

**DEPARTMENT OF DEFENSE AUTHORIZATION FOR
APPROPRIATIONS FOR FISCAL YEAR 2010**

HEARINGS

BEFORE THE

COMMITTEE ON ARMED SERVICES

UNITED STATES SENATE

ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

ON

S. 1390

TO AUTHORIZE APPROPRIATIONS FOR FISCAL YEAR 2010 FOR MILITARY
ACTIVITIES OF THE DEPARTMENT OF DEFENSE, FOR MILITARY CON-
STRUCTION, AND FOR DEFENSE ACTIVITIES OF THE DEPARTMENT OF
ENERGY, TO PRESCRIBE PERSONNEL STRENGTHS FOR SUCH FISCAL
YEAR, AND FOR OTHER PURPOSES

**PART 6
PERSONNEL**

MAY 20 AND JUNE 3, 2009



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**DEPARTMENT OF DEFENSE AUTHORIZATION
FOR APPROPRIATIONS FOR FISCAL YEAR
2010**

WEDNESDAY, MAY 20, 2009

U.S. SENATE,
SUBCOMMITTEE ON PERSONNEL,
COMMITTEE ON ARMED SERVICES,
Washington, DC.

**ACTIVE COMPONENT, RESERVE COMPONENT, AND
CIVILIAN PERSONNEL PROGRAMS**

The subcommittee met, pursuant to notice, at 2:32 p.m. in room SR-222, Russell Senate Office Building, Senator E. Benjamin Nelson (chairman of the subcommittee) presiding.

Committee members present: Senators E. Benjamin Nelson, Begich, Burris, Graham, and Thune.

Majority staff members present: Jonathan D. Clark, counsel; Gabriella Eisen, counsel; and Gerald J. Leeling, counsel.

Minority staff members present: Diana G. Tabler, professional staff member; and Richard F. Walsh, minority counsel.

Staff assistants present: Mary C. Holloway and Jessica L. Kingston.

Committee members' assistants present: Ann Premer, assistant to Senator Ben Nelson; Gordon I. Peterson, assistant to Senator Webb; David Ramseur, assistant to Senator Begich; Gerald Thomas, assistant to Senator Burris; Adam G. Brake, assistant to Senator Graham; and Jason Van Beek, assistant to Senator Thune.

**OPENING STATEMENT OF SENATOR E. BENJAMIN NELSON,
CHAIRMAN**

Senator BEN NELSON. The subcommittee meets today to receive testimony on the Active, Guard, Reserve, and civilian personnel programs in review of the National Defense Authorization Request for Fiscal Year 2010 and the Future Years Defense Program. We call the subcommittee to order.

We will have two panels today. The first panel will consist of the personnel chiefs of the Services. I welcome Lieutenant General Michael Rochelle, Deputy Chief of Staff of the Army, G-1. I want to thank him for his terrific service, many years of duty, and for his constant concern for the men and women in the Army.

Vice Admiral Mark E. Ferguson III, the Chief of Naval Personnel. We appreciate you being here, too. Having worked with you

on other occasions in different responsibilities, it is great to see you again.

Also here today are Lieutenant General Richard Y. Newton III, Deputy Chief of Staff of the Air Force for Manpower and Personnel; and Lieutenant General Ronald S. Coleman, Deputy Commandant of the Marine Corps for Manpower and Reserve Affairs.

I never want to say it is the final hearing, but it may be the final hearing for General Rochelle and General Coleman. I appreciate so much both of you finishing up decorated careers. I want to thank you and especially your families for your service. You have both overseen significant growth in your respective Services in the past 2 years, and you leave them stronger today than they were when you assumed your duties.

I thank you for your service and we wish you the best in your future.

Our second panel will consist of representatives from associations that represent and advance the interests of Active Duty, Reserve, and retired servicemembers, and I will introduce our witnesses on the second panel when it convenes.

This hearing, which we hold every year, is an opportunity to explore the state of our military personnel. This year, more than ever, we are seeing the stress that repeated and lengthy deployments are having on the force and on families. As we begin the process of rotating our troops from Iraq to Afghanistan, the demand for our forces will not lessen in 2010.

The suicide rates in all the Services have risen steadily over the past several years and the numbers this year for the Army are already particularly high. Even though the Army and Marine Corps have grown significantly over the past 2 years, we still cannot provide sufficient dwell time for our servicemembers between deployments, either for the Active Duty or Reserve components.

Secretary Gates testified last week that it would be several years before dwell time goals can be reached. This causes stress not just on servicemembers, but on their families as well.

Moreover, the Army is ending its use of stop-loss in the coming months, and even though we applaud that decision, it is not without its cost. Stop-loss is a cross-leveling tool that ensures unit stability while in the deployment and pre-deployment process. Without stop-loss, dwell times may be pressured even more.

One obvious solution to easing the stress on the force is more end strength. Simply stated, more people equals less deployed time per person, but end strength cannot be viewed in a vacuum. The country is experiencing its worst economic downturn since the Great Depression, and while that has actually helped our recruiting and retention, declining Federal revenues put pressure on all areas of the Federal budget, including defense.

As Secretary Gates testified last week, it is unclear whether increasing end strength beyond current levels is sustainable into the future. Personnel and personnel-related costs, such as the cost of military healthcare, survivor benefits, and retired benefits, continue to soar. People have become the most expensive weapon system in the arsenal.

Nevertheless, as Secretary Gates and Admiral Mullen have said, our people are our most important strategic asset. We will continue

to ensure that we have the highest-quality, All-Volunteer Force that is equipped, trained, and ready while caring for the families and the wounded. We will continue to look for ways to ease the stress on the force while remaining prudent stewards of the taxpayer's dollar.

Finally, we must never lose sight of our responsibility to provide robust family support programs and to continue to improve the care coordination and transition support for our wounded, ill, and injured servicemembers. There is no higher responsibility than that.

I look forward to hearing your testimony today and your thoughts and insights on these challenges.

Now I would like to welcome our ranking member, Senator Graham. As always, we are delighted to have you here with us today as we continue to work together. We have exchanged this position a time or two.

Senator GRAHAM. That is right.

Senator BEN NELSON. We have continued to work well, no matter who is banging the gavel. With that, would you like to make an opening statement?

STATEMENT OF SENATOR LINDSEY GRAHAM

Senator GRAHAM. Yes, Mr. Chairman, very briefly.

I would like to echo the statement you just made. It is a joy being on this committee. I think all members work in a bipartisan fashion, but no one has been easier to get along with than Senator Nelson, and he really does put the men and women in uniform ahead of politics. That is what this is about—those who serve, not politics.

To the panel, welcome. To those retiring, congratulations, if it is true. I think we have money to pay you, and I know you have earned it. [Laughter.]

I look forward to hearing from both panels, particularly the second one, about how our men and women are faring out there. To all of you testifying, thank you.

As Senator Nelson indicated, we have been on a wartime footing for 8 years now. This September will be 8 years since we were attacked on September 11, 2001. It has been a tough 8 years. Our men and women in uniform and their civilian counterparts being deployed overseas and their families have really borne a heavy burden.

I don't think in any other war in American history have so few done so much for so long, and it is not lost upon us. All we can do is say "thank you, well done" and come to your aid when we can when it comes to benefits and programs that serve.

The Army Secretary and General Casey, the Chief of Staff of the Army, testified yesterday that dwell time continues to be insufficient, and the goal of 2 years home for every year deployed will be difficult to realize. They let us know that the soldiers, sailors, airmen, marine, Coast Guard members, and everybody involved are very resilient. But we have to understand they are people, too. They have families to raise, and we are just going to have to, as Senator Nelson said, increase the number of people in the military.

There are a lot of costs associated with the Government, but none more important than defending the Nation. I think most Americans are pretty upset with us at times about the way we spend our money, but very few have any problem helping the men and women who serve and making sure they are well taken care of.

Our noncommissioned officers (NCOs), who are the backbone of every military organization, we have to do more to recruit them. We have healthcare professionals, special forces, nuclear-qualified personnel, Explosive Ordnance Disposal units, you name it, a lot of specialties in the military that are under a lot of stress, and bonus programs have really helped.

The supplemental is going to help in the short term. But at the end of the day, we need to look at the overall end strength, and I think the Commander in Chief's top priority must be national security. The intelligence reports we receive, Mr. Chairman, show a growing threat from Iran, a tougher fight in Afghanistan. Iraq is not done yet. Who knows what North Korea is up to? It will be a long time before we receive a peace dividend.

The budget that was proposed by the administration had a 3 percent gross domestic product spending on defense in 2019. I think that is woefully inadequate. Having said that, I would like to work with the administration and Secretary Gates to make the military—Department of Defense (DOD)—more efficient.

At the end of the day, if you increase the size of the military, the largest expense in the DOD's budget is personnel cost. If you don't increase the overall pie, there is going to be less money to modernize our weapons and do the things that give us an edge in battle.

I will look forward to working with you, Senator Nelson, Mr. Chairman, to make sure that the defense budget not only grows the number of people, but it also gives them the equipment they will need to win the war. This choice between guns and butter, I know we need both. But if you are not well defended, the butter problems are not nearly as important.

Tomorrow, we have to realize that we could wake up and the enemy could hit us again. They are doing everything they can to come back our way, and the reason they haven't is because our men and women in uniform, the Central Intelligence Agency, and other groups have taken the fight overseas to this enemy, and it has made it safer here at home.

I look forward to working with you, Senator Nelson, to get a budget that we can all be proud of.

Senator BEN NELSON. Thank you, Senator Graham.

Senator Begich is here. Are there any opening remarks that you might like to make?

Senator BEGICH. No, Mr. Chairman. I am anxious for their presentations.

Senator BEN NELSON. Thank you.

Without objection, all witness testimony submitted for today's hearing will be included in the record.

Additionally, we have received a statement from the Reserve Officers Association, and without objection, it will be included in the record of this hearing.

[The information referred to follows:]

**Statement for
the Record**

**Reserve Officers Association of the United States
And
Reserve Enlisted Association**

for the

**Subcommittee on Personnel
Senate Armed Services Committee
United States Senate**

May 20, 2009



"Serving Citizen Warriors through Advocacy and Education since 1922."™



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The Reserve Officers Association of the United States (ROA) is a professional association of commissioned and warrant officers of our nation's seven uniformed services, and their spouses. ROA was founded in 1922 during the drawdown years following the end of World War I. It was formed as a permanent institution dedicated to National Defense, with a goal to teach America about the dangers of unpreparedness. When chartered by Congress in 1950, the act established the objective of ROA to: "...support and promote the development and execution of a military policy for the United States that will provide adequate National Security."

The Association's 65,000 members include Reserve and Guard Soldiers, Sailors, Marines, Airmen, and Coast Guardsmen who frequently serve on Active Duty to meet critical needs of the uniformed services and their families. ROA's membership also includes officers from the U.S. Public Health Service and the National Oceanic and Atmospheric Administration who often are first responders during national disasters and help prepare for homeland security. .

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The Reserve Enlisted Association is an advocate for the enlisted men and women of the United States Military Reserve Components in support of National Security and Homeland Defense, with emphasis on the readiness, training, and quality of life issues affecting their welfare and that of their families and survivors. REA is the only Joint Reserve association representing enlisted reservists – all ranks from all five branches of the military.

Executive Director

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DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers and Reserve Enlisted Associations are member-supported organizations. Neither ROA nor REA have received grants, sub-grants, contracts, or subcontracts from the federal government in the past three years. All other activities and services of the associations are accomplished free of any direct federal funding.

INTRODUCTION

On behalf of our members, the Reserve Officers and the Reserve Enlisted Associations thank the committee for the opportunity to submit testimony on military personnel issues. ROA and REA applaud the ongoing efforts by Congress to address readiness, recruiting and retention as evidenced by incentives in several provisions included in the FY2009 National Defense Authorization Act (NDAA). We further would like to pass along the thankfulness that was shared with ROA and REA from TRICARE Reserve Select beneficiaries to the committee for actions taken that allowed adjustments to the TRS Premiums.

EXECUTIVE SUMMARY

The Reserve Officers Association CY-2009 Legislative Priorities are:

- Reset the whole force to include fully funding equipment and training for the National Guard and Reserves.
- Providing adequate resources and authorities to support the current recruiting and retention requirements of the Reserves and National Guard.
- Support citizen warriors, families and survivors.
- Assure that the Reserve and National Guard continue in a key national defense role, both at home and abroad.

Issues supported by the Reserve Officers and Reserve Enlisted Associations are to:

Changes to retention policies:

- continue support incentives for affiliation, reenlistment, retention and continuation in the Reserve Component (RC), especially for midgrade officers and enlisted.
- continue to correct and improve legislation on reducing the RC retirement age.
- permit mobilized retirees to earn additional retirement points.
- permit service beyond the current ROPMA limitations.
- ensure that new non-prior servicemembers, who are over 40 years of age, are permitted to qualify for non-regular retirement.

Pay and Compensation:

- ensure Army policy on mobilization and allowances doesn't destabilize retention.
- compensate all RC members for expenses incurred in connection with round-trip travel in excess of 100 miles to any inactive training location, including travel and lodging and subsistence, and permit tax deductions for unreimbursed travel over 50 miles.
- seek permanent differential pay for federal employees.
- provide professional pay for RC medical professionals.
- eliminate the 1/30th rule for Aviation Career Incentive Pay, Career Enlisted Flyers Incentive Pay, Diving Special Duty Pay, and Hazardous Duty Incentive Pay.
- simplify the Reserve duty order system without compromising drill compensation.

Education:

- place all GI Bill funding and administration belongs under the jurisdiction of the Senate and House committees on Veteran Affairs.

- extend MGI-SR, chapter 1606, eligibility for 10 years following separation or transfer from the Selected Reserve in paid drill status.
- return the MGI-SR (Chapter 1606) payment rate to 47 percent of MGI-Active.
- include 4-year as well as 6- year reenlistment contracts to qualify for a prorated MGI-SR (Chapter 1606) benefit.
- stipulate that RC personnel can use their education benefits while mobilized.
- allow use of the MGI benefit to pay off student loans.

Spouse Support:

- repeal the SBP-Dependency Indemnity Clause (DIC) offset.

Health Care:

- support allowing gray-area retirees to buy into TRICARE Reserve Select
- encourage hearings on DoD's response to recommendations made by the Task Force on the future of Military Health care.
- examine sustaining the TRICARE health system by:

TRICARE Prime:

- only making adjustments to the enrollment fee if tied to true health care costs.
- reviewing current total cost of DoD health care benefits by an independent evaluation. Such an audit will permit Congress to validate proposals made by all parties.
- cost-sharing adjustments to fees being spread over at least five years to permit household budgets to adjust.
- not tying annual increases to the market-driven Federal Employee Health Benefits Plan (FEHBP).

TRICARE Standard:

- not including an annual enrollment fee for either DoD (or VA) beneficiaries.
- by limiting TRICARE Standard beneficiary enrollment to only a one-time minimal administrative fee, if even necessary.
- adjustments to TRICARE Standard being made to the deductibles.
- analyzing the total cost rather than initial cost perspective, because of 25 percent co-payments after the deductible.
- decoupling TRICARE standard deductible increases from TRS as Reservists pay more upfront.

On Pharmacy Co-payments:

- not applying higher retail pharmacy co-payments to initial prescriptions, but on maintenance refills only.
- continuing DoD efforts to enhance usage of the mail-order prescription benefit.

- Continue to improve health care continuity to all drilling Reservists and their families by:
 - allowing gray-area retirees to buy into TRICARE Reserve Select (TRS).
 - permitting Individual Ready Reservists access to buy into TRS.
 - providing TRS coverage to mobilization ready IRR members; with levels of subsidy varying for different levels of readiness.

- allowing demobilized Retirees and Reservists involuntarily returning to IRR to qualify for subsidized TRS.
 - providing the individual Reservist an option of DoD paying a stipend toward employer's health care.
 - allowing demobilized FEHBP beneficiaries the option of TRS coverage.
- Extend military coverage for restorative dental care following deployment as a means to insure dental readiness for future mobilization.
 - Permit the post deployment physical screening to be processed at home station.
 - Improve military coverage for mental health care for Guard and Reservists, and separated veterans following deployment to identify problems and ensure treatment.

↔

Only issues needing additional explanation are included below. Self-explanatory or issues covered by other testimony will not be elaborated upon, but ROA and REA can provide further information if requested.

COMPENSATION AND READINESS DISCUSSION
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Operational versus strategic missions for the Reserve Component: The Reserve forces are no longer just a part-time strategic force but are an integral contributor to our nation's operational ability to defend our soil, assist other countries in maintaining global peace, and fight in overseas contingency operations.

Concerns have been expressed that "operationalizing" the Reserve Components will eventually destroy the concept of the citizen warrior. ROA and REA share such concerns as citizen warriors cannot be expected to maintain their civilian professional edge if an entire career is operational. Families, civilian careers, and civic pursuits distinguish Guard and Reserve members from the nation's Active duty service members. Those who would be long-serving citizen warriors must balance the many demands on their time. Currently, deployment frequency is close between the Active and Reserve Components, creating disproportionate obligations. The Reserve Component can ill afford to be strictly a full-time operational reserve, as it is impacting the sustainability of the Reserve Component. Sustainment means not burning up all of our reserve capability in any one national effort, and fairly compensating the Reservists for their extra efforts.

National security demands both a strategic and an operational reserve. The operational reserve requires a more significant investment of training and equipment resources, and places greater demands on its personnel as compared to the strategic reserve. Those serving in operational reserve units must be fully aware of the commitment required to maintain the expected level of readiness. A similar awareness and commitment is necessary for those responsible for providing resources to the operational reserve.

Planners also must recognize that few individuals can remain in the operational reserve for an entire career. There will be times when family, education, civilian career, and the other demands competing for their time and talents take priority. Such an approach requires the ability to move freely and without penalty between the operational and strategic elements of the Reserve Component as a continuum of service.

A strategic reserve component is comprised of units that provide a surge capability, and also provide domestic security and defense. While the traditional view is that members in a strategic reserve are at a lower level of readiness, training and equipping are still significant resource commitments in order to respond to natural and man-made disasters, and to retain the Guard and Reserve members who are operationally experienced.

Each service has its own force generation models and the services organize, train and equip their Reserve Components to a prescribed level of readiness prior to mobilization to limit post-mobilization training and to maximize operational deployment time. **ROA and REA urge Congress to continue to support and fund each service's authority to manage the readiness of its own reserve forces as one model does not fit all.**

Congress can play an important role by requiring reports from service leaders to ensure they have a plan for systematic augmentation, that the plan is adequately resourced, and that Reserve training and equipment will permit interoperability with the units they augment and reinforce. In an era of constrained budgets, a capable and sustainable Reserve and National Guard is a cost-effective element of national security.

Junior Officer and Enlisted Drain: As an initial obligated period draws to the end, many junior officers and enlisted choose to leave, creating a critical shortage of young people in the leadership conduit. This challenge has yet to be solved. ROA and the National Guard Education Foundation published a report suggesting solutions to the problem. Copies can be provided to the committee, or be found at <http://www.roa.org/JO-shortage>.

End Strength: It is noted that the only service component to suffer continued cuts in the FY-2010 budget was the Navy Reserve. Before these cuts are made, ROA and REA hope that Congress requests a report from the Department of the Navy updating its Zero Based Review which was last done over five years ago.

PROPOSED LEGISLATION

Retirement - ROA and REA again thank the committee for passing the early retirement benefit in the Fiscal Year 2008 National Defense Authorization Act, as a good first step toward changing the retirement compensation for serving Guard and Reserve members, but ...

Guard and Reserve members feel that with the change in the roles and missions of the Reserve Component, their contracts have changed. Informal surveys keep indicating that earlier retirement remains a top issue asked for by Guardsmen and Reservists. They ask why so many Guard and Reserve members who have served in the Global War on Terrorism were excluded from the new benefit; they also ask why even earlier duty is not included; and if faced with the same risks as Active duty, why there is a 20 year difference in access to retirement pay?

1. "ROA and REA" endorse S.831, National Guard and Reserve Retired Pay Equity Act of 2007, which is a corrective measure to the Fiscal Year 2008 National Defense Authorization Act, including those Guard and Reserve members who have been mobilized since 9/11/2001. Over 600,000 were unfairly excluded. We realize the expense of this corrective measure scored by CBO is \$2.1 billion over ten years, but hopes that offset dollars can be found.

2. ROA and REA don't view this congressional solution as the final retirement plan. The Commission on the National Guard and Reserve recommends that Congress should amend laws to place the active and reserve components into the same retirement system. Secretary of Defense Robert Gates refers to the Tenth Quadrennial Review of Military Compensation's comprehensive review of the military retirement systems for suggested reform. The later report suggests a retirement pay equal to 2.5 percent of basic pay multiplied by the number of years of service.

