs) conducted at their military base; and finally, on a continuing basis after separation from military service. VA also works closely with families, communities, counties and State governments to coordinate efforts and ensure we cast as broad a net as possible to inform our Nation's veterans of the benefits and health care services they have earned.

DEMOBILIZATION

DoD provides VA with dates, numbers of participants and locations for Reserve Component units in demobilization and reintegration programs. The two Departments are standing up a comprehensive program for VA participation in mandatory demobilization out-processing procedures at Army sites. This pilot program began May 28, 2008, and through the first half of June has already established contact with more than 1,000 separating members of the National Guard and Army Reserves at Ft. Bragg, North Carolina and Camp Shelby, Mississippi. VA has enrolled approximately 80 percent of these veterans.

At these events, Veterans Health Administration (VHA) staff representatives from the local VA medical center are given 15 to 30 minutes during mandatory demobilization briefings for a presentation. During this time, veterans receive information about recent changes in enrollment and eligibility, including the expansion of the period of enrollment from two to five years for OEF/OIF veterans following their separation from active duty. They are also educated about the period of eligibility for dental benefits, which was recently extended by the 2008 National Defense Authorization Act from 90 days to 180 days following separation from service.

Veterans are also shown and provided with an Application for Medical Benefits (the 1010EZ, which enrolls them for VA health care). Moreover, they are shown how to complete the form. VHA staff also discuss how to make an appointment for an initial examination for service-related conditions and answer questions about the process. These completed forms are collected at the end of each session. VA staff at the supporting facility match the 1010EZ with a copy of the veteran's DD214, their discharge papers and separation documents, scan them, and e-mail or mail them to the VA medical center where the veteran chooses to receive care. The receiving facility staff will process the paperwork and notify the veteran. Guard and Reserve veterans receive a special form and a toll-free number they can dial if they need to seek medical care before they have received their official enrollment letter in the mail.

Our representatives also make a straightforward presentation regarding the advantages of enrolling in care immediately: this is free health care for service-connected conditions, and they retain their choice of providers as their TRICARE benefits will continue for six months after separation. Enrollment serves as a measure of insurance in case at some point in the future, a veteran begins displaying symptoms of a service-connected condition. Essentially, our message reinforces a positive message about enrollment for VA health care, both now and in the future.

The Vet Center program is the VHA arm for community outreach to returning combat veterans. The outreach to provide veterans and family members with educational information about services is one of the legislatively mandated missions of the Vet Center program. In response to the growing numbers of veterans returning from combat in OEF/OIF, the Vet Centers initiated an aggressive outreach campaign to welcome home and educate returning service members at military demobilization and National Guard and Reserve sites. Through its community outreach and brokering efforts, the Vet Center program also provides many veterans the means of access to other VHA and Veterans Benefits Administration (VBA) programs. To augment this effort, the Vet Center program recruited and hired 100 OEF/OIF veterans to provide the bulk of this outreach to their fellow veterans. To improve the quality of its outreach services, in June 2005, the Vet Centers began documenting every OEF/OIF veteran provided with outreach services. The program's focus on aggressive outreach activities has resulted in the provision of timely Vet Center services to significant numbers of OEF/OIF veterans and family members. Since the beginnings of hostilities in Afghanistan and Iraq, the Vet Centers have seen over 288,594 OEF/OIF veterans, of whom over 216,172 were outreach contacts seen primarily at military demobilization and National Guard and Reserve sites and 72,422 were provided readjustment counseling in the Vet Center. The Vet Center Program has also provided outreach services to the United States Marine Corps IRR reservists across the Nation.

The approach builds on a prior outreach effort conducted during the first Gulf War, which received the commendation of the President's Advisory Committee on Gulf War Veterans' Illnesses. In its final report of March 1997, the Committee cited the Vet Centers for providing exemplary outreach to contact and inform this veteran cohort about VA services. On October of 2004, the U.S. Medicine Institute of Health Studies and Association of Military Surgeons of the United States reported that "VHA's Vet Centers have proven a "best practice" model in fostering peer-to-peer relationships for those with combat stress disorders."

POST-DEPLOYMENT HEALTH REASSESSMENTS (PDHRA's)

Following demobilization, DoD regularly holds post-deployment health reassessments (PDHRA's) for returning combat Guard and Reservists between three and six months after separation from active duty. The PDHRA is a health protection process designed to enhance the deployment-related continuum of care. PDHRA's provide education, screening, and a global health assessment to help facilitate care for deployment-related physical and mental health concerns. Completion of the PDHRA is mandatory for all members of the National Guard or Reserve who complete the post-deployment health assessment.

DoD provides VA a list of locations and times where these will take place—often at the Reserve unit's base prior to deployment. VA outreach staff from local medical centers and Vet Centers participate at these events. DoD clinicians screen veterans and VA staff are available to prepare referrals for any veteran interested in seeking care from a VA facility. Vet Center staff are also present to assist veterans with enrollment in VA for health care or counseling at a local Vet Center.

PDHRA's are typically held in person with mandatory attendance for units of 30 or more service members, while smaller units conduct their PDHRA's by phone on a person-by-person basis. Almost 73 percent of all Reserve Component PDHRA referrals were to VA—either a Vet Center or a VA medical facility. VA's PDHRA mis-

sion is threefold: enroll eligible service members, including members of the Guard or the Reserves, into VA health care; provide information on VA benefits and services, and; provide assistance in scheduling follow-up appointments. VA medical center and Vet Center representatives provide post-event support for all onsite and Call Center PDHRA events.