ROA and REA agree that a retirement plan, at least for the Reserve Component, should be based on accrualment of active and inactive duty. Early retirement should not be based on the type of service, but on the aggregate of duty. It shouldn't matter if a member's contributions were paid or non-paid; inactive duty, active duty for training, special works or for mobilization. Under a continuum of service, this approach would provide both the Active or Reserve Component members with an element of personal control to determine when they retire and will encourage increased frequency of service beyond 20 years within the Reserve.

3. With changes in the maximum recruitment age, ROA and REA urge Congress to ensure that new non-prior servicemembers, who are over 40 years old, are permitted to qualify for non-regular retirement. While Congress took action to extend the military Mandatory Retirement Age to 62 years, services aren't necessary electing to increase their MRA policies.

4. An additional problem arises for O-4 officers who, after a break in service, have returned to the Reserve Component. After being encouraged to return a number of officers find they are not eligible for non-regular retirement. When reaching 20 years of commissioned service they find they may have only 15 good federal years. Current policy allows these individuals to have only 24 years of commissioned time to earn 20 good federal years. **ROA urges Congress to make changes to allow O-4s with 14 to 15 good federal years to remain in the Reserve until they qualify for non-regular retirement.**

Education

1. *Montgomery "GI" Bill-Selected Reserve (MGIB-SR):* To assist in recruiting efforts for the Marine Corps Reserve and the other uniformed services, **ROA and REA urge Congress to reduce the obligation period to qualify for MGIB-SR (Section 1606) from six years in the Selected Reserve to four years in the Selected Reserve plus four years in the Individual Ready Reserve, thereby remaining a mobilization asset for eight years.**

2. *Extending MGIB-SR eligibility beyond Selected Reserve Status:* Because of funding constraints, no Reserve Component member will be guaranteed a full career without some period in a non-pay status. BRAC realignments are also restructuring the RC force and reducing available paid billets. Whether attached to a volunteer unit or as an individual mobilization augmentee, this status represents periods of drilling without pay. **MGIB-SR eligibility should extend for 10 years beyond separation or transfer from of a paid billet.**

Military Voting

Just because last November's ballots have been tallied, the problems with military voting should not be set aside. Military personnel, overseas citizens and their families residing

outside their election districts deserve every reasonable opportunity to participate in the electoral process. Yet, tens of thousands of military and family members are being deprived of the right to vote by ballots not delivered, received or counted by States and local jurisdictions. Studies by Congressional Research Service show that 25 percent of military member and family votes were not counted in the 2008 election.

ROA and REA urge Congress to direct the Government Accountability Office to report further on the effectiveness of absentee voting assistance to Military and Overseas Citizens for the 2008 General Election and determine how Federal Voting Assistance Program's efforts to facilitate absentee voting by military personnel and overseas citizens differed between the 2004 and 2008 national elections. ROA and REA also hopes the Congress encourages the Secretary of Defense, in conjunction with States and local jurisdictions, to gather and publish national data about the 2008 election by voting jurisdiction on disqualified military and overseas absentee ballots and reasons for disqualification.

HEALTH CARE DISCUSSION

1. ROA and REA endorse S.731 which amends title 10, United States Code, to provide for continuity of TRICARE Standard coverage for certain members of the Retired Reserve by allowing gray area retirees to buy into TRICARE Reserve Select (TRS). Gray-area Reservists are currently in limbo between TRS eligibility while a Selected Reservist and TRICARE with retirement-in-pay. TRS buy-in would provide a continuity of health care. TRS buy-in would be at the full monthly cost, and provide a healthcare option for those waiting for TRICARE retirement. With recent reduction in TRS premiums the cost to a gray-area retiree at current rates would be about \$645 a month. Costs will be minimal.

2. Sustaining Military Health care. ROA and REA applaud the efforts by Congress to address the issue of increasing Department of Defense (DoD) health care costs and its interest to initiate dialogue and work with both the Pentagon and the beneficiary associations to find the best solution. The time has come to examine the cost of TRICARE and the level of beneficiary contribution.

ROA and REA are committed to our membership to sustain this health care benefit. We fear that we will be unable to continue to sustain prohibitions on health care fees into the future. We need to work together to find a fair and equitable solution that protects our beneficiaries and ensures the financial viability of the military health care system for the future. Some associations seek to continue a freeze on premium fees permanently; others have joined ROA and REA by admitting that some increases are necessary.

Reserve Component members have a different perspective on the issue of TRICARE fees as they have relied on private health insurance for most of their careers. Guard and Reserve retirees only qualify for TRICARE from age 60 until age 65, and participate in TRICARE for Life once in Medicare.

The Task Force on the Future of Medical Health Care has published their final report with 12 recommendations. These include responsible cost accounting, wellness programs and fee adjustments. The recommendation by the Task Force is that a TRICARE fee increases be limited to retirees, and not affect Active Duty members or their families. **ROA and REA**

remind the committee that recommendations for changes to deductibles should not be applied to the serving Reservist either.

A. TRICARE Reserve Select has evolved into a stand alone health plan. While it uses the TRICARE standard as an engine, it is no longer a TRICARE standard program. **TRICARE standard fee increases must not be rolled over into TRS.**

B. TRICARE PRIME: ROA and REA clearly understand that health care costs must be brought back into alignment.

ROA and REA endorse a tiered enrollment fee and congratulate the Task Force for developing one **based on annual income**. As most Guard and Reserve members retire at 25 to 30 percent of active duty retirement pay, it makes sense that G-R enrollment fees should be lower. **ROA and REA do suggest that if enrollment fees are based on income that it be based just on military retirement income of Active and Reserve retirees.**

C. TRICARE Standard: Following the Task Force report, the ROA and REA still have concerns with recommended enrollment fees and deductible increases for TRICARE Standard. While it was intended as the low cost option to TRICARE Prime, Standard is already more expensive than Prime. TRICARE Standard is a fee for service plan. With a \$150 deductible for singles and a \$300 deductible for families, TRICARE Standard retiree beneficiaries also pay co-payments (cost-share) of 25 percent per visit after the deductible.

Offered as an option to TRICARE Prime to active duty retirees, TRICARE Standard (TRS) is the required choice for serving Reservists and may be the health care plan of choice for Guard and Reserve retirees between the ages of 60 and 65 because most live outside the TRICARE Prime network of health care providers.

Geographically removed, Standard areas have fewer authorized TRICARE providers. It becomes incumbent upon the TRICARE beneficiary to find a physician that accepts TRICARE Standard and often the beneficiaries must administer their own TRICARE health plan. Because of its costs and problems with availability, TRICARE Standard can only be viewed as DoD's "basic model" health care program.

The ROA and REA do not endorse annual enrollment fees for individuals who don't use the TRICARE Standard plan. Eligibility should remain universal; a one-time administrative enrollment fee might be implemented with first use of the program.

If TRICARE Standard enrollment fees are increased, Congress needs to review the recommended deductibles and current co-payment levels. While TRICARE Prime is in the top 90 percent for cost generosity, TRICARE Standard is at a lower level of the spectrum of plan generosity.

The Task Force recommends that there be one annual enrollment or disenrollment period. **If an enrollment fee is implemented, the individuals should have an ability to disenroll at any point during that first year.** TRICARE Standard has no guaranteed access, and Standard beneficiaries may be unable to find a health care provider.

3. Dental Readiness. Currently, dental readiness has the largest impact on mobilization. In the fourth quarter of FY-2007, the Army Reserve was 51.8% dental class 1 or 2, Navy was 90%, Air Force 83.5 %, USMCR 77.2%, Air Guard 87.3%, Army Guard 45.6% and USCGR 74.6%.

The services require a minimum of Class 2 (where treatment is needed, however no dental emergency is likely within six months) for deployment. Current policy relies on voluntary dental care by the Guard or Reserve member. Once alerted, dental treatment can be done by the military, but often times there isn't adequate time for proper restorative remedy.

The services admit that dental hygiene and treatment is lacking during overseas deployments.

ROA and REA suggest that the services are responsible to restore a demobilized Guard or Reserve member to a Class 2 status to ensure the member maintains deployment eligibility.

Because there are inadequate dental assets at Military Treatment Facilities for active members, active families, and reservists, **ROA and REA further recommend that dental restoration be included as part of the six months TAMP period following demobilization.** DoD should cover full costs for restoration, but it could be tied into the TRICARE Dental program for cost and quality assurance.

4. Employer health care option: The ROA and REA continues to support an option for individual Reservists where DoD pays a stipend to employers of deployed Guard and Reserve members to continue employer health care during deployment. Because TRICARE Prime or Standard is not available in all regions that are some distance from military bases, it is an advantage to provide a continuity of health care by continuing an employer's health plan for the family members. This stipend would be equal to DoD's contribution to Active Duty TRICARE.

5. Advocacy and education are the twin pillars of the Reserve Officers Association. The ROA has held successful seminars on Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) and new forms of treatment for these signature wounds of current contingency operations. It and will hold another program on mental health care on May 21st. A report has been published on Healthcare Delivery to the Armed Forces, with one section focusing on gaps in coverage and another on mental healthcare delivery, which was too lengthy to include in this testimony. Copies can be provided to the committee or it can be found at www.roa.org/healthcarereport.

CONCLUSION

ROA and REA reiterate our profound gratitude for the progress achieved by this committee by providing parity on pay and compensation between the Active and Reserve Components, with the sub-committee also understanding the difference in service between the two components.

ROA and REA look forward to working with the personnel sub-committee where we can present solutions to these and other issues, and offers our support in anyway.

Senator BEN NELSON. We will now hear from our witnesses. We will start with you, General Rochelle.

**STATEMENT OF LTG MICHAEL D. ROCHELLE, USA, DEPUTY
CHIEF OF STAFF G-1, UNITED STATES ARMY**

General ROCHELLE. Chairman Nelson, Senator Graham, distinguished members of the committee, thank you very much for this opportunity and thank you for your very kind and gracious comments regarding my service. Much appreciated and certainly so on the part of my family, as with all Army families.

I appear before you today on behalf of the 1.1 million men and women serving here and abroad in peace as well as in hostile environments. This combat-seasoned force is resilient and professional, yet strained and out of balance.

More than 1 million of this Nation's finest citizens have deployed over the past 7 years into harm's way. We realize very well that there are costs and effects associated with this conflict, both visible and invisible effects. Our current programs to relieve stress on the force are critical to maintain a healthy, balanced, and prepared force.

These programs help us defend our country against some of the most persistent and wide-ranging threats in our history. The success of these programs, many of which you are responsible for in large part due to your support, give us the numerous programs that are required to support this great force well into now, as well as 7-plus years of war, as you have noted, Mr. Chairman, as with Senator Graham.

First and foremost, you have given us the means to recruit and retain an agile Army. As a result of the past 2 years, we have met or exceeded our recruiting and retention goals for the Total Force. This is a step in the right direction toward restoring balance.

We continue to transform our force into one Army that consistently uses the talents of our Active, Reserve, and National Guard soldiers as well as our civilian workforce and teammates. This Total Force approach is key to restoring balance within our ranks and our homes.

This Congress, and most especially this committee, has embraced our needs, and we are very grateful. You have given us the means to improve the quality of life for our soldiers and their families. Soldiers are remaining in the Army because they see it is a good environment in which to raise a family, thus making us the employer of choice.

The Army continues to face challenges, which will be directly in front of us for the next several years. Armed with lessons learned, it is our intent to stay in front of these challenges, anticipate them, develop strategies and programs, and keep them from becoming problems in the future.

One of our latest challenges is that of the eligible population to serve in the Armed Forces, which continues to drop, thus creating a national dilemma. The Army will continue to work hard to attract and retain the best, but we need your help in taking on this larger national issue.

The challenging environment that our soldiers serve in demands that we maintain the standards as set, and we must remain ever

vigilant that our force is manned with both physically and mentally qualified and fit soldiers, as it is today.

I have described a challenging environment to you here today. I am confident, however, that with the operational and institutional agility this Army has developed over the past 8 years, we will meet all of the challenges that confront us.

It is always easier to commit to a plan of action when we know that Congress supports us. Your leadership and your support have been unwavering, and I have appreciated the discussions we have had over the years concerning the health of the Army, and I look forward to your questions today.

Thank you.

[The prepared statement of General Rochelle follows:]

PREPARED STATEMENT BY LTG MICHAEL D. ROCHELLE, USA

INTRODUCTION

Chairman Nelson, Senator Graham, and distinguished members of this committee, thank you for the opportunity to appear before you on behalf of America's Army. Our greatest heroes are America's most precious resource—our soldiers. These soldiers and their families, backed by our civilian workforce, represent the very best of America's values and ideals. Your continued support of our personnel initiatives provides the tools we need to ensure the growth, sustainment, and well-being of our All-Volunteer Force. This fighting force of 1.1 million soldiers is continually tested at home and abroad. Repeatedly our Nation's young men and women step forward and pledge to serve. They recognize the challenges facing our Nation, answer the call, and become part of something larger than them. Their dedicated service and sacrifice are deserving of the very best services, programs, equipment, training, benefits, life-style, and leadership available. Our focus this year centers on the growth in volume and talent, sustainment of the force, our ability to meet the national challenges, and the importance of maintaining this strength to meet the demands now and for the future.

STRATEGIC OVERVIEW

America's Army, strained by persistent conflict, remains a resilient and professional force. More than 1 million of our country's men and women have deployed to combat; more than 4,500 have sacrificed their lives, and more than 31,000 have been wounded. After 7 years of continuous combat our Army—particularly our people—remains out of balance. We have several challenging years ahead and must remain vigilant and proactive to the needs of our people and maintain the programs and policies in support of them. The current conditions of supply and demand most change in order to restore balance in our force. We remain cautiously optimistic that we will achieve balance by fiscal year 2011.

END STRENGTH

As part of the overarching goal of restoring balance, the Army met the "Grow the Army" end strength goal ahead of schedule, resulting in an end strength of 543,645 for fiscal year 2008. The Army met the fiscal year 2010 end strength goal of 547,400 in January 2009. This success is based largely on the Army's recruiting and retention programs. Since attaining the authorized strength, the Army has taken actions to ensure that Army end strength in fiscal year 2009 remains at, but does not exceed, the authorized level of 547,400. These actions included reducing the recruiting and retention missions and policy changes to manage losses.

Because the Army was able to meet the "Grow the Army" end strength early, we have sufficient enlisted soldiers to meet all the current authorizations. This will help mitigate some of the stress of the ongoing high operational pace; however, there are still many stressors overwhelming the force. In spite of the Army's strength, however, the Army cannot meet the 1:2 Boots on the Ground dwell time goal due to the cumulative effects of the planned deployment schedule, the elimination of Stop Loss, and the continuing demands of training soldiers and caring for the wounded warriors.

RECRUITING AND RETENTION (OFFICER AND ENLISTED)

Once again, despite the challenges of a protracted conflict in fiscal year 2008, the Army exceeded its enlisted recruiting and retention missions for the first time since fiscal year 2002 and is confident it will meet its goals for fiscal year 2009. Meeting these critical benchmarks moves us closer to restoring balance, but much more needs to occur. As a result of a dynamic environment, we have adjusted our recruiting and retention objectives mid-year. We will continue to monitor the trends and make adjustments as required.

In fiscal year 2008, with congressional support, the total Army spent \$4.2 billion on recruiting and retention. In fiscal year 2009, these programs received \$3.8 billion and requested an additional \$1.1 billion in supplemental funding. The requested increase of \$0.7 billion was the result of a large residual and anniversary payments initiated in fiscal year 2008 and coming due in fiscal year 2009. We intend to decrease our fiscal year 2010 budget by 6 percent over fiscal year 2009 to \$4.6 billion due to a more favorable recruiting and retention environment. The amount budgeted for anniversary payments will continue to increase through fiscal year 2011 but is anticipated to decrease in fiscal year 2012 in subsequent years.

The cumulative effects of this funding is a quality All-Volunteer Force and a proven model to sustain personnel levels as required. For example, the Army's percentage of new enlisted soldiers considered "high quality" with high school diploma increased by 2.1 percent in 2008. Additionally, recruits scoring in the upper range (50-99 percent) on the Armed Forces Qualification Test (AFQT) increased 1.6 percent; and recruits who scored poorly (30 percent and below) on the AFQT decreased 1.2 percent.

The Army must remain adaptive to the recruiting environment. As an example, a recently developed program to assist the Army in meeting critical skills is the Military Accessions Vital to the National Interest (MAVNI). The Army launched this pilot program on February 23, 2009, to attract high quality individuals with exceptional skills in health care professions or 1 or more of 35 languages. MAVNI recruits are non-U.S. citizens who have been legally present in the United States for 2 or more years and speak a designated and critically needed language or are licensed health care professionals, but who do not have permanent residency (i.e. Green Card). Additionally, the Army continues to utilize the Military Occupational Specialty (MOS) 09L Program. The Army has recruited more than 1,500 soldiers as military interpreters and translators under this program.

The Army retention mission is also on track to meet the goals set for fiscal year 2009. In all components, the Army is currently above mission and expects to finish successfully in every category. The Army reduced the overall Active component mission in the second quarter from 65,000 soldiers to 55,000 soldiers due to meeting the overall "Grow the Army" objective. Retention of combat experienced veterans remains critical to current and future readiness. As a result of this successful program, 45.1 percent of all reenlistments occur in theater currently. Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) areas of operations have achieved reenlistment rates of 135 percent against their annual goals.

Shortages remain within our officer corps due to overall structural growth of the Army. To correct this, the Army initiated the Captains' Retention Incentive Menu in September 2007. The Army spent \$443.6 million from fiscal year 2007 to present on this incentive program. The goal of the program was to recruit, retain, and manage critical skills in officers to increase the retention of lieutenants and captains for 3 years. The Captains' Retention Incentives Menu program included a cash option based on the officer's accessed branch, resident graduate school attendance for up to 18 months, or attendance at the year long Defense Language Institute in exchange for a 3 year additional active duty service obligation. As a result, the captain retention increased in fiscal year 2008 to 89.1 percent over the 10 year average of 88 percent. The program guaranteed retention through fiscal year 2011 for over 16,000 of the 23,000 captains who were eligible to participate. The timing of our Captains' Retention Incentives Menu program, concurrent with the dramatic downturn of the economy and job market, helped support our retention goals. The cash and Defense Language Institute options ended in November 2008. The remaining retention incentive, the Expanded Graduate School Program, has been funded at \$7.5 million in fiscal year 2010. Overall, the single most effective retention incentive for junior officers was the cash bonus. Over 94 percent of the more than 16,000 officers who took incentives in fiscal year 2008 elected to take the cash bonus. Department of Defense survey data analysis showed that most officers who intended to separate or were uncertain about staying in took the incentive and committed to further obligated Army service.

The Officer Accession Pilot Program (OAPP), launched under authority of the 2006 National Defense Authorization Act (NDAA), allowed us to offer cash incentives to students who graduate from the Leader Training Course (LTC) and contract as a 2 year ROTC cadet. As a result, the fiscal year 2008 contract rate for graduates from the LTC increased from 65 percent to 70 percent. That is a 5 percent increase from the contract rate average the previous 4 years. This authorization further allowed us to incentivize language training focused on the Critical Language List. At a cost of \$68,250, the program had 127 participants as of January 2009. Finally, the new authority gives us needed tools to assess much needed chaplains and medical professionals.

The United States Military Academy (USMA) and ROTC both offer Pre-Commissioning incentives. These consist of offering new officer's their Post or Branch of Choice or Graduate Schooling. In fiscal year 2006 and fiscal year 2008 there were 4,500 participants.

These incentives have increased longevity by 40 percent for newly-commissioned, high-performing USMA and ROTC officers.

In spite of a dramatically changed recruiting climate, based on the economy, our message to our soldiers and their families must resound with assurance that they will be cared for in a manner commensurate with their service and sacrifice. Incentives, bonuses and pay are only part of the equation in creating balance in our soldiers and families lives. In the event of a life changing injury or the loss of life, our soldiers are assured that their families will receive financial and programmatic support for their loss and sacrifice. This support includes full-earned benefits and disability compensation. The Army is working closely and aggressively with soldiers and their families to streamline access to assistance from other Federal agencies, such as the Social Security Administration, Department of Labor, and Department of Veterans Affairs.

Overall, the Army's programs are effective in recruiting and retaining both officers and enlisted soldiers with critical skills. For enlisted soldiers, the Selective Re-enlistment Bonus (SRB) and Critical Skills Retention Bonus (CSR) remain proven as effective tools for filling critical skills. The Army carefully manages its resources, reviewing and adjusting incentives at least quarterly to ensure we attract and retain quality individuals in needed occupations, while remaining fiscally responsible to avoid excessive payments. The economic environment allows us to reduce incentive levels amounts and the number of occupations offered bonuses. However, we must retain the flexibility to apply incentives as necessary to attract and retain mission critical talent in shortage MOS, and reshape the force as QDR and other factors warrant. The continued authorities and funding of these programs by Congress remains critical to the Army.

STOP LOSS

A friction point that the Army intends to alleviate is the use of stop loss. The Army's current use of stop loss is based solely on mission demands. In accordance with the March 18, 2009, announcement from Secretary of Defense Gates, the Army will phase out the use of the stop loss program between now and January 2010. By August 2009, the U.S. Army Reserve will no longer mobilize units under stop loss and the Army National Guard will stop doing so in September 2009.

INDIVIDUAL READY RESERVE MOBILIZATION

The Individual Ready Reserve (IRR) is a critical element that assists the Army in meeting unit readiness. There are 59,146 in the IRR as of May 11, 2009. A total of 13,560 have received mobilization orders since September 11, 2001, of which 10,841 soldiers have reported as ordered and 9,012 soldiers have deployed to Iraq or Afghanistan at least once. The Army has a tiered systemic approach to mobilization to ensure we input equity into the IRR mobilization process. An effective IRR program is based on several factors, including the soldiers' understanding of their obligations, access to benefits and support, and time to adjust personal affairs prior to mobilizations.

To improve readiness of the IRR, the Army instituted an innovative IRR muster program. Approximately 5 months after entering the IRR, a soldier will be ordered to muster duty. During fiscal year 2008, the Army Reserve spent approximately \$7.4 million to muster 11,600 IRR soldiers and the Army plans to muster 14,000 IRR soldiers at an estimated cost \$7.9 million in fiscal year 2009. Soldiers may be required to muster each year they remain in the IRR. Once mobilized, soldiers in the IRR receive 10 days of Individual Soldier Training upon arriving at the mobilization station. These soldiers also receive refresher training in their MOS which lasts be-

tween 2 to 4 weeks depending on their specific skill. This program contributes to our goals of an Operational Reserve as well as a continuum service.

CIVILIAN PERSONNEL

Department of the Army Civilian employees provide vital support to soldiers and families in this era of persistent conflict. They share responsibility for mission accomplishment by delivering combat support and combat service support—at home and abroad. More than ever, Army Civilians are an absolutely essential component of readiness and a key element in restoring balance. Today, the Army Civilian Corps is over 287,000 strong with 4,676 currently serving in harm's way in the U.S. Central Command area of operations. The new Department of Defense Civilian Expeditionary Workforce supports humanitarian, reconstruction, combat-support, and other missions. As a key part of the Army Civilian Corps, the civilian expeditionary workforce maximizes the use of civilian employee volunteers in support positions, freeing up military personnel for operational requirements. These civilian employees train, equip, and prepare to mobilize and respond urgently to expeditionary requirements.

While we have successfully grown the Army's civilian workforce over the last few years, we will significantly stress our capability to meet known and projected hiring requirements over the next few years. The Base Realignment and Closure Act (BRAC) of 2005 require the movement of over 23,000 civilian employee positions to different geographical areas. In fiscal year 2007–2008, Army obligated over \$35 million for civilian Permanent Change of Station (PCS) moves associated with BRAC. For fiscal year 2009, Army has budgeted \$150 million to cover the increases in projected BRAC PCS moves. Our analysis of past BRAC implementation indicates that traditionally only 30 percent of the civilian work force will move with their current organization although that percentage may increase because of the current economy. We project that over 56,000 more BRAC recruitment actions must be completed between now and the end of fiscal year 2011 to provide commanders the talent needed to meet critical missions. This is in addition to the 120,000 recruitment actions needed annually to sustain current operations. Additionally, the Army anticipates hiring up to 4,000 employees as a result of the American Recovery and Reinvestment Act, as well as a significant number of new civilians as part of current insourcing initiatives.

To protect the public interest and maintain core competencies, we ensure that inherently governmental functions and requirements are performed by government employees. The civilian workforce provides us with an opportunity to save vital resources by bringing relatively expensive contracted services back into the government through the insourcing process. The initial results of our efforts are promising, saving an average of \$46,000 per insourced position. We have insourced 1,164 positions to date.

ARMY EQUAL OPPORTUNITY (EO) POLICY

The Army leads the Nation in Equal Opportunity using education, preventative training, and cultural awareness of discrimination. Commanders at all levels are responsible for sustaining positive equal opportunity climates within their organizations. Remaining applicable and relevant within the environment that we operate, the Army is transforming EO policy through innovative equal opportunity techniques, tactics, and procedures based on the full spectrum of Army Operations, Institutions, and Training. This effort will strengthen the foundation of the Army's overall Human Relations program. One area the Army is currently upgrading is the Equal Opportunity Reporting System (EORS). The EORS tracks complaint data and trends to give senior leaders critical information about the EO climate in their organizations and across the Army and it will soon provide a variety of automated reports. Additionally, the Army is preparing to implement the Defense Equal Opportunity Management Institute Organizational Climate Survey as its official command climate survey for the Army. To date, the Army has invested \$2 million (\$1.1 million in fiscal year 2008 plus \$0.9 million so far in fiscal year 2009) and expects to invest another \$0.8 million in fiscal year 2010 for EO personnel and services support, database and survey systems, outreach support, and training contracts.

SEXUAL ASSAULT PREVENTION

The Secretary of the Army and the Chief of Staff remain personally involved in reinforcing to all soldiers and leaders the importance of preventing sexual assault. Under their guidance and leadership, the Army launched a new comprehensive sexual assault prevention campaign in 2008. The campaign centers on leaders establishing a positive command climate where sexual assault is clearly not acceptable.

The campaign further encourages soldiers to execute peer-to-peer intervention personally, and to not tolerate behavior that, if left unchecked, may lead to sexual assault.

The cornerstone of the Army's prevention campaign is the "I. A.M. Strong" program, where the letters I, A, and M stand for Intervene-Act-Motivate. The "I.A.M. Strong" program features soldiers as influential role models and provides peer-to-peer messages outlining the Army's intent for all its members to personally take action in the effort to protect our communities. Leaders have embraced "I. A.M. Strong" initiatives and are motivating soldiers to engage proactively and prevent sexual assault. The Secretary of the Army helped kick off Phase II of the "I. A.M. Strong" campaign last month at our second annual Sexual Assault Prevention Summit. Our campaign extends through 2013 as we work to be the Nation's leader in sexual harassment and sexual assault prevention.

Our strategy culminates with the Army recognized as the Nation's leader when it comes to investigating and prosecuting sexual assault cases. The Criminal Investigation Division (CID) and the Judge Advocate General's Corps (JAGC) are in the process of adding investigators and prosecutors at our busiest jurisdictions. The intent of this initiative is to create a capability similar to civilian Special Victim Units. The CID and JAGC are also hiring nationally recognized subject matter experts in the field of sexual assault as consultants, advisors, and trainers.

The Army expended over \$20 million in fiscal year 2008 for our sexual assault prevention campaign; we are projected to expend over \$42 million in fiscal year 2009; and we expect to allocate approximately \$67 million in fiscal year 2010. To date, our prevention campaign is successfully leading cultural change and establishing the Army as the blueprint for the Nation on sexual assault prevention.

SUICIDE PREVENTION PROGRAM

The loss of any soldier is a tragedy, particularly when it could have been prevented. Over the past several years, suicides among soldiers have increased. Army leaders are greatly concerned with the significant increase in the number of suicide cases. The Army leadership prioritized efforts and directed resources toward suicide prevention awareness, suicide intervention actions, and post-intervention grief and bereavement support.

As part of the Army's continuing response to suicide, Army Vice Chief of Staff, General Peter W. Chiarelli, issued a comprehensive, multi-disciplinary Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention. The plan, run by both the Army's Suicide Prevention Task Force and the Vice Chief chartered Suicide Prevention Council, recognizes the inter-connectedness of the physical, spiritual, and mental health of soldiers and their families in preventing the full range of at risk behaviors including suicide. Senior leaders are implementing this plan at all installations.

The Army Campaign Plan will promote better health, reduce risk in the Force and prevent suicide by leveraging the total assets of the institution and our partners across the domains of Doctrine, Organization, Training, Materiel, Leaders, Personnel, Facilities and Resources (DOTMLPF-R). To date, the Vice Chief of Staff through the Task Force and the Council directed more than 250 action items and action plans. New tasks emerge almost daily as the Task Force and Council continue their work. Special emphasis is directed toward reducing stigma associated with seeking behavioral health and substance abuse treatment.

On February 10, 2009, the Army ordered a "Stand Down" and a three-phase program focused on suicide prevention. During this program, commanders and first line supervisors trained their soldiers and civilians to understand the individual suicide risk factors and warning signs and educated them regarding how to take action to intervene. The centerpiece of Phase I was an interactive video called "Beyond the Front." Between February 15 and March 15, 2009, all Army personnel—soldiers and civilians—watched the video in small groups and made decisions on how to react to the video's vignettes. Phase I also featured the ACE (Ask, Care, Escort) intervention card, used to explain how to help a "buddy" who may be exhibiting warning signs of suicidal behavior. Phase II, a chain teaching phase occurring between March 15 and July 15, 2009, again employs a video and vignettes based on various phases of the deployment cycle. This phase focuses on improving recognition of warning signs and reinforcing ways to intervene. Phase III, sustainment, will continue indefinitely through annual training requirements.

The Army recently entered into an agreement with the National Institute of Mental Health for a 5-year longitudinal study of suicide. The Army will assess factors affecting suicide, training efforts for reduction of suicide and other associated mitigation efforts. We also, continue to meet regularly with external agencies, such as

the Department of Veterans Affairs and the Department of Health and Human Services (including the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration) in a collaborative effort to exchange information and strategies designed to reduce suicide.

ARMY SUBSTANCE ABUSE PROGRAM

The persistent conflict has created symptoms of stress including increased alcohol and drug abuse. This commander's program uses prevention, education, deterrence, detection, and rehabilitation to reduce and eliminate alcohol and drug abuse. It is based on the expectations of readiness and personal responsibility.

A team recently returned from deployment to U.S. Army Forces. U.S. Central Command. While there, they determined effective methods to deliver substance abuse services in theater. To support our commanders, a clear and executable policy for random drug testing in theater is under development. Another area under development is the review of portable prevention education packages for deployed soldiers. Soldiers at home, and soldiers in the Reserve component. Additionally, the Army is preparing to execute a pilot program that will provide confidential education and treatment to soldiers who wish to self-refer into the ASAP and retain their confidentiality. In addition to the pilot program, we are conducting a broader, more detailed study to determine the exact nature and extent of any stigma in the Army associated with substance abuse treatment. This study will run concurrently with the pilot program. We want to ensure that all soldiers who may need assistance can get assistance without the barrier of stigma.

ARMY HUMAN CAPITAL STRATEGY

Providing Forces to combatant commanders to meet current and future challenges will continue to be our top priority. The agile Army Human Capital Strategy (AHCS) addresses these challenges by creating a roadmap to restore balance to the Force by fiscal year 2011 and by continuing to develop a structured force through 2024. The objective of the AHCS is to secure and sustain the All-Volunteer Total Army, resourced through efficient and cost-conscious practices. The AHCS strategy is based on principles that assure a higher quality and a more diverse ready Total Army, enabled by effective Human Resource systems and agile policies and programs.

BUSINESS TRANSFORMATION

The Army G-1 implemented a Lean Six Sigma Program to provide for continuous process improvement. We have developed a list of Army processes that we believe can be performed more efficiently and for less cost. Trained professionals work with the employees and soldiers who are actually involved with the processes in a deliberate procedure to identify parts of the processes that lack value. The process is then re-engineered for greater efficiency. Using this procedure, we completed projects that provided over \$40 million of financial benefit in fiscal year 2008. We are expecting to realize an additional \$60 million in financial benefit in fiscal year 2009. Successful projects include a redesign of the system that provides R&R flights to soldiers from OEF and OIF and a project that improved the Wounded Soldier Family Hotline. So far in the program, our return on investment is about 10 times what we have invested.

CONGRESSIONAL ASSISTANCE

Recruiting, retention, and providing for the well-being of the best Army in the world requires a significant commitment by the American people. The Army is grateful for the continued support of Congress for competitive military benefits and compensation, along with incentives and bonuses for soldiers and their families and for the civilian workforce. These are critical in helping the Army be the employer of choice.

CONCLUSION

We must maintain an appropriate level of investment to ensure a robust and high-quality force. The well-being and balance of our force is absolutely dependent upon your tremendous support. The Army is growing and transforming in a period of persistent conflict. We will do so with young men and women of the highest caliber whose willingness to serve, is a credit to this great Nation.

Senator BEN NELSON. Thank you, General.
Admiral Ferguson?

STATEMENT OF VADM MARK E. FERGUSON III, USN, CHIEF OF NAVAL PERSONNEL, DEPUTY CHIEF OF NAVAL OPERATIONS (MANPOWER, PERSONNEL, TRAINING, AND EDUCATION), UNITED STATES NAVY

Admiral FERGUSON. Chairman Nelson, Senator Graham, and distinguished members of the committee, thank you for this opportunity to appear before you to review our fiscal year 2010 budget request on behalf of the Navy Total Force and their families.

We believe this request supports our ability to attract, recruit, and retain a highly skilled naval force in support of our maritime strategy. We remain today a global Navy, a Total Force of Active and Reserve sailors and Navy civilians, united in service to the Nation. Over 40 percent of our ships are underway or deployed.

This budget request also supports new mission areas, as well as joint operations in Afghanistan, Iraq, and across the globe where approximately 14,000 sailors are serving as individual augmentees. With this high operational tempo (OPTEMPO), we remain vigilant concerning stress on our sailors and their families. We ensure that sailors have adequate opportunity to rest and spend time at home between deployments.

The tone of the force is positive. Sailors and their families continue to express satisfaction with their morale and the leadership at their commands, their healthcare, their benefits, and their compensation. Our budget request reflects this commitment to supporting sailors and their families. We are focusing our efforts on building resiliency and fostering a culture that encourages sailors to seek help in response to stress that they encounter in the field.

Over the past year, we have been very successful in recruiting and retaining high-quality sailors. In 2008, we achieved our enlisted and officer goals across both the Active and Reserve components, while exceeding DOD quality standards in all recruit categories.

For the first time in 5 years, we achieved overall Active and Reserve medical officer recruiting goals. This year, we achieved our nuclear operator Zone A goals for the first time in over 30 years through targeted use of selective reenlistment bonuses.

Beginning in 2008 and continuing into this year, the comprehensive benefits provided by Congress for our servicemembers, combined with the current economic conditions in the country, have resulted in significantly increased retention and lower attrition across the force.

To ensure the long-term health of the force, we are transitioning from a posture of reducing end strength to one we term stabilizing the force. To meet global demands and minimize stress on the force, Secretary of the Navy Donald C. Winter used his end strength waiver authority for both 2008 and 2009. We project to finish this fiscal year within 2 percent above our statutory end strength limit of 326,323.

Our stabilization efforts have been directed at sustaining a high-quality force able to respond to new mission areas within our fiscal authorities, and we are guided by the following principles: to continue to attract and recruit our Nation's best and brightest; retain the best sailors and target our incentives to retain those with critical skills; balance the force in terms of seniority, experience, and

skills matched to projected requirements; continue to safeguard the careers of our top performers; and provide the fleet and joint force stable and predictable manning.

Our fiscal year 2010 budget request includes an Active component end strength of 328,800, which is comprised of a baseline request of approximately 324,400 and supplemental funding for 4,400 additional sailors to serve as joint force enablers in support of overseas contingency operation. This budget also requests a Reserve component end strength of 65,500. We believe this is adequate going forward to meet the demands of the fleet as well as the joint force.

Education and training are strategic investments in our future, and we remain committed to supporting the personal and professional development of our sailors across their careers. We feel the budget request balances our education and training requirements and includes growth in important new mission areas, such as cyber warfare, language, and culture.

Last week, I had the opportunity to visit our naval personnel overseas in the Middle East and in Europe. Your sailors are positive, enthusiastic, and performing extraordinarily well in meeting the demands of the joint force. I could not be prouder of the extraordinary job that they do every day in service to the Nation.

On behalf of the men and women in uniform who sacrifice daily, and their families, I wish to extend my appreciation to the committee and Congress for your unwavering support of our Navy.

Thank you, and I look forward to your questions.

[The prepared statement of Admiral Ferguson follows:]

PREPARED STATEMENT BY VADM MARK E. FERGUSON III, USN

INTRODUCTION

Chairman Nelson, Senator Graham, and distinguished members of the Senate Armed Services Committee, it is a pleasure to have the opportunity to review our fiscal year 2010 Active and Reserve budget requests for Manpower, Personnel, Training, and Education (MPTE) programs in support of our Navy Total Force and their families.

Navy continues to experience success in recruiting and retention and we expect that success to continue. The tone of the force remains positive. Sailors and their families continue to express satisfaction with the quality of their service, education benefits, health care, and compensation. Our sailors and Navy civilians are the critical component to the Navy's Maritime Strategy. To support the Fleet and the joint force, we are committed to providing the right person with the right skills, at the right time, and at the best value while ensuring the welfare of our sailors and their families. To meet this commitment, our efforts must enable us to be:

- Competitive for the best talent in the Nation
- Diverse
- Responsive to the joint warfighter
- A learning organization
- A leader in human resource solutions for the Navy

Since 2003, Navy's Active component (AC) end strength has declined by approximately 10,000 per year. While end strength declined, we have increased operational availability through the Fleet Response Plan, supported new missions for the joint force, and introduced the Maritime Strategy. This increased demand includes maritime interdiction, riverine warfare, irregular and cyber warfare, humanitarian and disaster relief, an enduring individual augmentee mission in support of overseas contingency operations (OCO), and now, counterpiracy.

The Navy Reserve has also experienced reductions in end strength by approximately 3,500 per year since 2003, most of which were realized between fiscal year 2004 and fiscal year 2006 as a result of an extensive Zero Based Review as part of Active Reserve Integration. The Selected Reserve (SELRES) continues to deliver

operational support capabilities and is an integral part of the Total Force, supporting the immediate mobilization manpower requirements for critical OCO missions and providing the strategic depth required to sustain the joint warfighting needs of the combatant commanders.

To meet increased demands, maintain required Fleet manning levels with acceptable risk, and minimize stress on the force, we have transitioned from a posture of reducing end strength to one of "stabilizing the force." This transition was supported by the Secretary of the Navy with authorization to over-execute end strength in fiscal year 2009 within 2 percent above our authorized level of 326,323. This over-execution created a fiscal shortfall that is being internally mitigated through a number of measures. We continue to assess options to restore funding, and should funding become available, we will restore these programs to the greatest extent possible.

Our fiscal year 2010 Active and Reserve budget requests provide the foundation to continue to attract, recruit, develop, assign, and retain a highly-skilled workforce for today and the future. Our active budget request of \$27.1 billion consists of \$25.5 billion for Manpower Personnel Navy (MPN) and \$1.6 billion in related OMN. This reflects a \$1.4 billion increase in MPN and a \$103.2 million decrease of associated MPTE OMN as compared to last fiscal year. Our Reserve budget request consists of \$1.9 billion for Reserve Personnel Navy (RPN) and \$7.3 million in related Operations and Maintenance Navy Reserve (OMNR). This reflects an \$82 million increase in RPN and a \$1.2 million decrease of associated MPTE OMNR compared to last fiscal year.

Additionally, we are seeking congressional support for funding to support OCO. We will continue to stabilize the force with respect to end strength while balancing seniority, skills, and experience to meet Fleet and joint requirements and develop our capabilities to respond to emerging mission areas, such as cyber warfare and missile defense within our fiscal authorities. Our budget request represents a balanced approach to supporting our sailors and their families, while sustaining Fleet readiness.

END STRENGTH

Our fiscal year 2010 active budget request supports an end strength of 328,800. This includes \$25.5 billion in the baseline budget for 324,400 to support Fleet requirements, OCO core and adaptive core missions, and the initial restoration of the Defense Health Program military-to-civilian conversions. Included in our OCO funding request is \$364 million for 4,400 sailors in training and as direct enablers supporting the joint force in nontraditional missions such as detainee operations, civil affairs, provincial reconstruction, and customs inspection. Our fiscal year 2010 Reserve budget request supports an end strength of 65,500. This includes \$1.9 billion in the baseline budget and a fiscal year 2010 OCO funding request of \$39 million. We request your support for the resources to meet this operational demand.

RECRUITING AND RETENTION

Navy has been successful in attracting, recruiting, and retaining a diverse and technical workforce in both the officer and enlisted force. The fiscal year 2010 active budget of \$829.2 million and Reserve budget of \$148.8 million position us to continue that success through fiscal year 2010 with targeted investments in critical skill areas.