VA medical centers and Vet Centers accept direct PDHRA referrals from DoD's 24/7 Contract Call Center. Between November 2005 and May 2008, VA staff supported over 1,050 onsite and 380 Call Center PDHRA events. During that same period, DoD conducted 193,559 Reserve Component PDHRA screenings, resulting in more than 41,100 referrals to VA medical centers and 19,200 to Vet Centers.

Another essential piece of VA's outreach during PDHRA's and other events at or just after separation from active duty are the 100 Global War on Terror (GWOT) counselors employed by VA's Readjustment Counseling Service. Vet Center GWOT Veteran Outreach Specialists conduct a focused campaign to inform their fellow GWOT veterans about VA benefits and services. These GWOT Counselors attend demobilization, PDHRA and other activities, including "welcome home" events. These Counselors are performing a vital service, and their personal connection and dedication to the task at hand has helped countless veterans and their families throughout the reintegration process.

POST-SEPARATION

While VA's participation at demobilization sites and in PDHRA events represents critical elements of our outreach strategy, we are well aware that not all veterans will enroll during this time. As a result, through a number of outreach initiatives, VA continues its efforts once veterans, especially members of the National Guard and Reserves, have returned to their community. These measures range from nationwide to neighborhoods and leverage VA's relationships with State and local partners, including a wide variety of organizations.

In May 2005, VA and the National Guard entered into a partnership and signed a Memorandum of Understanding to enhance access to VA health care for members of the National Guard. In 2006, the National Guard hired 54 Transition Assistance Advocates (TAA's), one for each State and territory with a National Guard presence (Puerto Rico, Guam, the U.S. Virgin Islands, and the District of Columbia). The National Guard continues to fund this robust program. They are presently expanding it with a goal of 2 TAA's for each State with a large number of deployed troops. In early 2006, the National Guard hired and funded the first 54 TAA's, while VA provided specialized training for them at the VBA Academy in Baltimore about VA benefits and health care services. In 2008, an additional six TAA's were hired to provide further support in States with large pools of National Guard members: Texas, Pennsylvania, Georgia, Florida, California, and Minnesota. VA continues working closely with TAA's while they are in the field and serving OEF/OIF veterans, through regularly scheduled conference calls, newsletters, and annual training conferences that identify and disseminate best practices in each State. TAA's serve two critical missions: first, they perform local problem-solving for any specific issues facing veterans; second, TAA's bring together key leaders and organizations, such as State Directors of Veterans Affairs, Adjutants General, and VA leadership at the Network and facility level. The VHA OEF/OIF Office of Outreach also has strong ties with the Adjutants General of the National Guard, TAA's, and with State Directors of VA, all of whom can and do keep VA informed of any challenges in accessing VA health care or other issues.

TAA's have been the critical link in facilitating access to VA by National Guard and Reserve members by providing VA with critical information on numbers of returning troops, locations, and homecoming and reintegration events. TAA's also facilitate enrollment into VHA care for returning troops. Many Adjutants General have mandated National Guard members to enroll in VA health care in their State during the post-deployment period.

Moreover, VA has signed a Memorandum of Understanding with 47 States that define the roles and responsibilities of VA and the State Departments of Veterans Affairs. A few States prefer to operate under the agreement reached between the National Guard and VA in 2005. These State partnerships are the foundation for the development of State coalitions with participation by VA, State Adjutants General, State Directors of VA, and community and State organizations to address the coming home needs of the Guard and the Reserve members.

VA works with State governments to further our mutual goal of enhanced benefits and care for veterans in multiple ways. Some examples include:

- In Connecticut, the State has signed a Memorandum of Understanding with VA allowing severely injured veterans to volunteer to have their medical informa-

tion shared with the State, and VA has an active campaign to encourage wounded veterans in the State to contact VA for enrollment and benefits.

- In Delaware, the State signed a Memorandum of Understanding in September 2007 with the Delaware National Guard, the Delaware Department of Labor, VA, and other support agencies to establish clarity of communication and synchronization of efforts between each agency to provide veterans with transition assistance and guidance.
- In Florida, a pilot program was established to allow for ease of transfer of information from VA to the State government for wounded service members who volunteer to have their information shared.
- In Ohio, the National Guard and the regional VA office are negotiating a Memorandum of Understanding to provide comprehensive informational sessions for members of the Guard and their families during different stages of deployment.
- In South Carolina, the State has partnered with VA to offer job and health fairs for returning service members.
- In South Dakota, the State has established a seven step Reunion and Reintegration plan, a portion of which includes providing information on Vet Centers and PDHRAs.
- In Minnesota, during the "Beyond the Yellow Ribbon Reintegration Program", VA participated in briefings to returning troops and families, enrolled members of the National Guard in VA health care, and supported family members in the Family Academy classes, which provided information about VA benefits and health care services for which the spouse or family of a veteran may be eligible.

For wounded warriors returning home, 43 States currently participate in the State Benefits Seamless Transition Program. To date, 350 severely injured veterans have signed the consent form authorizing VA to notify their local State Department of Veterans Affairs of their contact information when they return to their home State. The initiative involves VA health care liaison staff located at the following Department of Defense medical facilities:

- Walter Reed Army Medical Center, Washington, DC
- National Naval Medical Center, Bethesda, MD
- Brooke Army Medical Center, San Antonio, TX
- Darnall Army Medical Center, Ft. Hood, TX
- Madigan Army Medical Center, Puget Sound, WA
- Eisenhower Army Medical Center, Augusta, GA
- Evans Army Community Hospital, Ft. Carson, CO
- Naval Medical Center, San Diego, CA
- Womack Army Medical Center, Ft. Bragg, NC
- Naval Hospital, Camp Pendleton, CA
- Naval Hospital, Camp Lejeune, NC

Under the program, wounded veterans returning to their home States can elect to be contacted by their local State Department of Veterans Affairs about State benefits available to them and their families. VHA Liaisons for Health Care identify injured military members who will be transferred to VA facilities, inform them about the program, and obtain a signed consent form from veterans electing to participate. These forms are faxed directly to an identified point of contact in the State's Department of Veterans Affairs. The State offices, in turn, contact the veterans to inform them of available State benefits.

In order to participate in the program, State Departments of Veterans Affairs must provide a point of contact and dedicate a fax machine in a private, locked office to receive the release of information forms. VA asked States to participate in the program in February 2007 when it was beyond the Florida pilot program.

VA also conducts direct outreach by telephone through several initiatives, including the Secretary's recently announced call center campaign to contact every OEF/OIF veteran and service member, including members of the National Guard and Reserve, who have separated from service but who have not yet enrolled in VA health care. On May 2, 2008, VA began contacting over 500,000 combat OEF/OIF veterans to ensure they know about VA medical services and other benefits. The Department will reach out and touch all veterans of the war to let them know VA is here for them. The first of those calls went to an estimated 17,000 veterans who were sick or injured while serving in Iraq or Afghanistan. If any of these 17,000 veterans do not already have a care manager to work with them, VA will offer to appoint one for them. The second phase of call initiative is to those discharged from the military but not yet receiving VA health care. Local VA facilities and network representatives are provided referrals in their area to provide follow-up contact should the veteran want additional information or have unmet needs.

The Veterans Assistance at Discharge System process mails a "Welcome Home Package," including a letter from the Secretary, "A Summary of VA Benefits" (VA Pamphlet 21–00–1), and "Veterans Benefits Timetable" (VA Form 21–0501), to veterans recently separated or retired from active duty (including Guard/Reserve members). We re-send this information six months later to these veterans.

The Secretary of Veterans Affairs sends a letter to newly separated OEF/OIF veterans. The letters thank veterans for their service, welcome them home, and provide basic information about health care and other benefits provided by VA. Through the first quarter of FY 2008, VA mailed more than 766,000 initial letters and 150,000 follow-up letters to veterans.

Families are a vital force in guaranteeing veterans have access to the care and services they need; they are often the first to notice a change in behavior or any symptoms. VA works with National Guard family programs and provides literature on readjustment counseling and health care services to family program directors at annual training conferences. Many VA facilities attend "welcome home" events and Vet Centers identify other resources in the community where families and veterans can establish contact to meet their specific needs. VA is continuing its work with the Army's Warrior Transition Units at active duty Army bases and the nine community based health care organizations to ensure the leadership of these units is linked to case managers at VA medical centers. VA also supports the Family Assistance Centers at Army bases with VBA counselors and vocational rehabilitation specialists who can support and extend VA's outreach efforts to help service members with enrollment for health care, applications for disability, or other VA benefits prior to separation from active duty.

VETERANS BENEFITS ADMINISTRATION

VA currently conducts a comprehensive outreach program, designed to provide information to all military personnel separating from active duty. Separating service members are advised about all of the services and benefits available from VA. Since the beginning of fiscal year 2003 through April of 2008, VA has conducted more than 8,300 briefings and provided information to approximately 510,000 National Guard and Reserve attendees.

BENEFITS INFORMATION AT TIME OF INDUCTION INTO SERVICE

VA initiates outreach to National Guard and Reserve members at the beginning of their military career. Since November 2004, everyone inducted into the five military branches receives a VA benefits pamphlet at the military entrance processing station. This pamphlet provides inductees with basic information on VA benefits and services at the start of their military active service. We want to be sure they know that VA will be there for them in the future.

TRANSITION ASSISTANCE PROGRAM (TAP)

One of the formal pre-discharge outreach programs that VA participates in is the Transition Assistance Program (TAP), which is a program operated in conjunction with the Department of Labor. TAP is conducted nationwide and in Europe to prepare retiring or separating military personnel for return to civilian life, and VA provides benefits briefings as a part of the program. At these briefings, service members are informed of the array of VA benefits and services available, instructed on how to complete VA application forms, and advised on what evidence is needed to support their claims. Following the general instruction segment, personal interviews are conducted with those service members who would like assistance in preparing and submitting their applications for compensation and/or vocational rehabilitation and employment benefits.

DISABLED TRANSITION ASSISTANCE PROGRAM (DTAP)

Also as a part of TAP, service members leaving the military with a service-connected disability are offered the Disabled Transition Assistance Program (DTAP). DTAP is an integral component of transition assistance for service members who may be released because of disability. Through VA's DTAP briefings, VA advises transitioning service members about the benefits available through the Vocational Rehabilitation and Employment (VR&E) program. The goal of DTAP is to encourage and assist potentially eligible service members in making informed decisions about the VR&E program and to expedite delivery of these services to eligible service members and veterans.

OTHER OUTREACH EFFORTS

Along with face-to-face outreach efforts, VA is seeking to ensure that a "Welcome Home Package" is sent to all returning National Guard and Reserve members. DoD provides the names and addresses of these returnees based on active-duty separa-

tion records. The Veterans Assistance at Discharge System (VADS) then generates a "Welcome Home Package" for recently separated veterans, including Reserve and National Guard members. The mailing itself contains a letter from VA and a summary and timetable of VA benefits. In addition to the VADS mailings, a separate personal letter from the Secretary, along with benefits information, is sent to each returning OEF/OIF veteran. VADS also sends separate packages that explain education, loan guaranty, and insurance benefits. A six-month follow-up letter with the same general benefits information is also sent to each returning member. VA is currently working with DoD to update the electronic transfer of this information.