Recruiting

Navy has met its enlisted Active and Reserve recruiting goals for 24 straight months through January 2009. This fiscal year, we have met our Active and Reserve goals each month, and our Delayed Entry Program is 99.5 percent full as of 1 April 2009. We are exceeding Department of Defense (DOD) quality standards in all recruit categories as shown in the following table:

Table 1. Active and Reserve Component Accessions and Quality

	FY08			FYTD 09 (as of 1 Apr 2009)		
	ATTAINED	GOAL	%	ATTAINED	GOAL	%
Total Active	38,485	38,419	100.2%	17,183	17,166	100.1%
Total Reserve	9,134	9,122	100.1%	3,916	3,883	100.8%
HSDG*	35,834	90%	94.4%	17,361	90%	94.2%
TSC** I-III	27,907	60%	73.5%	13,838	70%	75.1%

*HSDG – High School Diploma Graduate **TSC – Test Score Category (Aptitude Level)

My top enlisted recruiting priorities for this fiscal year are:

Nuclear Ratings

During fiscal year 2008, Navy met its recruiting goals for enlisted nuclear ratings, achieving 100.6 percent of goal. This fiscal year we have met all monthly nuclear rating recruiting goals and are on track to achieve this year's target. We continue to rely on the enlistment bonus as the primary incentive to meet our nuclear accession targets.

Special Warfare/Special Operations

We achieved Naval Special Warfare/Special Operations aggregate and individual goals (Explosive Ordnance Disposal, Diver, Special Operator, Special Boat Crewman) for the first time in fiscal year 2008. We have continued that success, attaining 100 percent of all four ratings each month this fiscal year. We have established special recruiting programs and an introductory physical conditioning course in our recruit training center to improve our success rate at Basic Underwater Demolition/SEAL training. We are seeing positive results from these efforts.

In fiscal year 2008, Navy attained 104 percent of AC general officer (Officer Candidate School) goal, which included a mission increase of 40 percent over the fiscal year 2007 target. Reserve component (RC) general officer programs also saw significant improvement, finishing fiscal year 2008 at 105 percent versus 51 percent in fiscal year 2007. While we achieved overall Active and Reserve medical officer recruiting goals for the first time in 5 years, we did not reach our goals for Dental Corps officers (89 percent).

Table 2. Active and Reserve Officer Accessions

	FY08			FYTD 09 (as of 1 Apr 2009)		
	ATTAINED	GOAL	%	ATTAINED	GOAL	%
Active General Officer*	1,276	1,270	100%	1,103	1,401	79%
Reserve General Officer*	1,062	1,012	105%	658	971	68%
Active Medical Officer**	713	685	104%	504	801	63%
Reserve Medical Officer**	259	192	135%	162	279	58%

*Does not include accessions from the United States Naval Academy or Naval Reserve Officer Training Corps.

**Medical Officer includes Medical Corps, Nurse Corps, Dental Corps, and Medical Service Corps.

My priorities for officer recruiting are:

Health Professionals

To support the increased demand for health professionals in support of combat operations, accession goals across all of the medical communities were increased in fiscal year 2009. We have implemented a multi-faceted approach to reach these raised goals to include:

- Increasing Critical Wartime Skills Accessions Bonus (CWSAB) and allowing multi-year payouts
- Increasing incentive and retention pays for critical healthcare specialties
- Increasing the monthly stipend for medical and dental Health Professions Scholarship Program recipients
- Exploring a 1-year pilot program to access qualified legal non-citizens
- Offering the Health Professions Loan Repayment plan for critical medical specialties.

As of 1 April 2009, we have attained 63 percent of the fiscal year 2009 Active medical officer recruiting goal and 58 percent of the Reserve goal.

As demand for a professional and technically-trained workforce increases in the private sector, Navy must remain competitive in attracting and recruiting the Nation's best talent to remain responsive to the joint force. The fiscal year 2010 active budget requests \$394 million, which includes accession incentives, advertising, and recruiting support for 5,413 AC and RC recruiters at over 1,468 stations across the country. In response to the current recruiting environment, the advertising budget was reduced by over \$14 million, while growth of \$7.6 million occurred in accession incentives for critical skills that have remained relatively insulated from current economic conditions, resulting in a net reduction of \$6.4 million. This budget supports continuing efforts to implement innovative programs, policies, and incentives that target critical skills and maintain our position as an employer of choice.

Health professionals, nuclear operators, and special warfare remain my recruiting priorities through this fiscal year. The budget request of \$394 million includes \$141.5 million in bonuses, special pays, and incentives to ensure we remain successful in meeting our overall goals and in particular, these critical skill areas. This amount includes \$5.4 million in nuclear accession bonuses (officer and enlisted), representing an increase of \$60,000 from fiscal year 2009. Overall enlistment bonuses will remain steady at \$106 million in response to the current economic conditions. Additionally, the budget requests \$8.6 million for medical community bonuses, special pays, and incentives (including \$950,000 for dentists), representing an increase of \$2.7 million from fiscal year 2009.

The fiscal year 2010 Reserve budget requests \$99.4 million for recruiting incentives, including \$60.9 million for enlistment bonuses and \$49.4 million for medical recruiting programs. The \$49.4 million for medical recruiting programs includes \$43.7 million for the Armed Forces Health Professions Scholarship Program, \$4 million for the medical Financial Assistance Program, and \$1.7 million for the Nurse Candidate Program. These amounts represent an \$8 million decrease in Reserve incentives and a \$10.7 million increase in medical recruiting programs from fiscal year 2009.

The Active and Reserve budgets support our recruiting force in meeting our overall enlisted and officer goals in fiscal year 2010.

Retention

The comprehensive benefits provided to our servicemembers, combined with the current economic conditions, have resulted in higher retention and lower attrition.

In fiscal year 2008, Active enlisted retention was approximately 1 percent above projections and there were 4,221 (14 percent) fewer enlisted attrition losses than anticipated. These patterns have accelerated into this fiscal year. As shown in the table below, for sailors with 10 years of service, reenlistment rates are 9.9 percent higher than the previous 2 years. Among those sailors with 10 to 14 years of service, we are experiencing a retention rate that is approximately 2.4 percent higher.

Table 3. Active Navy Retention

Active Navy Retention	FY08 Achievement				FY09 Achievement (as of 3 Apr 2009)			
	Reenlisted	Mission	FY08	FY08 Goals	Reenlisted	Mission	FYTD	FY09 Goals
Zone A (0-6 yrs)	13,005	12,700	102.4%	12,700	7,222	6,255	115%	13,300
Zone B (6-10 yrs)	8,358	8,500	98.3%	8,500	5,416	5,065	107%	9,400
Zone C (10-14 yrs)	5,147	5,000	102.9%	5,000	3,209	3,198	100%	6,000

Overall attrition, defined as sailors who are discharged prior to the end of their contract, has declined approximately 22 percent from the previous year. Specifically, we have seen declines in misconduct related discharges by 24 percent, medical/physical discharges by 16 percent, and training-related discharges by 13 percent. The net effect is over-manning in some specialties in certain year groups. To maintain the force balance in terms of seniority, experience, and skills, we have taken, or will take, the following actions:

- Reduce fiscal year 2009 enlisted accessions by 4,000
- Decrease or eliminate Selective Reenlistment Bonus (SRB) levels and review all other bonus programs
- Execute "High-Year Tenure" milestone for the enlisted force of 14 years of service for those sailors who have not advanced beyond E-5
- Expand "Perform-to-Serve," a reenlistment review process used in Zone A (0-6 years), to Zone B (6-10 years) and Zone C (10-14 years) in select overmanned ratings forcing conversion to undermanned specialties or separation
- Institute an annual performance-based continuation board for E7-E9 with over 20 years of service.
- Allow 1 year time-in-grade retirement waivers for select senior enlisted in pay grades E-7 to E-9.

Though AC officer retention rates have generally increased, there remain select shortfalls in the control grades (O4-O6). Commander (O-5) and lieutenant commander (O-4) inventories are below requirements; though, for the first time in

many years, Unrestricted Line (URL) captain inventory exceeds officer programmed authorizations (OPA). Special and incentive pays and quality of life initiatives remain the primary tools to reduce these shortfalls.

Table 4. URL and RL Inventory and Officer Programmed Authorizations

Rank	Unrestricted Line		Restricted Line and Staff	
	Inventory	FY09 OPA	Inventory	FY09 OPA
O6	1,389	1,358	1,809	1,886
O5	2,948	3,055	3,558	3,667
O4	4,265	4,452	5,224	5,771
Total	8,602	8,865	10,591	11,324

Medical community loss rate trends, as shown in the following table, improved in fiscal year 2008 and are continuing to improve in fiscal year 2009. While incentives and bonuses have contributed to reduced loss trends, select subspecialties continue to require attention. These include: dentistry, clinical psychology, social work, psychiatry, general surgery, and perioperative nursing. Special and incentive pays are critical to retaining these professionals.

Table 5. Medical Community Loss Rates

Community	FY05	FY06	FY07	FY08
Medical Corps	10.4%	9.6%	10.2%	8.2%
Nurse Corps	9.8%	11.4%	10.0%	9.2%
Medical Service Corps	10.2%	10.2%	9.4%	9.0%
Dental Corps	13.0%	14.3%	14.7%	10.7%

We are on track to meet our fiscal year 2009 overall officer and enlisted retention goals, and we expect this success to continue through fiscal year 2010. We remain focused on retaining high-performing sailors in critical skill areas. Our fiscal year 2010 active budget requests \$435.2 million, an increase of \$7.9 million, to support targeted investments in incentives, bonuses, and special pays for both enlisted and officers. This request includes \$170 million for new Selective Reenlistment Bonus (SRB) contracts, the same level as fiscal year 2009.

Additionally, this request includes \$67.0 million, an increase of \$1.5 million, for special and incentive pays to retain health professionals. Medical community retention continues to improve, largely due to competitive incentives and bonuses. However, given their high demand in the civilian sector, select subspecialties continue to require attention to enable us to meet our goals in fiscal year 2010. These include: dentistry, clinical psychology, social work, psychiatry, general surgery, and perioperative nursing.

RC retention rates among both officer and enlisted remain high, while attrition rates remain at historic lows. In fiscal year 2008, and continuing into fiscal year 2009, RC attrition rates were approximately 25 percent for enlisted and 15 percent for officers, contrasted with historical averages of approximately 29 percent and 19 percent, respectively. We continue to focus our efforts on retaining high-performing Reserve sailors, especially those in critical skill areas. The fiscal year 2010 Reserve budget requests \$15.7 million for retention incentives, which include a SELRES Reenlistment Bonus and an Officer Retention Bonus. The SELRES Reenlistment Bonus of \$12.3 million has decreased \$1.2 million from the fiscal year 2009 amount. The Officer Retention Bonus of \$3.4 million is new in fiscal year 2010 and will target our high OCO demand skillsets.

Our budget requests will enable us to meet our retention goals and position us for success in future years as the economy improves. We will continue to monitor retention and will adjust monetary incentives, as necessary, to match observed retention behavior.

LEARNING AND DEVELOPMENT

Education and training are strategic investments in Navy's Total Force, enabling us to retain our asymmetric advantage by developing a highly-skilled, combat-ready force to meet the demands of the Maritime Strategy and the joint force. In 2008,

our 13 learning centers around the country provided exceptional training to more than 580,000 sailors and officers. Additionally, Navy offers several college-focused incentives, including tuition assistance, the Navy College Fund, and the Navy College Program Afloat College Education. Officers are afforded the opportunity to pursue advanced education through the Naval Postgraduate School (NPS), the Naval War College (NWC), and several Navy fellowship programs. For the 2008–2009 academic year, more than 900 officers (resident and non-resident) are enrolled in NPS, including 216 international students from 42 countries. We expect that approximately 500 officers will receive in-resident instruction at NWC in 2009.

The Navy Credentialing Opportunities Online (COOL) program matches rate training and experience with civilian credentials and funds the costs of credentialing and licensing exams. As of the end of March 2009, there have been more than 35 million visits to the COOL web site, with more than 13,000 certification exams funded and approximately 8,500 civilian certifications attained. In 2009, COOL was nationally recognized with the “Excellence in Practice” award by the American Society for Training and Development.

The fiscal year 2010 active education and training budget of \$1.2 billion represents an overall reduction of \$90.3 million. A significant portion of this reduction (\$86.9 million) comes from specialized skills training, primarily within our learning centers. We remain committed to supporting the ongoing professional development of our sailors and officers with high-quality education and training programs. We must balance existing education and training requirements with growth in important mission areas such as cyber warfare, missile defense, and anti-submarine warfare.

Cultural, historical, and linguistic expertise and Joint Professional Military Education remain essential to fostering relationships with our global partners and enhancing our ability to effectively execute missions in multi-service, multi-agency, and multinational environments. The fiscal year 2010 Active and Reserve budgets support ongoing efforts to integrate Language, Regional Expertise, and Culture across the force.

Navy draws its strength and innovation from the diversity of the Nation. Through our outreach efforts, we have observed an increase in Naval Reserve Officers Training Corps (NROTC) applications and have increased diverse NROTC scholarship offers by 28 percent. The NROTC class of 2012 is the most diverse class in history and, with your help through nominations, the U.S. Naval Academy class of 2012 is the Academy’s most diverse class in history. Increasing accessibility to emerging talent markets will be a key determinant of our ability to remain effective, relevant, and competitive in an increasingly challenging environment.

SAILOR AND FAMILY SUPPORT

Our fiscal year 2010 active budget request of \$148.4 million for sailor and family support is an increase of \$9.2 million from last year. This reflects our enduring commitment to support sailors and their families, enhance career flexibility, and improve overall life-work integration. Additionally, we will continue our efforts to support the force through a comprehensive “continuum of care” that addresses all aspects of individual, medical, physical, psychological, and family readiness.

Tone of the Force

The tone of the force is positive. We poll extensively and track statistics on personal and family-related indicators such as stress, financial health, and command climate, as well as sailor and family satisfaction with the Navy. The results indicate that sailors are satisfied with the morale of their command, leadership, education benefits, health care, and compensation. Despite the current economic situation, the majority of our sailors are not experiencing severe financial stress. Results of our January 2009 Financial Health Quick Poll reveal that 82 percent of officer and 54 percent of enlisted rate their personal financial situation as “excellent” or “good,” compared to 41 percent in the U.S. population.¹ For those who reported experiencing financial stress, housing-related expenses were the primary concern.

Suicide Prevention

We continue our efforts at suicide prevention through a multi-faceted system of communication, training, and command support. Our approach is to foster resilience among sailors; identify and mitigate stress reactions that can lead to increased potential for suicide; and create an environment supportive of good psychological health, in which stress and other suicide related factors can be more openly recognized, discussed, and addressed.

¹October 15, 2008 Pew Research Center for the People and the Press Survey Report (p.2).

Suicide is the third leading cause of death in the Navy after accidents and natural causes. In calendar year 2008, Navy's suicide rate increased slightly over the previous year to 11.6 per 100,000 sailors. This number represents a total of 41 suicides. The rates for accidents and natural causes per 100,000 sailors were 26.3 and 12.7, respectively.² Since formal suicide prevention programs began in 1998, Navy has averaged 10.7 suicides per 100,000 sailors. While significantly lower than the national rate of 18.8 per 100,000 individuals,³ for the same age and gender demographic, we remain vigilant on this critical issue with a primary focus on prevention.

Navy continues to develop and enhance programs designed to improve the resilience of the force. We encourage sailors to seek help. We also focus our programs on substance abuse prevention, personal financial management, positive family relationships, physical readiness, and family support with the aim of reducing individual stress. We continue to work to address and minimize potential adverse effects of suicide risk factors and to strengthen associative protective factors through training, intervention, response, and reporting. We believe suicide prevention is an all-hands effort, spanning the continuum of our Total Force, from the most senior Navy leadership to our newest recruits.

Life-Work Integration

The National Defense Authorization Act (NDAA) for Fiscal Year 2009 authorized 10 days of non-chargeable paternity leave for married servicemembers whose wives give birth to a child on or after October 14, 2008. We are appreciative of congressional support for this legislation and anticipate over 15,000 sailors will benefit from this entitlement each year.

The NDAA for Fiscal Year 2009 also provides Service Secretaries the authority to test the effectiveness of an alternative career retention option in fields where monetary incentives alone have not produced the desired retention results. We have learned that flexibility is one of the keys to retaining our younger sailors. In an effort to enhance career flexibility, Navy is piloting a Career Intermission Program, allowing 20 officers and 20 enlisted members annually the opportunity to transfer from active duty to the Individual Ready Reserve (IRR) for up to 3 years. Participants maintain medical and dental benefits, along with a small stipend, in exchange for a return to service for an obligated amount of time. Additional initiatives we are incorporating into the force include telework, compressed work schedules, and a virtual command pilot program, which provides an opportunity for a small initial group of officers to fill career-enhancing positions while maintaining geographic stability. We believe that innovative, flexible career paths will provide increased retention by complementing monetary incentives.

Individual Augmentation (IA)/GWOT Support Assignment (GSA) Detailing

Significant progress has been made in filling IA requirements, particularly for high-demand skill sets. In many cases, using a Total Force approach, Navy has fulfilled these requirements with qualified individuals from lesser-stressed communities. This flexible response, coupled with effective strategic communications to the Fleet, reduced some of the uncertainty associated with repeat IA deployments and helped provide predictability and stability for sailors and their families while improving Navy's responsiveness to the combatant commanders.

Our assignment policies are designed to minimize disruption in the lives of sailors and their families through assignment to IA tours between permanent duty stations. This approach affords sailors increased influence over the timing of their IA assignments, improves individual career management, and offers longer lead-times; thereby, improving sailor readiness and family preparedness for prolonged deployments. Initial Fleet response to GSA Detailing has been positive.

Continuum of Care

Navy's "continuum of care" is a network of services and caregivers that ensures sailors, whether they are healthy or become wounded, ill, or injured, receive the highest quality care. We continuously evaluate and improve policies and programs associated with the continuum of care to be certain they are meeting their intended objectives. Our continuum of care spans all aspects of individual medical, physical, psychological, and family readiness. Navy Safe Harbor, Navy's Operational Stress Control Program, the Warrior Transition Program, the Returning Warrior Workshop, and Deployment Health Assessments are critical elements of this continuum.

²Data pulled from the Defense Casualty Information Processing System (DCIPS).

³Data based on the Center for Disease Control's National Vital Statistics Report "Deaths: Final Data for 2005." Normalized rate calculated by the Navy Health Research Command.

Over the past year, Navy Safe Harbor has expanded its mission to nonmedical support for all seriously wounded, ill, and injured sailors, coastguardsmen, and their families, increasing its capabilities with the establishment of a headquarters element to support Recovery Care Coordinators and Non-medical Care Managers covering 15 locations. With these changes, Safe Harbor's enrolled population has increased from 145 to 387. The fiscal year 2010 budget supports our continuing efforts to provide a lifetime of exceptional, individually tailored assistance to our wounded, ill, and injured, optimizing the success of their recovery, rehabilitation, and reintegration activities.

Recognizing the unique medical and administrative challenges faced by our Reserve wounded sailors when they return from deployment, we established two Medical Hold (MEDHOLD) Units responsible for managing all aspects of care for Reserve sailors in a MEDHOLD status. Colocated with military treatment facilities in Norfolk and San Diego, these units are led by line officers with senior medical officers supporting them for medical issues. Under their leadership, case managers serve as advocates who proactively handle each sailor's individualized plan of care until all medical and non-medical issues are resolved. Through this centralized process, we have reduced the numbers of sailors in the MEDHOLD process and the length of time required to resolve their cases. The RC MEDHOLD program has become the single, overarching program for providing prompt, appropriate care for our Reserve wounded sailors. Additionally, the Psychological Health Outreach program, implemented in July 2008, targets RC sailors returning from deployment who face unique reintegration challenges which can exacerbate deployment-related psychological injuries. The program serves as a "safety net" for RC sailors and their families who are at risk for not having their stress injuries identified and treated in an expeditious manner.

Navy's Operational Stress Control (OSC) program provides a comprehensive approach designed to address the psychological health needs of sailors and their families throughout a career. It is a program that is supported by Navy Medicine and promotes psychological health while reducing the stigma associated with requesting help. To date, Basic OSC Awareness Training has been provided to over 16,000 sailors at various locations across the country. The fiscal year 2010 active budget supports efforts to fully institutionalize the OSC program, including the development and delivery of formal curriculum at key nodes of training throughout the career of a sailor, from accession to flag officer.

The Warrior Transition Program (WTP) was established in Kuwait and provides a place and time for individual augmentees (IA) to decompress and transition from a war zone to life back home. The WTP includes small group discussion facilitated by accredited professionals and focuses on combat and operational stress, gear return, and fleet and family support center briefings. Trained providers include two chaplains and two psychiatric registered nurses. Since January 2008, 417 workshops with over 8,500 returning IAs have taken place. Additional Mobile Care Teams are being developed to deploy to Iraq and Afghanistan to provide a means of reaching out to IAs during mid-tour.

The Returning Warrior Workshop (RWW) is a vital reintegration event that provides support for both Active and Reserve sailors and their families. The RWW is designed to identify problems, encourage members to talk about their experiences, direct family members to resources, improve the mobilization/demobilization process, and honor the sacrifices of sailors and their families. The RWW is an important first step in the demobilization and reintegration process for the Total Force and their families. Since January 2007, over 1,500 servicemembers and 1,000 family members have attended one of 22 RWWs throughout the country. An additional 28 RWWs are scheduled through July 2010.

In addition to these programs, we have been aggressively monitoring compliance with the new Deployment Health Assessment (DHA). DHA is a DOD-mandated instrument used to screen sailors prior to deployment and to identify health concerns after deployment with Post-Deployment Health Assessments (PDHA) and Re-assessments (PDHRA). We have enhanced policy oversight on DHA to include monthly reports to Navy leadership and a Navy-wide review of records to validate compliance is underway.

CONCLUSION

Our mission remains to attract, recruit, develop, assign, and retain a highly-skilled workforce for the Navy. We continue to:

- Align the personal and professional goals of our workforce with the needs of the joint force, while ensuring the welfare of our sailors and their families

- Deliver a high-performing, competency-based, and mission-focused force to meet the full spectrum of Joint operations
- Provide the right person with the right skills at the right time at the best value to the joint force.

Our fiscal year 2010 Active and Reserve budget requests support the critical programs that will ensure continued success in delivering the human component of the Maritime Strategy and key capabilities for the joint force. On behalf of all the men and women in uniform who sacrifice daily and their families who faithfully support them, I want to extend my sincere appreciation for your unwavering support for our United States Navy. Thank you.

Senator BEN NELSON. Thank you, Admiral.
General Newton?

STATEMENT OF LT. GEN. RICHARD Y. NEWTON III, USAF, DEPUTY CHIEF OF STAFF FOR MANPOWER AND PERSONNEL, UNITED STATES AIR FORCE

General NEWTON. Thank you, Mr. Chairman and Ranking Member Graham and distinguished members of the committee.

I also want to thank you for this opportunity to discuss our efforts as they relate to the fiscal year 2010 budget to ensure we attract, recruit, develop, and retain a high-quality and diverse fighting force.

Airmen are the focal point for providing the critical capabilities that the Air Force contributes to winning today's fight. While the Air Force has innovative technologies and equipment, it is the hard work of our dedicated men and women in uniform and our civilians that underscores our success.

Without a doubt, the tremendous talent of our total force airmen and civilians is the backbone of the United States Air Force, and our budget proposal recognizes that fact. These dedicated volunteer servants are our most important asset. Without them, our organizations and equipment simply would not function. Our operations would grind to a halt.

Therefore, we must ensure we have the proper end strength to meet current, new, and emerging missions. For fiscal year 2010, our Active Duty end strength will be 331,700 airmen, with 69,500 airmen in the Air Force Reserve and 106,700 airmen in the Air National Guard. This stops previously planned total force end strength reductions.

We will also grow our civilian population to a little over 179,000, which includes 4,200 contractor-to-civilian conversions. Simultaneously, we will continue to reshape the skill sets of our workforce, with particular emphasis on stressed career fields and mission areas that need our attention, such as intelligence, surveillance, reconnaissance, aircraft maintenance, acquisition, cyber operations, and nuclear deterrence operations and sustainment. For instance, in fiscal year 2010, our manpower investment includes increasing our nuclear-related personnel by 2,500 and adding 200 acquisition professionals.

The growth in end strength goes hand-in-hand with an increase in our recruiting efforts, and it goes beyond just finding the right numbers. We must also ensure that the right quality and the right skills are present in potential candidates. Despite the weak economy, we expect fiscal year 2010 to be a critical retention environment for several reasons—an increased need to retain specific skill

sets in certain specialties, previous end strength decreases and corresponding decreases in accessions, increased operational demands in new and emerging missions.

Our commitment includes continued support for special pay and allowances to address recruiting and retention concerns in our health professional skills and our most critical warfighting skills, such as pararescue, combat control, tactical air control party, and explosive ordnance disposal.

Finally, we are committed to taking care of airmen and their families, including our wounded warriors to whom we have a never-ending obligation. Over the past year, we have tackled important issues for Air Force families, such as expanding childcare capacity, increasing childcare support for our Guard and Reserve families, improving financial readiness, and providing opportunities for children of airmen, whether they reside on military installations or in our civilian communities throughout the United States.

The Air Force is leaning forward to be all-in. Your continued support of our initiatives to attract, develop, and sustain talented and diverse airmen and their families is mission essential and is most appreciated. Our efforts to effectively manage end strength, to recruit and retain, to train, develop, and care for airmen and their families will enable our Air Force to continue to fly, fight, and win in air, space, and cyberspace.

Thank you for your unfailing support to the men and women and the families of our Air Force, and I look forward to your questions. [The prepared statement of General Newton follows:]

PREPARED STATEMENT BY LT. GEN. RICHARD Y. NEWTON III, USAF

INTRODUCTION

Today's strategic environment features a complex landscape of global actors and events that have far reaching implications. Within this landscape, our Air Force is answering those challenges and opportunities through our ability to think and act globally; providing unrivaled global positioning, navigation and timing through advanced space infrastructure; streaming video of the battleground to troops on the ground through intelligence, surveillance, and reconnaissance assets; and, many more capabilities as part of the joint team. Airmen are our focal point for providing the critical capabilities that the Air Force contributes for winning today's fight. While the Air Force has innovative technologies and equipment, it is the hard work of our dedicated men and women in uniform and civilians that underscores our success.

The Air Force is focused on five priorities: reinvigorating the Air Force nuclear enterprise; partnering with the joint and coalition teams to win today's fight; developing and caring for airmen and their families; modernizing our air and space inventories, organizations, and training; and recapturing acquisition excellence. Airmen are prominently featured in each priority; our proposed end strength, recruiting and retention efforts, force development, initiatives to care for airmen and their families; and strategic roadmap is focused toward these priorities. Our airmen are critical to mission success.

END STRENGTH

In the fiscal year 2010 President's budget, our programmed Active Duty end strength is 331,700 starting in fiscal year 2010 and increasing to 332,800 from fiscal year 2012 through fiscal year 2015. Our programmed civilian end strength is 179,152 starting in fiscal year 2010, growing to 193,840 by fiscal year 2015. Programmed Air Force Reserve end strength is 69,500 in fiscal year 2010, increasing to 72,100 in fiscal year 2013 through fiscal year 2015, while Air National Guard end strength is 106,700 in fiscal year 2010 through fiscal year 2015. Increases in Air Force Active Duty, civilian and Reserve end strength are due to both new and emerging missions, as well as the need to robust existing missions.

In the fiscal year 2010 President's budget, the Air Force funded 2,500 military positions to establish an Air Force Global Strike Command and support Nuclear Enterprise capabilities, as well as 400 military positions to establish a Cyber Numbered Air Force. We also funded 1,000 military positions to operate Project Liberty and 600 military and civilian positions starting in fiscal year 2010, increasing to 1,000 positions by fiscal year 2013 through fiscal year 2015 to support enhanced Irregular Warfare capabilities. To support new and emerging missions for Air Force Special Operations Command, Air Force funded 500 military positions starting in fiscal year 2010, growing to 2,200 by fiscal year 2015. To increase MQ-1 Predator, MQ-9 Reaper, and Distributed Common Ground Systems operational capability to 50 Combat Air Patrols, we funded 4,100 military positions. The fiscal year 2010 budget also funds 2,700 military positions to support aircraft maintenance capability. In efforts to achieve Acquisition Excellence, we funded 500 military and civilian positions starting in fiscal year 2010, increasing to 2,100 positions by fiscal year 2013 through fiscal year 2015. The Air Force increased Defense Health Program military positions by 1,700 starting in fiscal year 2010, growing to 2,800 positions by fiscal year 2012 through fiscal year 2015 to reverse planned medical service military-to-civilian conversions. Additionally, we funded 1,200 civilian administrators for Squadron Commanders' Support Staff. Finally, the fiscal year 2010 budget includes 2,500 civilian positions starting in fiscal year 2010, increasing to approximately 14,000 positions from fiscal year 2013 through fiscal year 2015 to conduct contractor-to-civilian in-sourcing.

FY09 President's Budget	FY09	By FY13
Active Duty	316,600	316,600
Civilian	171,313	172,412
Reserve	67,400	67,700
Guard	106,700	106,700

As of 31 March 2009:	Actual End Strength	Officers	Enlisted	Civilians	Cadets
Active Duty	330,610	64,313	261,886	162,526	4,411
Reserve	66,150	14,533	51,617		
Guard	108,548	14,234	94,314		

FY10 President's Budget (programmed)	Beginning FY10	FY15
Active Duty	331,700	332,800 from FY12 through FY15*
Civilian	179,152	Increasing to 193,840 by FY15*
Reserve	69,500	Increasing to 72,100 in FY13-FY15*
Guard	106,700	106,700

*Increases due to new and emerging missions & need to robust existing missions

RECRUITING

The growth in end strength goes hand-in-hand with an increase in our recruiting efforts . . . and it goes beyond finding the right numbers. We must also ensure the right quality and right skills are present in potential candidates so they can effectively perform and support the Air Force's diverse and essential missions.

One factor that can positively or negatively impact recruiting is the economy. Although the worsening economy has increased the number of walk-in prospects, there continues to be a national decline in the quality of the target demographic. Today, only 27 percent of the American youth population between the ages of 17 and 24 are qualified for military Service (Woods & Pooles, 2006). Consequentially, we must apply a rigorous selection criteria to potential recruits in order to effectively match future airman skills and attributes with our essential combat requirements.

Our recruiting force continues to achieve the enlisted accession mission admirably despite the challenges which include increasing the number of recruits, the decline in eligible population, and a decline in the number of recruiters and recruiting resources. Since 2000, the Air Force enlisted 288,583 airmen towards a goal of 285,059 for 101 percent mission accomplishment. To date in fiscal year 2009, we are on track to meeting our Total Force (Active, Guard, and Reserve) enlisted accession goals.

The Air Force Recruiting Service has also had 100 percent success at filling every enlisted recruit requirement for physically demanding and highly skilled "hard-to-fill" jobs since 2001. Congressional assistance, coupled with recruiters' hard work, allowed us to continue to meet all requirements for Combat Controller; Para-rescue; Tactical Air Control Party; Explosive Ordnance Disposal; Security Forces; Linguist; and Survival, Evasion, Resistance, and Escape instructors. Recruits who choose to enter these career fields are offered an Initial Enlistment Bonus ranging from

\$2,000 to \$13,000, depending on the career specialty and term of enlistment. These are the only fields offering enlistment bonuses for fiscal year 2009.

We achieved mission goals in our line officer accession programs, but we continue to struggle in the area of health professions. For fiscal year 2009, the line officer active-duty requirement is 3,459, which we are on track to achieve. In the health professions, we recruited 15 doctors for fiscal year 2009 (12.7 percent of requirement), 14 dentists (66.7 percent), 136 nurses (49.5 percent), 65 biomedical scientists (19 percent), and 35 medical administrators (100 percent). Considerable challenges exist for attracting candidates from the private sector. Therefore, we've implemented a long-term "grow our own" strategy by offering more medical school scholarships in student-based markets. We have 449 available scholarships with 203 already committed (45.2 percent). With Spring medical school acceptance letters yet to be released from most institutions, we are on target for this year.

RETENTION

We are also on track toward meeting our priorities because we continue to invest in retaining the high caliber men and women who we recruited, trained, and developed. While the Active Duty enlisted retention rate finished below our fiscal year 2008 goal, we achieved success in all other sectors of retention, meeting or exceeding aggregate retention goals in our Active Duty officer corps and in our Air National Guard and Air Force Reserve Forces. This positive trend has continued into fiscal year 2009. At the end of the second quarter, all components were trending to meet or exceed goals. However, this slight upward trend masks retention concerns with some of our stressed specialties that continue to experience significant shortfalls. We will continue to rely heavily on bonuses and quality of life initiatives to resolve these shortages.

While retention is strong among the officer corps, we continue to monitor specific areas of concern among the Health Professionals, Control & Recovery, and Contracting fields, and have implemented action plans to meet retention goals. An additional \$65 million in medical bonuses (targeted to physicians, nurses, dentists and biomedical specialists) and a new Control & Recovery Critical Skills Retention Bonus (CSRB) was approved to address fiscal year 2009 challenges. A similar CSRB for contracting officers is in coordination.

The Air Force's ability to retain experienced healthcare personnel past their initial commitment has declined, compounding our recruiting challenges. Retention at the 10-year point is 27 percent for physicians, 40 percent for dentists, 31 percent for nurses, 33 percent for biomedical sciences officers and 64 percent for administrators. Air Force continues to develop accession and retention incentives to ensure the right mix of health professionals.

After finishing below fiscal year 2008 goals for the enlisted force, we began showing positive retention trends across all three zones. We are, however, still slightly below goal in Zones A (17 months through 6 years of service (YOS)) and C (10 through 14 YOS). The Selective Reenlistment Bonus (SRB) continues to be our most effective monetary retention tool, an avenue made possible by the strong support of Congress. SRB funding budgeted for fiscal year 2009 and requested for inclusion in fiscal year 2010 through fiscal year 2015 budgets is sufficient to address current retention concerns, and grade and skill imbalances. Through that funding, the Air Force is well-positioned to meet fiscal year 2009 retention goals and ensure we retain the right airmen, with the right skills, at the right time to meet our expeditionary requirements.

FORCE DEVELOPMENT

The Air Force's commitment to developing our people is an important non-monetary retention tool that pays dividends not only for airmen, but for the Air Force's ability to manage its Human Capital and meet the needs of the Joint environment. Force Development (FD) has evolved from a concept, to the way we grow airmen using a set of educational, training, and experiential development tools.

Our newest efforts have been to establish processes for continually ensuring FD meets current and future mission requirements. This year, we chartered FD panels, comprised of senior leaders, to review our developmental processes to ensure they describe requirements, align programs, and link investments with outcomes. We also established two panels to synchronize force development: the Air Force Learning Committee and Expeditionary Skills Senior Review Group. These groups serve as forums to vet potential changes to our institutional development programs, such as the requirement to increase nuclear content within professional military education forums.

We are working to holistically review officer, enlisted and civilian developmental education programs to ensure a logical, efficient and effective continuum to build Air Force, Joint leaders now and for the future. Specifically, we're focused on invigorating Air Force mission areas such as cyber, nuclear and acquisitions through institutional education programs such as professional military education, fellowships, internships and advanced academic degrees.

Finally, we recognize our Total Force airmen must be cross-culturally competent and capable of employing cultural, regional, foreign language, and negotiation skills sets anywhere in the world. To this end, the CSAF recently approved the Culture, Region, and Language Flight Plan, providing a framework to expand and employ cross-cultural capacity within the Air Force.

CARING FOR AIRMEN

Airmen can focus on the mission when they have positive ways to rejuvenate from stress and know their families are safe and secure. We are indeed committed to taking care of airmen and their families.

We have a solemn obligation to provide care and assistance for seriously wounded, injured, or ill airmen. The Air Force Mortuary Affairs Operation at Dover Air Force Base was activated as part of our expanded Warrior and Survivor Care program. This organization combines all Air Force Services Agency mortuary capabilities with Dover Port Mortuary to enhance shared expertise and information and provide effective and efficient services to families of our fallen members.

The Family Liaison Officers extend support to families of the fallen and combat-wounded airmen, as well as to families of all seriously-injured airmen who are receiving medical treatment away from their home unit. Family liaison officers provide a wide variety of assistance including local transportation, lodging arrangements, assistance with benefits, and referral to various agencies available to assist wounded, ill, and injured members, their families, and families of the fallen.

Last year, we began the Air Force Recovery Care Coordinator program to be the single point of contact to assist seriously injured, ill, and wounded airmen through the nonclinical aspects of their recovery. Our Recovery Care Coordinators work directly with hospitalized airmen to develop individualized recovery plans that contain goals and a record of nonclinical assistance provided to our airmen.

Our Air Force Wounded Warrior Program staff keeps in contact with our medically-retired wounded airmen for a minimum of 5 years and provides a wide-range of assistance, including employment and benefits counseling and referral to a variety of agencies designed to assist wounded veterans. New Air Force policies offer opportunities for them to regain a career path with the Air Force, compete for promotions, and receive priority retraining opportunities if they are no longer qualified in their Air Force Specialty Code. For wounded airmen with disability ratings of 30 percent or greater and who elect medical retirement or can no longer stay because of their wounds, the Air Force will facilitate offers of civil service positions.

CARING FOR FAMILIES

Air Force families lead challenging lives that include multiple deployments and frequent relocations, in addition to normal life stressors. Readily available, quality and affordable child care and youth programs continue to be a workforce issue with direct impact on mission readiness.

Over the past year, we tackled important issues for Air Force families, including expanding child care capacity, increasing child care support for Guard and Reserve families, improving financial readiness, and providing opportunities for children of airmen whether they reside on military installations or in civilian communities throughout the United States.

We continued to increase available, affordable, quality child care spaces for airmen. Thanks to the temporary legislative authority for child care projects, the "Growing Child Care Spaces" initiative funded 18 minor construction projects to increase available child care by 1,242 spaces. Seven additional Military Construction projects were approved, which will further increase child care spaces by 1,718. We funded 7 additional facilities through the economic stimulus package and will produce 836 more spaces as a result. When all funded construction is complete, our known child care space deficit will be eliminated. Our next challenge will be to renovate or replace the aging infrastructure at child development and youth centers.

The Air Force leans forward to assist airmen who need additional child care during changing shifts or extended duty days. The Air Force Expanded Child Care program provides 16,000 hours of child care each month during nontraditional hours at no cost to the military member.

During 2008, we expanded the Air Force Home Community Care program to provide free in-home quality child care during scheduled drill weekends, which reduced out-of-pocket expenses for Air Reserve and Air National Guard members. This program offers the same level of quality child care as is available on military installations. The program includes 43 participating family child care homes in 36 locations typically isolated from active duty bases.

STRATEGIC INITIATIVES

There are several strategic initiatives on the horizon to increase the Air Force's ability to develop and care for airmen and provide increased fiscal stewardship. We are completing a comprehensive review of our Voluntary Education Program, includes Military Tuition Assistance (Mil TA) policy, to ensure we have a strategic vision that links voluntary education with the Air Force's overarching Force Development (FD) construct. We are partnering with the Office of the Secretary of Defense and other Services to ensure Mil TA policy is consistently applied, ultimately ensuring appropriate stewardship of limited Mil TA funds.

We are leveraging information technology to enhance and standardize Air Force-wide Force Development. Our "next big thing" is to ensure our information technology (IT) tools continuously assess and close the gap between today's, and tomorrow's, human capital inventory and our mission requirements. We owe airmen, supervisors, mentors, career field managers, and development teams an integrated suite of FD IT tools that provides them with actionable information. In place of static career pyramids or planning diagrams, we are moving towards a dynamic, web-based career path tool. Online forums for mentoring and sharing career field updates are gaining momentum, and officer and civilian modules are already in development. Our officer development teams are using more precise tools for vectoring and making school selections.

We recently completed a groundbreaking research project to measure performance of services-specific programs and activities and gain insight into how airmen define quality of life and their perceptions regarding overall wellness as it relates to their jobs, compensation, family, and leisure activities. While the research findings confirmed we are doing a good job of taking care of airmen, the food service programs were considered our weakest area. This validated our earlier selection of food service transformation as an important strategic initiative, which will take advantage of cutting-edge models of leading college, university, and corporate campuses to improve food quality, variety, and nutritious value; increase efficiency; maintain our organic warfighting food service capability; and save money.

CONCLUSION

The Air Force is leaning forward and focused on our top five priorities. Airmen are critical to successful operations at home-station and in executing joint and coalition missions around the world. Congress' continued support of our initiatives to attract, develop and sustain talented and diverse airmen and their families is mission-essential. Our efforts to effectively manage end strength, and to recruit and retain, train, develop and care for airmen and their families will enable our Air Force to "fly, fight, and win . . . in air, space, and cyberspace." We greatly appreciate your unfailing support to the men and women of our great Air Force.

Thank you. I look forward to your questions.

Senator BEN NELSON. Thank you, General.
General Coleman?

STATEMENT OF LT. GEN. RONALD S. COLEMAN, USMC, DEPUTY COMMANDANT FOR MANPOWER AND RESERVE AFFAIRS, UNITED STATES MARINE CORPS

General COLEMAN. Chairman Nelson, Senator Graham, distinguished members of the committee, it is a privilege to appear before you today to discuss Marine Corps personnel.