PARTNERSHIPS

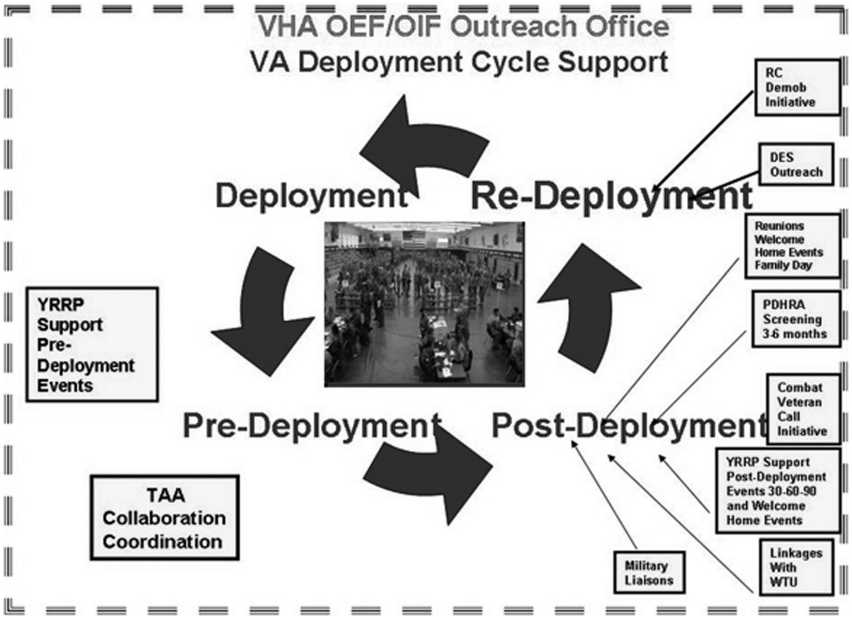
In peacetime, outreach to Reserve and National Guard members is generally accomplished on an "on call" or "as requested" basis. With the onset of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) and the activation and deployment of large numbers of Reserve and National Guard members, VA's outreach to this group has greatly expanded. VA has made arrangements with Reserve and Guard officials to schedule briefings for members who are being mobilized and demobilized.

VA Regional Offices assist and support seriously injured OEF/OlF service members and veterans by case managing their claims, to include outreach, coordinating services, and expedited claims processing procedures. In collaboration with DoD, VA published and distributed one million copies of a new brochure called, "A Summary of VA Benefits for National Guard and Reservists Personnel." The new brochure summarizes health care and other benefits available to this special population of combat veterans upon their return to civilian life.

VA Regional Offices assist and support seriously injured OEF/OlF service members and veterans by conducting case management activities, including outreach, coordinating services, and streamlining claims processing procedures. In collaboration with DoD, VA published and distributed one million copies of a new brochure called, "A Summary of VA Benefits for National Guard and Reservists Personnel." The new brochure summarizes health care and other benefits available to this special population of combat veterans upon their return to civilian life.

CONCLUSION

VA's mission is to care for those who have borne the battle, and it is a mission we take seriously. Every day our clinicians and staff are developing new methods for providing information to those in need and for improving the quality of care and benefits we offer. We thank the Subcommittee for their interest in this matter and we thank DoD for their cooperative efforts in supporting our veterans.



Statement of Donald L. Nelson, Deputy Assistant Secretary of Defense for Reserve Affairs (Manpower and Personnel), U.S. Department of Defense

Chairman Mitchell, Ranking Member Brown-Waite, and members of the subcommittee: thank you for your invitation to talk about DoD and VA cooperation on the reintegration of our National Guard and Reserve veterans. As you know, Section 582 of the National Defense Authorization Act for 2008 required the Department to establish a national combat veteran reintegration program to provide National Guard and Reserve members and their families with sufficient information, services, referral, and proactive outreach opportunities throughout the entire deployment cycle. I'm pleased to tell you that the Joint Deployment Support and Reintegration Program Office opened on March 17, 2008.

The office has liaisons from the National Guard, the Army Reserve, the Navy Reserve, and the Air Force Reserve, serving as subject matter experts to assist us in implementing the program. Veterans Affairs' Deputy Secretary Mansfield has committed to continue and to strengthen the partnership with the Department by placing a subject matter expert from the VA on our staff as well. We are working closely with the VA VHA/DoD Outreach Office that focuses its efforts on outreach to National Guard and Reserve members and their families. We also work with the National Guard Transition Assistance Advisors, the National Association of State Directors of Veterans Affairs, the Departments' Joint Family Resource Center and their Joint Family Support Assistance Program, as well as each of the National Guard and Reserve family program offices to ensure that the Department is doing everything possible to make the best use of available resources to meet the deployment support requirements of our returning military veterans, especially those that are geographically separated from military installations and dispersed in all 54 States and territories as well as Europe.

We are in the final staffing of the Directive-Type Memorandum that will implement the Department's deployment support and reintegration program. That directive requires the Services and their Reserve components to provide the 30-, 60-, and 90-day reintegration programs for their returning members beginning in the 4th quarter of this fiscal year. It also requires them to implement a robust deployment support and reintegration program beginning in the 1st quarter of fiscal year 2009. Our office will monitor and manage these programs at the strategic level and ensure that locally available resources are used to the maximum extent possible while also

making sure that the availability of these programs is shared between the components to allow members and families to access them at the location closest to where they reside.