Mr. Chairman, I would like to personally thank you for your very kind words about me and my military service. I would also like to say it has been a privilege and an honor to serve this country in uniform for over 41 years.

I would like to make a few key points. First, in regard to our end strength growth, the Marine Corps is now building on our success

in fiscal year 2008, and we will reach our 202,000 goal this fiscal year, 2 years ahead of schedule. We owe this success in large part to our recruiters, who continue to meet all accession goals while maintaining the highest quality standards.

Thank you for your continued support of our enlistment incentives, which help make this achievement possible.

Second, our Active component retention continues to be successful. In fiscal year 2008, first-term retention was an unprecedented 36 percent. We are building on that success in fiscal year 2009, having already achieved our fiscal year mission.

We thank you for your support of our selective reenlistment bonus program. It will remain the foundation of retention efforts as we move from growing our force to shaping it so that we maintain vital Marine Corps leadership and critical skills.

Third, I want to reiterate that a top priority of the Commandant of the Marine Corps is care for our wounded marines and for the families of all our marines. Our wounded warrior regiment is diligently at work implementing a comprehensive approach to wounded warrior care, which makes thriving, not just surviving, the expectation of our wounded marines.

Likewise, our family readiness programs have undergone a host of significant improvements, which continue to this day. They are made possible in large part due to the generous funding you have provided.

In closing, I want to thank you and the other Members of Congress for your support and partnership. They have been central to the strength that your Marine Corps enjoys today. They will continue to be essential as we work to shape the Marine Corps for the future so that we will always remain the most ready when the Nation is least ready.

I look forward to answering your questions.

[The prepared statement of General Coleman follows:]

PREPARED STATEMENT BY LT. GEN. RONALD S. COLEMAN, USMC

Chairman Nelson, Senator Graham, and distinguished members of the subcommittee, it is my privilege to appear before you today to provide an overview on Marine Corps personnel.

INTRODUCTION

We remain a Corps of Marines at war with over 25,000 marines deployed in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The young men and women who fill our ranks today recognize the global, protracted, and lethal nature of the challenges facing our Nation, and their dedicated service and sacrifice rival that of any generation preceding them. The individual marine is our Corps' most sacred resource.

Over the past several years, sustained deployments in Iraq, Afghanistan, and across the globe have kept many marines in the operating forces deployed as much as they have been home. They have shouldered our Nation's burden and done so with amazing resiliency. Marines understand what is required of the Nation's elite warrior class—to stand up and be counted when the Nation needs them the most. For this, we owe them our unending gratitude.

Marines and their families know that their sacrifices are making a difference, that they are part of something much larger than themselves, and that their Nation stands behind them. Thanks to your continued support, your marines will stay resolved to fight and defeat any foe today or in the future.

II. END STRENGTH

Active Component End Strength

The Marine Corps grew by over 12,000 marines in fiscal year 2008 and currently stands at over 201,000. We are on pace to reach an active duty end strength of 202,000 by the end of fiscal year 2009—2 years ahead of schedule. This historic growth can be attributed to three factors: quality recruiting, historic retention levels, and reduced attrition. Based on building a robust Delayed Entry Pool Program, we expect these trends to continue into fiscal year 2010 allowing us to sustain a 202,000 end strength. While the state of the Nation's economy is a concern for all of us, we expect that it will positively impact both recruiting and retention this year.

We have met our fiscal year 2009 aggregate goals for both First Term and Career reenlistments and will meet our accession mission. Attrition levels are projected to remain at or below fiscal year 2008 rates. Sustaining the 202,000 end strength will enable your Corps to train to the full spectrum of military operations and improve our ability to address future challenges. This end strength will also enable us to increase the dwell time of our marines so that they are able to operate at a "sustained rate of fire." Our goal is to achieve a 1:2 deployment-to-dwell ratio for all of our Active Forces—for every 7 months a marine is deployed, he or she will be back at home station for 14 months.

Funding

The Marine Corps greatly appreciates the increase in authorized end strength to 194,000 passed in the National Defense Authorization Act for Fiscal Year 2009. In fiscal year 2009, we are funding the end strength in excess of 194,000 through supplemental appropriations. The vast majority of our personnel budget is spent on entitlements including compensation, which is a double-edged sword.

Compensation is a principal factor for marines when deciding whether to reenlist. Private sector competition will always seek to capitalize on the military training and education provided to our marines. Marines are a highly desirable labor resource for private sector organizations. Competitive and flexible compensation authorities aid the Marine Corps in targeting specific areas and provide the capability to access, retain, and separate as needed. Your support for our Enlistment Bonus and Selective Reenlistment Bonus programs has made a difference and will continue to be a key to sustaining our end strength and ensuring the right mix, right grades, and overall effectiveness of our Total Force. We appreciate the continued support of Congress in the creation of flexible compensation authorities that allow the Marine Corps to shape your Corps for the 21st century.

Reserve Component End Strength

Our Reserves continue to make essential contributions to our Total Force efforts in Overseas Contingency Operations, particularly in Iraq and Afghanistan.

As we accelerated our build to 202,000 Active component marines during the past fiscal years, we understood that we would take some risk with regard to obtaining our Reserve component end strength of 39,600. The result has been that the Marine Corps Reserve has seen a continued decline in end strength since fiscal year 2007 when we were 1,044 (2.6 percent) below our authorized end strength. That same year, in keeping with our strategic perspective regarding the role of the Reserves, we deliberately targeted 883 experienced and combat-tested marines to return to the Active component in support of the 202,000 plan. In fiscal year 2008, another 872 Reserve marines returned to the Active component, contributing to a shortfall of 2,077 (5.2 percent) below our authorization. In fiscal year 2009, another 197 have returned or are pending return to active duty and we are predicting an end strength of 36,986 (6.6 percent below authorization).

However, we have now refocused our recruiting and retention efforts toward achieving our authorized Reserve component end strength. These efforts include increasing our Reserve Non-Prior service recruiting mission, lowering our attrition, doubling our incentives budget from \$12 million to \$24 million, and expanding the population eligible to receive incentives. I am confident that these efforts will set us on the right course to recover our authorized end strength of 39,600. We believe that number is appropriate and provides us with the marines we require to support the force and achieve our goal of 1:5 deployment-to-dwell ratio. The bonus and incentives provided by Congress, specifically the authorization to reimburse travel expenses to select members attending drill, will be key tools in helping achieve this goal.

III. RECRUITING

Our recruiters continue to make their recruiting goals in all areas in support of our Total Force recruiting mission. Our focus in fiscal year 2009 will be to continue to recruit quality men and women with the right character, commitment, and drive into our Corps. To meet the challenges in today's recruiting environment, it is imperative that we maintain our high standards both for our recruiters and those who volunteer to serve in our Corps. The Corps must continue to be comprised of the best and brightest of America's youth. We must also remain mindful that the Marine Corps needs to reflect the face of the Nation and be representative of those we serve. Our image of a smart, tough, elite warrior continues to resonate with young people seeking to become marines.

The Marine Corps is unique in that all recruiting efforts (officer, enlisted, regular, Reserve, and prior-service) fall under the direction of the Marine Corps Recruiting Command. Operationally, this provides us with tremendous flexibility and unity of command in order to annually meet our objectives. In fiscal year 2008, the Marine Corps achieved 100 percent of the enlisted (regular and Reserve) ship mission (accessions). In terms of quality, Marine Corps Recruiting Command accessed over 96 percent Tier 1 high school diploma graduates and over 66 percent in the upper Mental Groups of I-IIIAs. In short, we accomplished our recruiting mission, achieved the Commandant's quality standards, and exceeded Department of Defense quality standards.

In fiscal year 2009, the Total Force accessions mission is 39,296 and, as of 1 May 2009, we have shipped (accessed) 19,094 applicants, representing over 104 percent of our Total Force mission fiscal year to date. Although recruiting is highly dynamic and fluid, we expect to meet our annual recruiting mission this fiscal year, to include all quality goals. Additionally, we continue to exceed our contracting goals for this fiscal year which ensures we have a population of qualified individuals ready to ship to recruit training as we enter fiscal year 2010. Achieving this success, as always, is dependent on your support for our enlistment incentives. We thank you for this support both now and in the future.

Our Officer Selection Teams were also successful in fiscal year 2008, accessing 1,900 second lieutenants for 100 percent of their assigned mission. In fiscal year 2009, we are experiencing great success in our efforts to attract officer candidates and commission second lieutenants commensurate with our end strength requirements.

For the Reserve component, the Marine Corps achieved its fiscal year 2008 Reserve enlisted recruiting goals with the accession of 4,235 non-prior Service marines and 4,501 prior Service marines. As of 1 May 2009, we have accessed 2,696 non-prior Service and 1,901 enlisted prior Service marines, which reflects 60 percent of our annual enlisted mission. Again, we expect to meet our Reserve recruiting goals this year.

Officer recruiting for our Selected Marine Corps Reserve units is traditionally our greatest challenge. To date, the Officer Candidate Course—Reserve has proven to be the most successful of our Reserve officer recruiting programs, specifically focusing on ground-related billets tied to the Force Generation Model. Under this program, individuals attend Officer Candidates School, The Basic School, a Military Occupational Specialty school, and return to a Reserve unit to serve. We commissioned 56 second lieutenants in the Reserve in fiscal year 2008, and we anticipate commissioning between 50 and 75 more this fiscal year.

IV. RETENTION

Retention complements recruiting as one of the vital elements of building and sustaining the Marine Corps. For enlisted retention, we seek to retain the best and brightest marines in both our First Term and Career Force to provide the proven technical skills, experience, and noncommissioned officer and staff noncommissioned officer leadership needed to meet our demanding mission. In fiscal year 2008, the Marine Corps reenlisted 16,696 marines including an unprecedented 8,243 first-term marines. This achievement represented the highest retention rate ever, almost 36 percent, among the eligible first term population compared to 31 percent in fiscal year 2007 and 22 percent in fiscal year 2006. Similarly, the Marine Corps achieved a remarkable 77 percent retention rate among the eligible career force compared with 70 percent in fiscal year 2007 and 65 percent in fiscal year 2006. This achievement contributed to exceeding the annual milestone in our end strength increase plan while maintaining all quality standards.

For fiscal year 2009, retention achievement remains exceptionally strong. As of 5 May 2009, we have achieved 7,657 First Term Alignment Plan reenlistments, 104.4 percent of the 7,334 goal. Equally impressive, we have achieved 7,538 Subsequent

Term Alignment Plan reenlistments, 101 percent of the 7,464 goal. Altogether, we have achieved 15,195 total reenlistments, or nearly 103 percent of the combined goals. Our continuing retention success remains largely attributable to two important, enduring themes. First, marines are truly motivated to “stay Marine” because they are doing what they signed up to do—fighting for and protecting our Nation. Second, they understand our service culture is one that rewards proven performance and takes care of its own.

In regard to the Reserves, officer retention is above historical norms. Enlisted retention, however, remains below historical norms in part due to the priority of building an Active component end strength of 202,000. For fiscal year 2009, we foresee continued higher retention in the Active component, which will impact the number of marines transitioning into the Reserves. However, as stated above, we are no longer making a concerted effort to draw personnel from the Reserves to increase our Active Forces and are refocusing our efforts on increasing Reserve end strength.

V. MARINE CORPS RESERVE

With the achievement of the 202,000 Active-Duty Force, we will refocus our recruiting and retention efforts toward achieving our authorized Reserve component end strength. One of the key recruiting elements and a focus is our Reserve junior officers and meeting our company grade officer shortfalls. As previously noted, the Officer Candidate Course—Reserve has proven to be the most successful of our Reserve officer recruiting programs. Our continued success in this area is a notable enhancement to the continuum of service for us and furthers the operational nature of our Reserve Forces.

The departments within Headquarters, Marine Corps continue to work with the Office of the Secretary of Defense and Secretary of the Navy to develop implementation plans on the recommendations from the report of the Commission on the National Guard and Reserves. We were represented in all working groups reporting to the Commission’s Steering Committee and have participated in all aspects of developing the Department of Defense response to the recommendations. We believe the spirit and intent of the Commission was very helpful in identifying avenues to strengthen and improve the Total Force.

VI. CIVILIAN MARINES

Civilian marines continue to provide an invaluable service to the Corps as an integral component of our Total Force. With a population of over 33,000 appropriated and non-appropriated funded employees and foreign nationals, civilian marines work in true partnership with the active duty and play an important role in supporting the mission of the Marine Corps and Overseas Contingency Operations. Our vision for the future not only defines what the Marine Corps will offer to, but what it expects from, our civilian marines. The Marine Corps is committed to improving their leadership skills and opportunities for training and education.

Civilian employees are afforded the opportunity to advance their career development through centrally-managed programs administered through Headquarters, United States Marine Corps. For example, the Marine Corps Acculturation Program provides our civilians with the opportunity to understand their roles in supporting the mission of the Marine Corps—specifically, learning the Marine Corps’ culture and history while also concentrating on the strategic mission of local commands. The Civilian Marine Mentoring Program is part of the Civilian Career and Leadership Development program, which helps transform our civilian workforce to face the challenges of the future. A web-based Civilian Workforce Development Application was designed to assist the Marine Corps with managing our civilian workforce development activities.

The marine has implemented the National Security Personnel System along with other Department of Defense and Department of Navy agencies. Since January 2007, the Marine Corps has converted 6,400 employees to the National Security Personnel System across all Marine Corps organizations including overseas and field activities. Through this new pay-for-performance system, employees are able to align job objectives to mission. Ongoing performance feedback, both formal and informal, is an important component of the system and is essential to increase employee engagement and foster a high performance culture.

VII. INFORMATION TECHNOLOGY

Ensuring accurate, timely pay is supported by our continued efforts to transform our manpower processes by leveraging the benefits of the Marine Corps Total Force System (MCTFS), the Department of Defense’s only fully integrated personnel, pay, and manpower system. MCTFS seamlessly serves our Active, Reserve, and retired

members, provides total visibility of the mobilization and demobilization of our Reserve marines, and ensures proper and timely payments are made throughout the process. MCTFS provides one system, one record, regardless of an individual's duty status. According to the most recent Defense Finance and Accounting Service's "Bare Facts" report, MCTFS continues to achieve a pay accuracy rate of over 99 percent for both our Active and Reserve components. MCTFS has enabled the Marine Corps to move its pay and personnel administration to a predominately self-service, virtually paperless, secure, web-based environment. In fiscal year 2008, individual marines and their leaders leveraged MCTFS' capabilities to process more than 24 million transactions.

VIII. TAKING CARE OF OUR MARINES AND OUR FAMILIES

While the ideals of service to Corps and Country have not changed, the conditions of service are constantly changing, as are the needs of our marines and their families. Marines have reasonable expectations regarding housing, schools, and family support, and it is incumbent upon us to support them in these key areas. Marines make an enduring commitment to the Corps when they earn the title marine. The Commandant has made it clear that the Corps, in turn, must, and will, continue to make an enduring commitment to every marine and his or her family.

Transitioning Marine and Family Support Programs To A Wartime Footing

Over the past year, the Marine Corps initiated a multi-year strategy to transition family support programs to a wartime footing. To achieve this, we conducted a series of assessments for the purpose of documenting service levels and evaluating the current state and efficiency of Corps-wide marine and family support programs and services. We discovered that our commanders needed more specific guidance and resources from us to appropriately take care of their marines and families or to refer them to available internal or external support services. We also heard the concerns of our marines and their families and implemented key reforms at every level of command and aboard each installation.

Family Support Programs

The Marine Corps Family Team Building (MCFTB) Program provides a strong support arm to the Unit Family Readiness Program and high-quality training that supports the marine and family through mission, career and life events. We have expanded and enhanced our pre-, during, and post-deployment training to address the increased demands and potential impacts of multiple, sustained deployments on marines and their families. We have developed an inventory of lifeskills training courses that specifically address challenges of military life, both personal and family. Acknowledging the role extended family members play in fostering personal and family readiness, we have expanded our family readiness support to include parents of single marines. Finally, our MCFTB staff provides unit command teams training on the roles, responsibilities and supporting tools that are available to foster personal and family readiness.

Central to our transformation efforts, we have expanded the depth and breadth of our family readiness training programs and established full-time family readiness officer billets in more than 400 units, who serve as the focal point for families of our marines. As of May 1, 2009, we have filled 365 of the 415 available positions and will continue to monitor our staffing needs. The family readiness officers will use the mass communication tool, which enables simultaneous broadcast of communication via email, text messaging, or phone, and other technology enhancements to expand communications between marines and their families.

We have completed assessments at our remote and isolated commands and initiated substantial improvements to infrastructure and quality of life programming with upgraded child care availability and support, playground equipment, youth sports equipment, fitness center equipment, bike paths, and facility improvements. These enhancements will further promote the sense of community required to form strong bonds among our marine families that contribute so greatly to readiness.

We learned that effective communications with family members is of paramount importance and, for our families with deployed marines, a critical quality of life requirement. In addition to the mass communications tool described above, we have addressed this issue in a number of ways.

To enhance our morale and recreation capability on installations as well as to better connect marines and their families, the Marine Corps is installing wireless networks and access points at over 230 facilities across the Marine Corps. We are also testing a Morale-Portable Satellite Communications Suite that provides an internet and web-cam capability to Forward Operating Bases (FOBs) in Afghanistan where traditional "Internet Cafes" are unavailable. This not only provides marines with an

opportunity to connect with their families, but also provides a recreation outlet at these remote locations. Two systems were delivered to our forces in Afghanistan in December 2008, and initial capability tests in the FOBs have been very encouraging. We will continue testing the fielded units and expect to begin to ramp up full capability by the end of fiscal year 2009.

These initiatives and others not only demonstrate the commitment of the Marine Corps to our marines and their families, but also underscore the significance of marine and family support to mission readiness. We have advanced the implementation of these initiatives through the use of much-appreciated supplemental funding in fiscal years 2008 and 2009. Beginning in fiscal year 2010, the Marine Corps intends to sustain funding for these critical program enhancements in our baseline budget, not through supplementals.

Exceptional Family Member Program and Respite Care Program.

Last year, I reported on our mission to establish a continuum of care for our Exceptional Family Member Program (EFMP) families. Recommendations from a rigorous internal functionality assessment have been implemented and we are actively helping nearly 6,500 families gain access to medical, educational, and financial services that may be limited or restricted at certain duty stations. The program is now fully staffed at both the installation and headquarters levels. A new Case Management System is online and allows the exchange of necessary information and provides a robust reporting capability to program managers.

A Respite Care Program funded by the Marine Corps provides up to 40 hours of care per month to all enrolled families, and can be used in conjunction with the TRICARE Extended Care Health Option (ECHO) benefit. We are obtaining the help of the Bureau of Medicine & Surgery and TRICARE to resolve health care access and availability concerns at several bases, and legal counsel is now on staff to advise our exceptional family members on State and Federal entitlements and processes. Since expansion of the program, our EFMP families have frequently expressed their appreciation for the support provided by our case managers, who have helped them navigate the paths and nodes to obtain services.

Gaining access to Services can be most challenging to families who have members diagnosed with Autism Spectrum Disorder. We sincerely appreciate the increased reimbursement rate for Applied Behavioral Analysis therapy that Congress approved for fiscal year 2009. More families will now be able to exercise their option to use the TRICARE ECHO program. However, the highly specialized services these families require are not always available. Additionally, we are evaluating how the Marine Corps can partner with other organizations to increase the availability of these specialized services in geographic areas where they are currently lacking.

School Liaison

The education of over 52,000 school-aged children of Marine Corps parents directly contributes to the overall state of family readiness within our Corps. We recognize that our children, who must often be as mobile as their military parents, face additional challenges associated with frequent moves between schools and educational systems of differing quality and standards. To address these challenges, we established School Liaison billets and are now fully staffed at each of our installations to help parents and commanders interact with local schools and districts.

The School Liaisons advocate for our school-aged children and form partnerships with schools and other agencies in an effort to improve access and availability to quality education and to mitigate education transition issues. School Liaisons are actively involved in efforts to assist school districts in applying for available grants that focus on military school-aged children issues. Complimenting these efforts, the Marine Corps is working with the Department of Defense to develop an "Interstate Compact on Educational Opportunity for Military Children" to enable reciprocal state acceptance of entrance, subject, testing, and graduation requirements. As of April 30, 2009, 15 States have passed the Interstate Compact, and others are in some stage of the legislative process.

Child Development Program and Meeting Potential Need

To ensure children, youth, and teen programs continue to transition to meet the needs of our families, a functionality assessment was conducted in June 2008 to identify program improvements, such as the development of staffing models to improve service delivery. This year, we are pursuing initiatives in these programs to improve the quality of life for the children of our marines.