The Department recognizes that support of families and employers is vital to success. The Department and Reserve Affairs have devoted substantial resources and efforts toward expanding the support for our families. The challenge is particularly acute for widely-dispersed reserve families, most of whom do not live close to major military installations. Thus, we have developed and promoted Web sites and electronic support for families, established and promoted the use of the 700 military family service centers for all Active, Guard and Reserve members and families to provide personal contact, and hosted and participated in numerous family support conferences and forums. Reintegration training and efforts to support members and families following mobilization, particularly for service in a combat zone, are vital. The reintegration program in Minnesota has proven to be an exceptional success and forms the basis for the Joint Deployment Support and Reintegration Program with its Yellow Ribbon Reintegration Center of Excellence for all Guard and Reserve members. The Department is fully committed to implementing this program, which will provide Guard and Reserve members, and their families, the support that will help them during the entire deployment cycle—from preparation for active service to successful reintegration upon return to their community and beyond. We will continue to work with Veterans Affairs, State Governors and their Adjutants General, the State family program directors as well as with the Military Services and their components to ensure an integrated support program is delivered to all Guard and Reserve members and their families.

The support for employers over the past six years mirrors the increased support for families. We doubled the budget of the National Committee for Employer Support of the Guard and Reserve (ESGR). We developed an employer database which identifies the employers of Guard/Reserve members, expanded the ESGR State committees and their support (over 4,500 volunteers are now in these committees) and are reaching out to thousands more employers each year. The Freedom Awards program and national ceremony to recognize employers selected for this award has become a capstone event, in which the President has given 45 minutes of his time in the Oval Office in each of the past two years to recognize the annual Freedom Award winners (15 recipients per year are selected from more than 2000 nominees from small business, large business, and the public sector). Never in the history of the Guard and Reserve have families and employers been supported to this degree and they appreciate it, as this effort is critical to sustaining an Operational Reserve.

This Committee has always been very supportive of our National Guard and Reserve Forces. On behalf of those men and women, I want to publicly thank you for all your help in providing for them as they have stepped up to answer the call to duty. The Secretary and I are deeply grateful, our military personnel and their families certainly appreciate it, and we know we can count on your continued support. Thank you very much for this opportunity to testify on behalf of our Guard and Reserve.

Statement of Reserve Officers Association

Mr. Chairman and distinguished members of the Veterans' Affairs Committee, on behalf of its 655,000 members, the Reserve Officers Association expresses its appreciation for the opportunity to present testimony on issues that affect the 1.1 million men and women now serving in America's Reserve Components.

As contingency operations bring about ongoing mobilizations and deployments, many of these outstanding citizen Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen have put their civilian careers on hold while they serve their country in harm's way. Nearly 700,000 have already served in support of operations. As we have learned, they share the same risks and their counterparts in the Active Components. The United States is creating a new generation of combat veterans that come from its Reserve Components (RC). It is important, therefore, that they be afforded benefits consistent with their selfless service to their country and in parity with their active-duty compatriots.

The individuals serving in the States are no less patriotic, and with the planned rotations by the Department of Defense, they will likely have a chance to serve overseas. Yet, there is a group of Reserve Component men and women with non-prior service: Reserve personnel who qualify for veteran benefits even before mobilization. These individuals may even be serving in "harms way," but under other than mobilization orders. Men and women of the Reserve Components on Active Duty for Special Work (ADSW) orders are performing numerous missions.

GI BILL BENEFITS

Public Law 106–419, Veterans Benefits and Health Care Improvement Act of 2000, was enacted on November 1, 2000. The law repealed the original provision that states MGIB eligibility is established by the initial obligated period of active duty. Soldiers who do not meet the time in service requirement during the first term of service, as stated above, may become eligible on a subsequent period of active duty. When service members return to active duty, they are eligible to re-establish MGIB eligibility by completing 36 months of this subsequent period of service obligation with a fully honorable character of service discharge. If the soldiers separate early, the above rules still apply.

Under partial mobilization, RC service members receive orders placing them on active duty for up to two years. The current assumption is that Reserve Component members are not eligible for active duty MGIB if they cannot serve for 36 months.

- ***When recalled, Guardsmen or Reservists should be eligible to participate in the active duty GI Bill.***
- ***Public Law 106–419 should be as applicable to RC members as those on active duty. In reality, where DoD plans to do multiple call-ups as often as once every five years, RC service members should be entitled to re-establish eligibility and accrue 24 months of service.***
- ***RC members should be permitted to enroll in the GI Bill by buying-in with 1,200 of their basic pay in the first year of mobilization, if required. If the enrolled individual is sent home at the convenience of the government before one year, MGIB withholding will continue on subsequent recalls.***
- ***At the end of the first tour of mobilization, disenrollment should be offered as a one-time, irrevocable decision.***
- ***When RC service members accrue two years of Active Service, those soldiers should be entitled to the exact same benefit as their Active Component counterparts.***
- ***Disabled Guardsmen and Reservists should be eligible for the new GI bill or MGIB.***
- ***Reservists and Guardsmen with service-connected disabilities should be afforded the same re-education opportunities as those on active duty, as the enemy's bullet does not discriminate.***

Additional MGIB–SR Enhancements

The MGIB–SR rate has not kept pace with the increasing roles of the Guard and Reserve.

- ***The MGIB–SR benefit needs to increase to 50 percent of the MGIB.***
- ***The eligibility period needs to begin at the point service members elect to use the program for the first time.***
- ***The eligibility period should extend for 14 years following their release from military service.***

GI Bill for the 21st Century

- ***ROA urges the Congress to authorize and appropriate adequate funding for a new GI Bill beyond fiscal year 2009.***
- ***The Association further supports transferability to serving members who don't use the benefit to family members.***
- ***GI bill payments should be able to be applied to repay student loans.***

Education Reform

The Department of Education has been working hard to contact education institutes about the administration of the Federal student financial aid program authorized under Title IV of the Higher Education Act about recalled students.

- ***If an RC student is recalled and unable to continue school, a student loan should remain "in-status" for the period for the duration of the mobilization even if it exceeds three years.***
- ***A "total of three years" should not be cumulative; the clock should start over with subsequent recalls.***

Currently, following notification that borrowers who are in default of a loan have been called to active duty, lenders cease all collection activities for the expected period of the borrower's military service. Collection activities can resume no earlier than 30 days after the end of the borrower's military service.

- ***Thirty days is an insufficient time for individuals returning from mobilization to reorganize their lives. Like the example set with TRICARE medical coverage, this should be extended to at least 90 days.***

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT REFORM

The Uniformed Services Employment and Reemployment Rights Act (USERRA) significantly strengthens and expands the employment and reemployment rights of all uniformed service members. USERRA is essentially a good law, but the challenge is enforcing it when the involved parties disagree. When Guard and Reserve members return to civilian employment following Federal service, actions need to follow through to enforce the law. A growing population of Reserve Component members feels that the Federal Government isn't doing enough.

Currently, the agencies tasked to enforce USERRA are the Departments of Labor and Justice. DOL's Veterans' Employment and Training Service (VETS) handles USERRA complaints and other veterans' issues. DOL-VETS provides assistance to all persons having complaints under USERRA. If resolution is unsuccessful following an investigation, the privately employed Reservist may have his or her claim referred to the Department of Justice for consideration for representation in the appropriate District Court, at no cost to the claimant.

Unfortunately, actual elapsed times of cases often take one to two years to investigate and process. Within DOL, cases are still processed on paper; this slows information transfer, and creates the risk of duplication. In the vast majority of cases, the outcome is dismissal of the claim. Since USERRA's passage in 1994, most USERRA enforcements were by Reservists who sought private litigation.

The Reserve Officers Association recommends the following:

- ***The National Committee for Employer Support of the Guard and Reserve (ESGR) should be better resourced to expand its outreach programs as it is better to prevent a problem by educating employers or resolve a problem at the lowest level.***
- ***Reforms are needed in the USERRA Complaint Process.***
- ***The Department of Labor should follow the success of the Office of Special Council with dedicated investigators and lawyers assigned to DOL–VETS who specifically focus on USERRA cases.***
- ***The Office of Special Council should handle all of the Federal employee USERRA cases.***
- ***USERRA case files should be electronically maintained and transmitted, allowing access to ESGR, DOL–VETS, OSC, and DOJ and the servicemember.***
- ***Congress should mandate better reporting by all Federal agencies by providing details on:***
  - ***how many cases.***
  - ***how they are resolved.***
  - ***how long the actual elapsed time takes.***

Accomplishment of objectives should be measured by results rather than outputs.

Unfortunately, the Federal Government can not handle the increasing numbers of cases by itself, there is a need to create incentives for private lawyers to represent Guard and Reserve members who face employment and reemployment problems. In addition to reemployment:

- ***A court should be allowed to require the employer to compensate the person for any loss of wages or benefits suffered by reason of such employer's failure to comply with the provisions of this chapter.***
- ***Amend 38 U.S.C. 4323 and 4324 to authorize punitive damages for willful and egregious USERRA violations.***
- ***Amend 38 U.S.C. 4323(d)(1)(C)—the "liquidated damages" provision to require employers who have violated USERRA to remunerate to the service member an amount of $20,000 or the amount equal to the actual damages, whichever is greater. Provide a provision in section 4324 allowing for liquidated damages when the employer is a Federal executive agency and the violation was willful, such as found in section 4323 as it applies to states, political subdivisions of States, and private employers.***
- ***Amend Title 38 U.S.C. 4323(e) to mandate (rather than simply permit) injunctive relief to prevent or correct a USERRA violation.***

Court reforms will not be enough. Private lawyers must still be educated as to why USERRA cases are important to represent. ROA hopes to create a Law Center that would be:

- ***a hub for sharing information on USERRA and SCRA.***

- ***an education source on rights and responsibilities under USERRA for serving members and provided continuing legal education to private council.***

Servicemembers Law Center

The Reserve Officers Association is exploring the establishment of a Service-members Law Center, advising Active and Reserve members who have been subject to legal problems that occur during deployment. This new center would be located in the renovated Minute Man Memorial Building on Capitol Hill. A position paper is attached to this testimony

The law center would provide counseling to demobilized Reserve and separated Active component members, and could provide a referral service for those needing legal assistance. This law center would also educate private lawyers about USERRA and the servicemember Civil Relief Act and promote representation of RC members by private lawyers.

To help facilitate this process, the ROA will set-aside office space, hire one lawyer, and one administrative law clerk.

Goals of Law Center

Recruit: Encourage new members to join the Guard and Reserve by providing a non-affiliation service to educate prior service members about Uniformed Service Employment and Reemployment Rights Act (USERRA) and servicemember Civil Relief Act (SCRA) protections.