To address a wide variety of identified needs, we are using multiple strategies to increase our child care capacity, such as expanded hours, partnerships, on- and off-base family child care, and Child Development Group Home spaces. We are now providing 16 hours of reimbursed respite care per month for families with a de-

ployed marine, and intend to increase respite care availability aboard our installations. In addition, the Marine Corps has expanded partnerships that provide long and short-term support for marines and their families who are not located near our major installations. Through our partnership with the National Association of Child Care Resource & Referral Agencies, we have been able to provide an additional 798 child care spaces to geographically dispersed, deployed and severely injured servicemembers' children.

We are currently providing 11,757 child care spaces and meeting 63.6 percent of the calculated total need. It is important to note that the Marine Corps has initiated rigorous data collection and analysis improvements. As a result, it will be necessary to correct the 2007 annual summary due to identified reporting errors. Our reported rate of 71 percent of calculated total need last year is more accurately stated as 59.1 percent. To meet the Department of Defense standard of 80 percent of potential need, we would require slightly over 3,000 additional spaces. To address this requirement, Congress has funded 915 additional spaces in fiscal years 2008 and 2009. The American Recovery and Reinvestment Act and 2009 Overseas Contingency Operations request will provide an additional 1,700 spaces. We are also considering additional modular child development centers, subject to more detailed planning and availability of funds. Continued congressional support will help us provide these needed facilities. As the needs of our families change, our program is committed to grow and adapt to meet these needs.

Combat Operational Stress Control

Marine Corps commanders are fully engaged in promoting the psychological health of our marines, sailors, and their families. To enable leaders, individuals, and families to prepare for and manage the stress of operational deployment cycles, the Combat and Operational Stress Control (COSC) Program encompasses a set of policies, training, and tools to recognize stress reactions early on and to manage them more effectively within operational units.

Marine leaders are trained by mental health care professionals, with assistance from chaplains in the operating forces, to detect stress problems in warfighters as early as possible, and are provided the resources to effectively manage these stress problems in theater or at home base. This training is also being incorporated into formal Professional Military Education schools for both officers and senior non-commissioned officers, such as the Expeditionary Warfare School and the Staff Non-commissioned Officer Advanced Course. Additionally, enhanced training tools, such as hyper-realistic combat training in environments engineered to simulate the sights, sounds, and smells of combat, seek to increase marine and sailor resiliency to combat stress.

We have staffed full-time COSC training coordinators at each of our Marine Expeditionary Force headquarters. To assist with prevention, rapid identification, and effective treatment of combat operational stress, we are expanding our program of embedding mental health professionals in operational units—the Operational Stress Control Readiness (OSCAR) Program—to directly support all Active and Reserve ground combat elements and eventually all deployed elements of the Marine Air-Ground Task Force. This year, we begin to formalize the OSCAR program by making mental health professionals organic to the divisions and Marine Forces Reserve. By fiscal year 2011, full OSCAR teams will be fielded to the Infantry Regiment level.

Post-Traumatic Stress Disorder

The science of diagnosing and treating post-traumatic stress disorder (PTSD) continues to evolve. Research studies are underway to identify risk and protective factors to prevent PTSD and other stress-related illnesses such as anxiety disorder or depression. Better screening and referral of at-risk marines is underway via the OSCAR program and standardized pre- and post-deployment health assessments. This will improve access to care and reduce stigma associated with PTSD. The Departments of Veterans Affairs and Defense have collaboratively established comprehensive guidelines, which are available to all services, for managing post-traumatic stress.

Traumatic Brain Injury

We continue to see Traumatic Brain Injury (TBI) as a significant challenge, one we are meeting in coordination with the Department of Defense and Veterans Brain Injury Center. Many new cases represent older injuries that are just now being diagnosed and our expectation is that, with the institution of the Automated Neuropsychological Assessment Metrics for all marines, we will discover mild TBIs more promptly post-deployment.

While the Marine Corps is providing leadership and resources to deal with this problem, we cannot solve all the issues on our own. The Marine Corps continues to work closely with the newly established Defense Center of Excellence for Psychological Health and Traumatic Brain Injury to advance our understanding of PTSD and TBI, and to improve the care of all marines. We are gratified by your continued support in this arena through funding of several research initiatives that explore ways to better treat our injured marines.

Suicide Prevention

The loss of any marine is a tragedy both for the family and for our Corps. We are actively engaged in prevention and early identification of problems that may increase the risk of suicide. Leaders at all levels are concerned about the increase in the number of suicides, up from 25 in 2006, 33 in 2007, to 42 incidents in 2008. Understanding that there is no single suicide prevention solution, we are committed to having an effect on the individual marine through leadership and command involvement at all levels. As noted earlier regarding PTSD, we must reduce the stigma sometimes associated with seeking help. The Commandant and Marine Corps leadership are taking proactive action to address this issue. A senior enlisted Marine leader has been hand-selected by the sergeant major of the Marine Corps to add unique insight to our efforts in suicide prevention, and the Assistant Commandant (ACMC), through the Executive Safety Board, is directing a series of initiatives which are currently in accelerated development:

- NCO/FMF Sailor Leadership Suicide Prevention Training—A half-day, high impact, relevant workshop has been designed to reach the NCO/FMF sailor community and facilitate their work with junior enlisted marines. In the past, 90 percent of suicides were accounted for by E1–E5 marines. This training should be ready by this summer. In the interim, an all-hands training on suicide prevention, directed by the ACMC, was conducted last month.
- Leadership Suicide Prevention Video Messages—All 0–6 and higher commands are producing videos focusing on leadership and suicide prevention to set the climate for stigma reduction and an imperative of prevention.
- Integration of Suicide Prevention and Marine Corps Martial Arts Program—A prevention message will be incorporated in the MCMAP in a manner appropriate and engaging to reach all marines.
- Relationship Distress Hotline—relationship problems, both romantic and marital, remain the number one associated stressor related to suicidal behavior. Suicide is complex and while this is not the only problem, it is the most common. A hotline by phone, email and live internet chat that is marketed specifically to assist with relationship distress and questions may reduce risk of suicide related behaviors that result from this type of stress.

The Marine Corps will continue to aggressively pursue suicide prevention initiatives; reevaluate existing programs designed to reduce the stressors most correlated with suicidal behavior; develop and distribute new prevention programs; and refresh and expand training materials.

Sexual Assault Prevention and Response

Sexual assault is a crime and we take every reported incident very seriously. In addition to the impact on its victims, the corrosive effect on unit and individual readiness is a matter of great concern. The Marine Corps has adopted policy and, in accordance with the Department of Defense's Sexual Assault Prevention and Response (SAPR) Program, issued guidance designed to prevent sexual assaults within the Marine Corps and to assist those marines and sailors assigned to Marine Corps units affected by sexual assault.

A 2008 Government Accountability Office study reported several shortcomings in our sexual assault prevention program. To address these findings, we are refreshing our training program and have committed to hire four full-time regional SAPR Program coordinators. We have trained more than 3,000 victim advocates to provide assistance. All marines receive sexual assault prevention and awareness training upon entry and are required to receive refresher training at least annually. The issue is also incorporated into officer and noncommissioned officer professional development courses and key senior leader conferences and working groups. At the request of our field commanders, we have also increased the number of Marine Corps judge advocates who attend specialized training on prosecution of these crimes and have assembled a mobile training team to teach our prosecutors how to better manage these cases. Last month, the Marine Corps recognized the "April is Sexual Assault Awareness Month" campaign with a number of events throughout the country de-

signed to focus attention on the issue and the need to continue our prevention and response efforts.

Personal Financial Management

In difficult economic times, our marines and their families face challenges that are no different from the American population in general, such as taking on too much debt, incurring expenses of a new child, and increased housing costs. Our marines also confront unique challenges because of their service, such as unexpected or short notice deployments, extended separations, and directed permanent reassignments, all of which can compound existing financial difficulties.

Last summer, we conducted a financial quick poll to help determine the level of financial stress on Active Duty marines and their families as a result of the downturn in the economy. Of the over 9,000 Active Duty marines who responded to the survey, 15 percent of enlisted marines and 5 percent of officers classified themselves as being in financial distress. Respondents reported that the most frequent financial problems experienced within the past year were increases in utility, rent and insurance costs, and taking on excessive debt.

We appreciate the efforts of Congress to address the payday lending problem. Following up on that positive legislation, we worked with the Navy-Marine Corps Relief Society to establish a quick assist loan program that offers a \$300 interest-free loan for emergency basic living needs. We also conducted a functionality assessment of our Personal and Financial Management Program in October 2008, and found deficiencies and opportunities for improvement that we are pursuing this year. Anticipating that economic impacts may have become more pronounced, we intend to conduct another survey this year and will continue to monitor the Corps' financial health and the success of our efforts to improve the program.

Casualty Assistance

Our casualty assistance program is committed to ensuring that families of our fallen marines are treated with the utmost compassion, dignity and honor. We have taken steps to correct unacceptable deficiencies in our casualty reporting process that were identified in congressional hearings and subsequent internal reviews. Marine Corps commands now report the initiation, status, and findings of casualty investigations to the Headquarters Casualty Section, which has the responsibility to ensure the next of kin, receive timely notification of these investigations from their assigned Casualty Assistance Calls Officer. The Headquarters Casualty Section is a 24-hour-per-day operation manned by marines trained in casualty reporting, notification, and casualty assistance procedures. These marines have also taken on the additional responsibility of notifying the next of kin of wounded, injured, and ill marines. In October 2008, we implemented a mandatory training program for Casualty Assistance Calls Officers that includes a Web-based capability to expand the reach of the course. This training covers notification procedures, benefits and entitlements, mortuary affairs, and grief and bereavement issues. We will continue to monitor the effectiveness of these changes and make adjustments where warranted.

Recreation for the Recovering Marine

Recognizing the importance of providing recreational opportunities for our wounded, the Marine Corps has partnered with Pennsylvania State University to train recreation professionals on Inclusive Recreation for Wounded Warriors. This state-of-the-art training program for military recreation managers ensures that marines and their families can create a "new normal" as soon as possible. Some of the best practices in place at our installations include bowling, golf, expanded personal fitness training, and a host of alternative activities for those who have been diagnosed with TBI, such as yoga, meditation, deep and shallow aquatic classes, personalized swim coaches, wall climbing, nutritional counseling, and referral to the "Back on Track" program.

Obtaining Quality of Life Feedback

The Commandant of the Marine Corps regularly conducts town hall meetings at our installations to hear the concerns of our marines and their spouses. This provides him an opportunity to address individual concerns and issues, as well as helps our program managers identify systemic concerns. Having had the opportunity to participate in some of these town halls, I am encouraged by the progress we are making in identifying and addressing real quality-of-life concerns. As an example, we are participating in a working group with the Navy Bureau of Medicine & Surgery and TRICARE to resolve health care access and availability issues identified at several bases.

In late 2007, the Marine Corps conducted its fourth Quality of Life in the Marine Corps Study (prior studies were conducted in 1993, 1998, 2002). This is the first

study conducted since the start of OIF/OEF, and it measured marines and their spouses' perceptions and satisfaction with the quality of life across a wide range of issues. As a statement of the morale and character of today's marine, this most recent study found that, despite the Overseas Contingency Operations and the high operational tempo, marines and family members are generally satisfied with their mission and the support provided to them by the Marine Corps. The most significant finding was that marines with a recent deployment history actually have a slightly higher overall quality-of-life score than those without a deployment history.

The study also found that there was an increase in overall and specific satisfaction across the board for spouses when compared with the results from the 2002 study. In fact, the overall Quality of Life score for the spouses was the highest seen for any of the respondent groups (marines assigned to an installation, independent marines, and recruiters) considered in this study. Spouses greatly appreciate the health care benefits provided by the Marine Corps, the quality of professional child care they receive, and the educational opportunities for their children. These factors and others had a positive impact on the family decision to remain part of the Marine Corps.

We will continue to evaluate the findings from this important study in an effort to sustain the many quality-of-life improvements and transformation efforts outlined in my statement.

IX. WOUNDED WARRIOR REGIMENT

The Marine Corps is proud of the positive and meaningful impact that the Wounded Warrior Regiment is having on wounded, ill, and injured marines, sailors, and their families. Less than 2 years ago, we instituted a comprehensive and integrated approach to Wounded Warrior care and unified it under one command. The establishment of the Wounded Warrior Regiment reflects our deep commitment to the welfare of our wounded, ill, and injured, and their families throughout all phases of recovery. Our single activity provides Active Duty, Reserve, and separated marines with non-medical case management, benefit information and assistance, resources and referrals, and transition support. The nerve center of our Wounded Warrior Regiment is our Wounded Warrior Operations Center, where no marine or family member is turned away.

The Regiment strives to ensure programs and processes adequately meet the needs of our wounded, ill, and injured and that they remain flexible to preclude a one-size-fits-all approach to that care. For example, we have transferred the pay and entitlements auditing authority from the Defense Finance and Accounting Service in Kansas City directly to the Wounded Warrior Regiment, where there is a comprehensive awareness of each wounded marine's individual situation. We have also designed and implemented a Marine Corps Wounded, Ill, and Injured Tracking System to maintain accountability and will eventually be used to facilitate case management for the Wounded Warrior Regiment Comprehensive Transition Plan. To ensure effective family advocacy, we have added family readiness officers at the Regiment and our two battalions to support the families of our wounded, ill, and injured marines.

To enhance reintegration, our Job Transition Cell, manned by marines and representatives of the Departments of Labor and Veterans' Affairs, has been proactively reaching out to identify and coordinate with employers and job training programs to help our wounded warriors obtain positions in which they are most likely to succeed and enjoy promising careers. One example is our collaboration with the U.S. House of Representatives to establish their Wounded Warrior Fellowship Program hiring disabled veterans to work in congressional offices.

The Marine Corps also recognizes that the needs of our wounded, ill, and injured marines and their families are constantly evolving. We must ensure that they are equipped for success in today's environment and in the future. In May 2008, the Regiment stood up the Future Initiatives and Transformation Team to assess current capabilities and develop future programs to ensure the Wounded Warrior Regiment (WWR) anticipates and meets emerging requirements. The Regiment has also stood up an Assessment Cell as part of the Future Initiatives and Transformation Team to conduct assessments of WWR programs and services to obtain actionable data for comprehensive program adjustment and improvement.

One of the Regiment's most effective accomplishments thus far is the "Sergeant Merlin German Wounded Warrior Call Center." Established in December 2007, the Call Center is available 24/7 for marines and marine veterans for assistance with benefit information and assistance, resources and referrals, and community reintegration needs. Our Wounded Warrior Call Center not only receives calls from active duty and former marines but also conducts important outreach calls. Since

December 2007, we have contacted over 9,800 marines and marine veterans wounded, ill, or injured since September 2001 to assess how they are doing and to offer our assistance. Our call center has been critical to our success in helping wounded, ill, and injured marines and in averting potentially tragic circumstances. Our trained call center staff is primarily former and retired marines or family members of marines. These dedicated individuals are not only skilled at providing help, but they also share a common bond with those they serve. This bond brings a sense of familiarity that enhances the help process. Our resident call center capability also gives the Marine Corps the flexibility to make outreach calls that target specific populations thought to be at higher risk for problems or requiring specific information. One example of this was our outreach to the marines assigned to the Personnel Recovery Platoons whose mission is to recover the remains of fallen marines and who have experienced the trauma of the battlefield to a degree and frequency that few others encounter. Additionally, we use our call center to keep wounded warrior marines and families informed about benefits changes or other changes in laws or policies that will impact them. Now that the new Servicemembers' Traumatic Group Life Insurance policy changes have been implemented, we are using our call center to contact wounded and injured marines and marine veterans to advise them of the enhanced benefits and relay to them the procedures for applying for the benefits. Our commitment to gaining and maintaining contact with all our wounded, ill, and injured marines, including those that have returned to full duty, has prompted us to increase our call center capability by adding call centers at each of our battalions located at Camp Lejeune, NC and Camp Pendleton, CA. "Once a Marine, Always a Marine" is not a recruiting slogan. It is the philosophy that it is at the heart of our brotherhood and guides our efforts to care for wounded warriors.

It is this same philosophy that is behind our reinvigoration of the Marine For Life mission, which assists the 27,000 marines each year who leave active duty. This separate program falls under the Wounded Warrior Regiment and assists in the transition by connecting these marines with "marine friendly" employers and mentorship opportunities and providing educational assistance by utilizing Marine For Life HomeTown Links who are strategically located and working in communities throughout the United States.

The Wounded Warrior Regiment has made great strides in achieving a holistic approach to wounded warrior care. We are particularly dedicated to ensuring our marines not only survive, but that they thrive—whether they return to duty or reintegrate to their communities. Supported by the passage of the National Defense Authorization Act for Fiscal Year 2008, the Marine Corps is aggressively moving forward in our efforts to institute improvements to the care, management, and transition of recovering marines and their families. Recovery care coordinators have been hired, trained, and detailed to support our wounded, ill, and injured. Working with others currently providing care support and services they will oversee the development of the Wounded Warrior Regiment Comprehensive Transition Plan for each wounded, ill, or injured marine that will serve as their individual roadmap whether they are focused toward a return to duty status or separation and community reintegration. These caring and dedicated professionals monitor the execution of services across the continuum of care from recovery through rehabilitation to reintegration.

The network of support provided by the Wounded Warrior Regiment will continue to the marine's hometown via our District Injured Support Cells. Manned by Active Duty marines, these cells are established throughout the country to conduct face-to-face visits and telephone outreach to Reserve and veteran, wounded, ill, and injured marines. The Wounded Warrior Regiment will continue to develop those relationships that allow us to care for and advocate for our marines and marine veterans. Our Nation has a reasonable expectation that her marines will receive the care and support they need and deserve, whether this support is provided by the Marine Corps, the Department of Veterans Affairs, Veterans Service Organizations, or the many local and State governmental and nongovernmental agencies.

As we continue to improve the care and management of our Nation's wounded, the Marine Corps is grateful to have the support of Congress. In addition to the support provided in the National Defense Authorization Act for Fiscal Year 2009, I would like to thank you for your personal visits to our wounded warriors in the hospital wards where they are recovering and on the bases where they live. The Marine Corps looks forward to continuing to work with Congress in ensuring that our wounded, ill, and injured marines receive the best care, resources, and opportunities possible.

X. CONCLUSION

As we continue to fight Overseas Contingency Operations, the Marine Corps will be required to meet many commitments, both at home and abroad. While we have, to date, made impressive strides toward our fiscal year recruiting, retention, and end strength goals, we must remember that this is a Total Force effort. It is individual marines who are our most precious asset, and we must continue to attract and retain the best and brightest into our ranks.

Marines are proud of what they do. They are proud of the "Eagle, Globe, and Anchor" and what it represents to our country. With your support, a vibrant Marine Corps will continue to meet our Nation's call.

Thank you for the opportunity to present this testimony.

Senator BEN NELSON. Thank you, General.

I think we will do a first round of 5 minutes.

First, just a general question to all of you. Do you need any legislative authority to initiate or improve military personnel or family programs not otherwise discussed today? Do you need any authority to initiate or improve what you may not have talked about today?

General ROCHELLE. If I may start, sir?

Senator BEN NELSON. Yes, General?

General ROCHELLE. Thanks to this committee and Congress, we have all of the authorities we need.

Thank you.

Senator BEN NELSON. Admiral?

Admiral FERGUSON. I would concur in that assessment. We feel we have all the authorities that we require.

Senator BEN NELSON. General Newton?

General NEWTON. I would also concur with that and I appreciate greatly the authorities that you have provided that we can carry forward with.

Senator BEN NELSON. All right. General Coleman?

General COLEMAN. Same thing. Thank you, sir.

Senator BEN NELSON. Great. There has been a lot of discussion about end strength in the Army for some period of time, and 2 years ago, Secretary Gates announced that the Army would increase its permanent Active Duty end strength to 547,400. Today, the Army finds itself with an active end strength of about 549,000 3 years ahead of schedule, as indicated.

Do you believe, General Rochelle, that the Army should grow beyond the 547,400 in 2009 or 2010?

General ROCHELLE. Mr. Chairman, first of all, I support the President's budget, as does the United States Army. Your question, though, begs a little bit of explanation about the relationship between end strength and demand.

As you said in your opening statement, end strength cannot be viewed in a vacuum, and you are precisely correct, sir. In order to understand the required end strength, one has to ask the question what is it we want the Army to do and for how long?

Demand, that is the one aspect that we do not control. In my experience of soon to be 3 years as the G-1 of the United States Army, I have seen demand consistently rise. We are hopeful that in the future, with responsible drawdown in Iraq, that will change. But as the Army looks to the next 12 to perhaps 18 months, we see an increase in demand before responsible drawdown can offer us the prospect of reduced demand in the overall.

We are actively considering and discussing—and I believe my vice chief has testified to this. We are actively exploring whether or not we should return to DOD, this is an internal building discussion at this point, and seek authority temporarily to exceed that.