Retain: Work with Active and Reserve Component members to counsel Uniformed Services Former Spouse Protection Act (USFSPA), USERRA, and SCRA protections for deployed or recently deployed members facing legal problems.

Law Center Services

Counseling: Review cases, and advise individuals and their lawyers as to legitimacy of actions taken against deployed active and reserve component members.

Referral: Provide names of attorneys within a region that have successfully taken up USFSPA, USERRA and SCRA issues.

Promote: Publish articles encouraging law firms and lawyers to represent service members in USFSPA, USERRA and SCRA cases.

Advise: File Amicus Curiae, "friend of the court" briefs on servicemember protection cases.

Educate: Quarterly seminars to educate attorneys a better understanding of USFSPA, USERRA and SCRA.

- ***ROA hopes that the Committee will support the Servicemembers Law Center project.***

While the above reforms will positively affect USERRA enforcement, many other things need to be done to improve USERRA:

- ***Exempt employees from penalties when their insurance lapses if their motor carrier license expires while mobilized (i.e., the Federal Motor Carrier Safety Administration).***
- ***Exempt servicemembers from the age restrictions on Federal law enforcement retirement applications when deployment causes the servicemember to miss completion of the application to buy back retirement eligibility.***
- ***Amend Title 49 U.S.C. 44935 to apply USERRA to servicemembers employed by the Transportation Security Administration (TSA) as screeners.***
- ***Amend 38 U.S.C. 4302(b) to make clear that USERRA overrides an agreement to submit future USERRA disputes to binding arbitration.***
- ***Amend 38 U.S.C. 4303 (definition of "employer") to clarify that a successor in interest (a new employer often resulting from a merger, transfer of assets or takeover of a function between companies) inherits the predecessor's USERRA obligations and that a merger or transfer of assets is not necessary to support a finding of successor liability.***
- ***Devise a method to tie the escalator principle to merit pay systems.***

ROA also suggests the following improvements to SCRA.

- ***Include National Oceanic Atmospheric Administration (NOAA) commissioned officers corps under SCRA coverage.***
- ***Amend the SCRA to give the mobilized RC member the right to terminate a contract for telephone service, including cell phone service.***
- ***Amend the SCRA to clarify that the Act applies to the debts of limited liability companies and Subchapter S corporations when the company/corporation is wholly owned by the servicemember or the servicemember***

and a spouse and the servicemember is personally liable on the debt, either as a co-maker or as a guarantor.

- ***Amend the SCRA to add a provision specifically granting a servicemember or the dependent of a servicemember a right of action to sue violators to enforce the servicemember's rights under the SCRA and to recover any damages that may have been incurred.***
- ***Amend the SCRA to add a provision authorizing a court to award exemplary or punitive damages and attorneys' fees to servicemembers whose rights are violated intentionally or willfully under the SCRA by creditors.***
- ***Amend section 201 of the SCRA (50 U.S.C. App. § 521(b) (2) to provide that the reasonable fees of the attorney appointed by the court to represent the servicemember shall be taxed as costs of court.***
- ***Amend section 305 of the SCRA (50 U.S.C. App. § 535) to specifically provide that a landlord may not impose an early termination fee if a servicemember terminates a lease pursuant to the SCRA and to allow a servicemember to give the landlord a letter from his/her commanding officer in lieu of providing copies of deployment/PCS orders.***

SEAMLESS TRANSITION IN HEALTH CARE

Physical Screening of servicemembers is needed at demobilization sites to document the exit state of the individual. Medical Records of Guard and Reserve members are not maintained as completely as those members on active duty. Documentation is a key.

Completion of the Medical Review/Physical Evaluation Board for individuals with medical problems is essential, to document fitness for service and potential medical complications. Such documentation helps the Department of Veterans Affairs record and process claims.

In order to create a more seamless transition of health care, the ROA recommends the following enhancements:

- Medical records and information management systems in the Department of Defense need to be redesigned to be less cumbersome. The Department of Defense needs an electronic medical records system that is compatible with the systems from the Veterans Affairs.
- Improve the exchange of information between the Department of Defense and the Department of Veterans Affairs regarding military discharge decisions. The inter-agency connectivity and cooperation needs to be enhanced to better serve those that have served our Nation so well.
- Reservists need proper education and counseling in benefits, allowances, and assistance that are offered to wounded service personnel. A Reservist returns to a civilian community that may not have a nearby military installation. When considering this proposal there are many possible sources of training for personnel, including Reserve units and Veteran Service Organizations.
- JAGs should receive additional training in benefits, allowances, and resources and be made available for any legal assistance needed. Benefit systems can be confusing and the bureaucracy difficult to navigate; wounded warriors should not be left on their own. Once released from Active duty, Reservists are only partially tied to the military organization.
- Line of duty determinations must be made in a timely manner, with the ability to perform home status duty, while waiting the outcome from medical or physical evaluation boards.
- Long waits for medical or physical evaluation boards, in some cases a year or more, without drilling can cause Reservists to lose a satisfactory year. These non-qualifying years can affect promotion opportunities and retirement eligibility. The assignments of wounded warriors can and must be adjusted to accommodate their post-injury condition.
- Benefits must be equal for all wounded warriors. All disparity in annual disability payments between the Active and Reserve components must be eliminated. Variances in VA ratings between States need to be standardized.
- Develop a Senior Enlisted report system at each medical facility to the Senior Enlisted Advisor to the respective Reserve Component Chiefs describing the condition of their medical facility. One of the traditional roles of any Senior Enlisted Advisor from a Platoon Sergeant to the Sergeant Major is ensuring the welfare of soldiers. The services must give the senior enlisted the tools to accomplish that mission at military treatment facilities.
- Reservists should have the option to return home while awaiting surgery, physical therapy or other medical treatment. They should also have the choice to receive these services from local TRICARE medical professionals at DoD expense. Many of these citizen-warriors are often forced into an unfair choice between

receiving full continued care on Active duty or a "discounted" disability for a quicker return to their civilian lives.

- Wounded warriors should be assigned to units local to their homes for the purpose of accountability and tracking their progress through the medical system. These service members risk falling between the cracks that are created between the Department of Defense and the Department of Veterans Affairs. The military needs to take responsibility for monitoring and advocating for their people until they are fully integrated into the Veterans Affairs system.
- Extensive mental health assessments should be given immediately upon return to home units with follow-up assessments as prescribed by mental health officials. When Reservists return to their civilian lives they may develop mental complications not previously noticed. Experts in this field need to be consulted to determine a monitoring program with no negative career repercussions associated with seeking mental health treatment.
- Traumatic Brain injury is the signature wound from Iraq. Predeployment baseline tests should be taken to measure changes in returning warriors.

SEAMLESS TRANSITION UNDER TRICARE, REQUIRING CHANGES TO USERRA AND SCRA

Initial Coverage: The FY 2005 National Defense Authorization Act made permanent initial TRICARE health coverage up to 90 days prior to activation for servicemembers who receive a "delayed-effective-date" order for contingency operations greater than 30-days.

The Risk: If Reserve component (RC) members have their orders canceled after enrolling in the initial TRICARE coverage, and they also have canceled their employer's health insurance, they are at risk. When the member returns to his employer and hasn't been covered under orders, he or she no longer has USERRA protection.

Legislative Solution: Section 4317 of title 38 (USERRA) needs language included to protect this group of Guardsmen and Reservists.

Demobilization Coverage: Congress made TAMP and TRS benefits permanent in the FY 05 NDAA. Changes to USERRA and SCRA are needed.

Transitional Assistance Management Program (TAMP) provides **180 days health care coverage** as a transition to civilian life. Under TAMP, the service member and family members are eligible to use TRICARE.

TRICARE Reserve Select (TRS) is a health plan offered to Selected Reservists while they remain in a drill status. Should they discontinue drilling, they lose coverage.

The problem: The Uniformed Services Employment and Reemployment Act (USERRA) and the Servicemembers Civil Relief Act (SCRA) have not been updated to match these TRS health care enhancements.

SCRA: The Servicemembers Civil Relief Act provides for the reinstatement of any individual health insurance upon termination or release from service. The insurance must have been in effect before such service commenced and terminated during the period of military service. The reinstatement of the health insurance is not subject to exclusions or a waiting period if the medical condition in question arose before or during the period of service. The servicemember must apply for the reinstatement of the health insurance within 120 days after termination or release from military service.

USERRA: The Uniformed Services Employment and Reemployment Rights Act (USERRA) ensures immediate reinstatement of health care by the employer only at the time when the RC member returns to employment. If the RC member continues on TAMP health care, or chooses to use the TRICARE Reserve Select coverage, the employer could decline reinstatement of health care to the Reservist when the government plan expires, requiring him or her to wait until the next open registration period, which could be months in the future.

The Risk: Health Insurance Portability and Accountability Act (HIPPA) states that a pre-existing condition will be covered when transitioning between insurance plans if an individual was "covered by previous health insurance (which qualifies under HIPAA as creditable coverage) and if there was not a break in coverage between the plans of 63 days or more." TRICARE is a qualifying plan.

If a member utilizes transitional health care over 120 days for an individual health insurance, or declines the employer's plan on the day of re-employment to continue on TRS, the demobilized service member may lose his or her USERRA or SCRA protection for a continuation of health care coverage. Should a waiting period exceed 63 days, pre-existing conditions of the member or family may not be covered.

Legislative Solution

Section 4317 of title 38 (USERRA) needs to include protections for returning RC member employees who elect TRICARE Reserve Select. Subsection (a)(1) of section 4317 of title 38, United States Code, should be amended by inserting after 'by reason of service in the uniformed services,' the following: 'or such person becomes eligible for medical under chapter 55 of title 10 by reason of subsection (d) of section of 1074 or 1076 of that title.'

Section 704 of the Servicemembers Civil relief act states in section (d) TIME FOR APPLYING FOR REINSTATEMENT—An application under this section must be filed not later than 120 days after the date of the termination of or release from military service. Suggested change 180 from 120 days and inclusion of "or upon completion of the person's eligibility for medical care under chapter 55 of title 10 by reason of subsection (d) of section 1076 of that title."

If TRICARE benefits aren't protected under USERRA and SCRA, members may only provide health care plans for family members, and turn to the Veterans Health Administration for their personal health care coverage. At a time when the VHA system is taxed by high demand, and health care costs are increasing, TRICARE benefits as well as Military and VHA medical coverage should be optimized.

CONCLUSION

Mr. Chairman and distinguished members of the Committee, America's service men and women from the Reserve Components come from the heart of communities across this great country and its territories. Many were among the first to respond to their nation's call after September 11, 2001. They have proven themselves to be worthy heroes and capable warriors and have earned the respect they so richly deserve from their fellow citizens. What they also deserve is the equality in benefits that are given to their Active Component brothers and sisters.

The Reserve Officers Association urges the Congress to ensure that our newest veterans, the members of our Reserve Components, are treated equitably and fairly in benefits in addition to being honored as proud citizen soldiers, sailors, airmen, and Marines in the highest traditions of this great country.