I hope I have answered your question, sir.

Senator BEN NELSON. The purpose of the request for temporary increase in end strength is because of the increased OPTEMPO or the fact that we are not going to get the dwell time that we had hoped by shifting down from Iraq into Afghanistan?

General ROCHELLE. Let me answer your question this way, Mr. Chairman. The current dwell time for the Active Army is 1 year deployed for every 1.3 years at home. It is unsustainable, absolutely unsustainable.

For the Army Reserve, it is just below 1 year deployed for every 3 years home. Even though they are an Operational Reserve and not a Strategic Reserve, I submit to you that that pace is equally unsustainable.

In addition to that, the cumulative effect, which I attempted to speak to in my opening statement, of repeated deployments, and most especially the surge, is, in fact, wearing on readiness, and it is wearing on the number of soldiers in our formations who are available to deploy, whether for permanent medical conditions or just the wear and tear of the 7-plus years of combat.

One more point, if I may? When we looked at our last 10 brigade combat teams, and we, of course, looked at the other formations as well, but when we looked at our last 10 deployed brigade combat teams, the average nondeployable inside those formations was 11 percent. When we took a look at the last five brigade combat teams to deploy, we noted that that had increased to 12 percent.

We think we may have plateaued, but I believe those data points give you a pretty good impression of where we are and addresses your question of why.

Senator BEN NELSON. Once you have the discussions on the inside of DOD, would you then be prepared to come forward, or would the chief of staff or Secretary of the Army come forward with that kind of a recommendation? Is that your anticipation?

Or would it go through the ordinary channels, let us say, back to the Secretary of Defense, back to the White House as part of a future budget request?

General ROCHELLE. I am certain that it would include discussions with the Secretary of the Army, the Chief of Staff of the Army, and the Secretary of Defense. Beyond that, I wouldn't speculate, Mr. Chairman.

Senator BEN NELSON. Okay. Thank you.

Senator GRAHAM. Thank you, Mr. Chairman.

I think I will just pick up where you left off. I have been told there are 20,000 soldiers on Active Duty who are nondeployable due to medical reasons. Is that right, General Rochelle?

General ROCHELLE. That is correct, sir.

Senator GRAHAM. Any idea of how many of those 20,000 will be able to come back to deployable status?

General ROCHELLE. Statistically, the majority of them, between 60 and maybe even as many as 70 percent will be able to come

back over time. We have seen that both with the warrior transition unit, and we typically see that inside brigade combat teams.

Senator GRAHAM. So when you look at 547,000, it is really not 547,000 right now in terms of being able to be deployed. Is that correct?

General ROCHELLE. In terms of available soldiers, it is not 547,000, sir.

Senator GRAHAM. If we are going to err, it is my view that I would rather have more soldiers than you need than not enough. The goal is to have the right amount. I share Senator Nelson's concern that we need to look at maybe bumping that up because in the short term, not only are you going to probably be more in the fight in Afghanistan, but this 20,000 number in the short term is not going to change.

General ROCHELLE. Sir, I would simply add if the past is, indeed, prologue, I do not expect to see demand come down for between 12 to the next 18 months.

Senator GRAHAM. I have been told Secretary Geren and General Casey acknowledged there was a \$2 billion shortfall in terms of paying personnel bills in the Army. Does every Service have a shortfall for 2009?

Admiral FERGUSON. Senator Graham, for the Navy, that shortfall is roughly \$300 million in execution this year.

Senator GRAHAM. What about the Air Force?

General NEWTON. Sir, we have a shortfall. I don't have a specific number. I can get back to you on that.

[The information referred to follows:]

At the time of this testimony, the Air Force had a Total Force shortfall of \$165 million in fiscal year 2009 Military Personnel Appropriations (Active, Guard, and Reserve). The supplemental, combined with Omnibus reprogramming action, has eliminated the shortfall.

Senator GRAHAM. What about the Marine Corps?

General COLEMAN. Yes, sir. We do have a shortfall, but I take for the record the exact amount.

[The information referred to follows:]

At the time of this testimony, the Marine Corps had a \$157 million shortfall. Subsequent to this testimony, the shortfall was reduced to \$105 million and an appeal was submitted to the House Appropriations Committee-Defense and the Senate Appropriations Committee-Defense for consideration during the fiscal year 2009 Overseas Contingency Operations (OCO) conference markup. Upon passage of the fiscal year 2009 OCO, Congress appropriated the \$105 million shortfall; therefore one no longer exists for the Marine Corps.

Senator GRAHAM. Okay. How are we going to make that up?

General ROCHELLE. I am expecting that the Overseas Contingency Operations (OCO) request, which is currently pending on Capitol Hill, will give us a substantial amount of relief. For the record, the number for the Army is \$1.8 billion, sir.

Senator GRAHAM. This request on Capitol Hill would make it up for the Army?

General ROCHELLE. Yes, sir. It would give us the ability largely to eradicate that shortfall.

Senator GRAHAM. Is that the same for the other Services, I hope?

Admiral FERGUSON. In the Navy's case, the House Appropriations Committee mark that they did will cover the Navy shortfall.

Senator GRAHAM. Same for the Air Force, Marines? Okay.

To a more parochial interest of mine, Lieutenant General Coleman, I have been told that we are going to increase to 27,000 Active-Duty marines, but this does not include any increase in the number of Marine Judge Advocates General (JAG). I don't know if this is true or not. I have been told that sometimes when Marine units deploy, that they don't have enough Marine JAGs to fill the needs of the commanders, and we are using some Navy JAGs. Are you familiar with that?

General COLEMAN. No, sir. Not at all. Not that in the deployment stage, taking Navy JAGs instead of Marines. I am not aware of that.

Senator GRAHAM. If you could look into it and get back with me, I would appreciate it.

General COLEMAN. Yes, sir.

[The information referred to follows:]

Senator Graham inquired as to Navy Judge Advocates General's (JAG) being utilized by and deploying with Marine Corps units in order to satisfy personnel shortfalls. At the time of his testimony, Lieutenant General Coleman stated that he was unaware of this practice. Upon further review, his testimony was accurate—no Navy JAGs are deploying with Marine Corps units to cover personnel shortfalls within the Marine Corps JAG occupational field.

Senator GRAHAM. From the Navy point of view, Admiral Ferguson, I have been told that the Navy is short 191 JAGs and 63 enlisted personnel. What is the plan there?

Admiral FERGUSON. For this budget request, we recently approved a partial increase in the JAG corps, and then we are looking at that study that you cite to see what we can phase in over time.

Senator GRAHAM. Okay. I have to go to another hearing, but I will be back, Mr. Chairman. Finally, this idea of retaining folks that are in specialties, do you feel that the committee has been responsive to your needs to give you the money and the flexibility to go to the health care professionals and a variety of specialties in the military?

From the nuclear Navy's point of view, if we build more nuclear reactors on the civilian side, like I hope we will, Mr. Chairman—I know you support that—there is going to be competition for people who are conversant in nuclear power matters. Is there anything more we could do to help any of the Services to give you the flexibility and money you need to retain key people?

Let's start with the Army.

General ROCHELLE. In point of fact, the committee and Congress have given us extraordinary authority to be able to attract the critical skills that we need. Unfortunately, those authorities do not address the larger strategic issue, which is, as in the case of behavioral specialists and medical professionals, we simply aren't creating enough in America to address both civilian needs as well as DOD's needs.

Senator GRAHAM. Has there been any thought of expanding the Uniformed Services University of Health Sciences?

General ROCHELLE. Sir, there has. There have been discussions inside the Army of, for example, returning at some point to a program that used to be called the RAIN program, where the Army grew its own nurses simply because—

Senator GRAHAM. We could do that with health care professionals and mental health professionals?

General ROCHELLE. We possibly could. I have not had active discussions about that, sir.

Senator GRAHAM. Okay, could you work that through the system? Because I think there are a lot of people on Active Duty that might move to that career choice.

General ROCHELLE. Yes, sir.

Admiral FERGUSON. Senator, with regard to the reenlistment bonuses and enlistment bonuses, we feel that we have received all the authorities that we need and that the funding we have requested will be adequate to support us going forward into 2010. We have had great success this year.

General NEWTON. I would say that is consistent with the Air Force. To echo perhaps what General Rochelle was talking about, the challenge that we have with this, what we call a war for talent, out there in the commercial sector and across America is significant, be it just trying to go for America's youth in terms of those who are obviously capable to join the ranks of the military, as well as within the health professional communities and so forth.

But I do feel that the committee has been very forthright and supportive of authorities to pursue.

General COLEMAN. Sir, I feel Congress has gone above and beyond and would not venture to go any further. I would say, as we grow to our 202,000, that we would ask that because we are about to reach 202,000 that you not take too much away because we are there. We still have to shape our force.

But as far as what we are getting for reenlistments, I think we are spot on, sir. Thank you.

Senator BEN NELSON. Thank you, Senator Graham.

Over the last several years, we have found that each and every Service is having difficulty recruiting and retaining medical professionals. It is my understanding from what Admiral Ferguson said that maybe meeting some of those goals has been easier.

But Congress has authorized large bonuses for critically short specialties, as much as \$400,000 for 4 years of service in some cases. Starting with you, General Rochelle, what are your thoughts about what more we could do to recruit more physicians and other health care providers, including dentists and nurses, into the military and retain them?

General ROCHELLE. If I may make one slight preamble to your question, Mr. Chairman? We are realizing after 7 years of war that our base authorizations for medical professionals are inadequate to address the growing need.

I spoke earlier to the challenges of the cumulative effect of deployments and the cumulative effects of 7-plus years of combat. With that having been stated, I don't believe the solution lies in additional monies that we may offer to attract this talent. I really don't.

I think what we have to do is explore ways of allowing individuals to serve more shorter terms, if you will, as opposed to signing up for a full 7-year or 8-year military service obligation. You have given us some authorities there. I think we have to explore creative and inventive ways to reach outside the normal pool of talent, and

I think the Military Accessions Vital to the National Interest programs opens a door there, sir.

Admiral FERGUSON. Mr. Chairman, I would offer that in our successes this year, we found that partnering medical professionals with recruiters in the field in the outreach effort, and reaching into new populations gave us the greatest benefit.

The authorities and the bonuses you have given us and some modifications that we have made in some of the programs and stipends have paid off. But it is that partnership and reaching into new areas which is so important to us.

Senator BEN NELSON. General Newton?

General NEWTON. Sir, I would add that from our perspective, it is also how we go about growing our own with regard to the authorities that you provided, the Health Professions Scholarship Program and so forth. We are also taking a look—and candidly, when our end strength reduction, when we went down to 316,000 and we were headed down to 316,000 of our Active Duty end strength, and now that we are going to be leveling off above 330,000, we took a pretty hard swipe at our recruiters.

General Roudebush, the Surgeon General of the Air Force, and I, we are looking to partner in terms of how we can get our medical folks back into the recruiting business as well so that we can follow up. But again, we have the authorities, and I believe it is men, like General Rochelle was talking about, that limited pool of talent there.

Senator BEN NELSON. You don't necessarily need more bonus money or other programs? You could always use more, I am sure, but do you necessarily think you need it?

General NEWTON. Sir, it is as much recruiting, but also for consideration with regard to retention as well. It is giving them the opportunities, as General Rochelle alluded to, maybe you look at the length in terms of reenlistment and so forth, or retaining in the Service. But again, it is a matter of us acting on the authorities that you provided and that we go forth.

Senator BEN NELSON. General?

General COLEMAN. Sir, we get all our medical from the Navy, sir. So we are good.

Senator BEN NELSON. Yes.

General COLEMAN. So give them all they want, please. [Laughter.]

Senator BEN NELSON. Good partnership.

In terms of mental health, at a press conference last week, Admiral Mullen said that the recent shooting of five servicemembers at a stress control clinic by a troubled Army sergeant speaks to "the need to redouble our efforts" and the issue of multiple deployments and increasing dwell time "to try to improve to relieve that stress."

As we have looked at that tragic event, the rates in every Service are clear reminders that servicemembers, particularly those who have been deployed on multiple occasions are under tremendous stress, and they do need access to mental health care. Are there any feasible actions that we could take in the short term here to help decrease the stress on the force or have additional health care available to them to deal with the mental challenges that so many seem to be facing?

General ROCHELLE. Sir, I would offer all of the above. All of the above. The most critical factor, as the Secretary of the Army, the Honorable Pete Geren, has testified, is dwell time to be with family members, time to be with loved ones. As I have very clearly stated, 1 year deployed for every 1.3 years of dwell is completely inadequate, and it is unsustainable.

I also mentioned the fact that we are seeing that our base authorizations after 7-plus years of war for mental health providers, social workers, et cetera, are completely inadequate to address the need. We are growing that capability, both on the military side as well as on the civilian side.

My final comment would be we are taking every measure feasible right now under the direction of the Vice Chief of Staff, who is himself heading a task force that looks monthly worldwide—in fact, I participated in I think it is the third or fourth, my third or fourth, and I have not missed one—worldwide video teleconference review with field commanders at the three- and four-star level, as well as two-star, looking at the details and the connective tissue, if I may use that term, between incidents.

How do we connect the dots so that we can be preventive? The month of April, I would offer, begins to show a glimmer of hope that we are being successful.

Senator BEN NELSON. General Newton?

General NEWTON. Sir, if I may add? I think, to perhaps add on to what General Rochelle was discussing in terms of connecting the dots, we have to look at balance, not only for the men and women in uniform, but also for the family members as well because the stress on the force impacts, of course, those who serve, the principal members, but also the family members.

I know we are taking a hard look at it in terms of how we balance our approach in terms of taking care of our Air Force with regard to stresses on the family members as well, which I know Admiral Ferguson just said he came out of the area of responsibility (AOR). I just was there myself, and enough challenges that we have on our airmen at deployed locations is, are their families being taken care of and so forth?

We are looking at it from a holistic approach, but it is—I know all the Services are taking a hard look at that, and we are also looking at each other's programs as well to make sure that we take advantage of lessons learned and so forth.

Senator BEN NELSON. In that regard, are you trying to establish what you would consider a best practices sharing of programs back and forth with one another?

General NEWTON. I know we have, for instance, with the suicide program, I enlisted the support of General Rochelle, when he was starting to put together a major effort several months ago, to emulate what the Army has done to date.

General COLEMAN. I think we all have, sir. I would say that the Army has done a superb job recently in the planning for this, and we, the Marine Corps, have also partnered up with the Army.

I would also like to say that this has the attention of all the leadership of the Marine Corps. We look at it as a small, small unit leadership task that I think, in my opinion, is the most important part, that the young sergeant who knows a young lance corporal

can see something in him or her that shouldn't be there. We have stressed small unit leadership amongst our NCOs and that sort.

The Assistant Commandant of the Marine Corps has also come out with a study for us. Each O6 and higher commander has to produce a video and show it to every one of his marines and sailors. I think we are on, and I would like to be like General Rochelle and say we see a glimmer of hope. I think we are really attacking it, sir.

Senator BEN NELSON. We continue to hear about sexual assault in deployed areas. Can you describe some of the programs that you might have in place to try to minimize and eliminate those assaults?

General COLEMAN. Sir, I think that is a major problem, and it is not only in deployed units. For the Marine Corps, it is Marine Corps wide. We found, what we are doing again is small unit leadership, but in over 95 percent of the cases, either the victim or their assailant has had too much alcohol.

We are looking at it that way. In over 90 percent of the cases, alcohol is involved. So small unit leadership is where we think we can stop the problem, sir.

Senator BEN NELSON. Anyone else? General Rochelle?

General ROCHELLE. Yes, sir. Thank you for the opportunity.

The Army has launched what I consider to be the premier sexual assault prevention strategy and program. Secretary Geren has spoken of it in his testimony. General Casey has also spoken of it.

Just to give you some concept of scale. Last year, we spent \$20 million in sexual assault prevention. This year, we plan to spend \$42 million in sexual assault prevention, executing and implementing a very comprehensive strategy. The elements of the strategy are essentially to empower every young soldier not only to recognize an instance or an incident in which a fellow soldier may be setting himself or herself up to become a victim and then to intervene effectively in order to prevent it.

We are beginning to see and our strategy did predict that within the first 18 months of the strategy, based upon additional awareness and additional empowerment and the leadership empowering and encouraging individuals to come forward, we would see a spike in the number of reported incidents, both restricted and unrestricted. Indeed, we have.

As we go forward, we expect that number to come down, and we have a benchmark in the strategy that we are shooting for.

Senator BEN NELSON. The increase in numbers would be the increase in reporting?

General ROCHELLE. Correct, sir. Yes, sir.

As you may know, Mr. Chairman, I am sure you do, sexual assault is the most underreported crime in America and perhaps the world.

Senator BEN NELSON. Senator Graham.

Senator GRAHAM. Thank you.

Very quickly, I know we want to get to the next panel. Just pick up on that line of questioning, General Coleman, you said that most sexual assaults were related to alcohol abuse. Is that correct?

General COLEMAN. That is correct, sir.

Senator GRAHAM. In the deployed areas, you are not supposed to drink. Is that a problem over there?

General COLEMAN. In deployed units, that is an exception, sir, because there is no drinking there.

Senator GRAHAM. In the deployed, in the theater, is there a difference between the number of sexual assaults reported in deployed areas versus at home bases?

General COLEMAN. Yes, sir. It is much smaller in deployed units.

Senator GRAHAM. Is that true in the Army?

General ROCHELLE. That is true for the Army, sir.

Senator GRAHAM. Okay.

General ROCHELLE. A fraction.

Senator GRAHAM. Anything from the Air Force and the Navy?

General NEWTON. Sir, if I may, though? If I could just tag on to a couple other comments? Again, it is a matter of, and I am sure all the Services feel this way, but zero tolerance is number one. We are trying to emulate whatever we do in garrison, but also as a deployed location as well.

Senator GRAHAM. Disciplinary action is quick to follow, right?

General NEWTON. Yes, sir.

Senator GRAHAM. Court-martials and Article 15?

General NEWTON. Certain follow-up in that the command climate is as important in this as anything in terms of establishing that and being effective.

Senator GRAHAM. What about the Navy?

Admiral FERGUSON. I would echo those comments. It is a primary leadership responsibility that involves support for the victim, education, as well as taking appropriate action, as you mentioned, against the perpetrator.

Senator GRAHAM. That takes me to the last question I have, and that is the contract force. Mr. Chairman, as you well realize, we are taking more civilians to war in this war than any war in the history of America. Quite frankly, you couldn't conduct the war without civilian contractors. We have had them play a very important part.

I want to congratulate those who sign up and serve in that capacity, but we have had problems with a basically two-tiered system where the contractor would be allowed to use alcohol in theater, and that the problem or concern I have had is to give the commander the disciplinary authority over the entire force. A contractor can create as much problems for our Nation as someone in uniform when they act inappropriately.

I, along with Senator Kerry, authored legislation that would allow, for the first time, contractors accompanying the force in combat theaters to be court-martialed. I know we have had one or two cases.

I just would like your view as to are there any contractor requirements needing to be changed? Should the military take over some of these jobs? What is best for the force in the future? Do we need more contractors? Do you have the tools necessary to integrate the contractor force with the Active Duty, Reserve component?

Starting with the Army.

General ROCHELLE. Sir, I think we have all the authorities that are required. As you have correctly stated, we cannot wage war, certainly not one of this duration and perhaps longer, without relying not only on contractors but, I might add, our civilian teammates as well.

If there is anything, and the question, do we need more? We probably do need more contractors, and we probably need more of our great civilians.

Senator GRAHAM. Interpreters, linguists, I know you need more of those.

General ROCHELLE. Yes, sir. Exactly. In those critical skills which we simply can't maintain an adequate supply in the force.

Senator GRAHAM. That comes out of your personnel budget?

General ROCHELLE. It comes out of operations and maintenance (O&M), sir.

Senator GRAHAM. O&M, not personnel?

General ROCHELLE. A different account, and I think we have the tools we need.

Senator GRAHAM. The Navy?

Admiral FERGUSON. Senator, I would echo we have the tools. In the Navy's case, unlike the Army that may use more contractors forward, ours primarily are in acquisition and in support of procurement programs and other support in contiguous United States.

General NEWTON. Sir, that is consistent with the United States Air Force as well, down range particularly.

General COLEMAN. Sir, I concur with General Rochelle, sir.

Senator GRAHAM. Okay. Finally, do you have the tools necessary to make sure that civilians and contractors within operational theaters follow the rules and make sure that there are not things that go unpunished and don't work? A U.S. attorney maybe back in Virginia won't take a case, and do you feel a need to make sure commanders have disciplinary tools for the entire force?

General ROCHELLE. Sir, I am going out on a limb here, and I am doing it in front of a lawyer.

Senator GRAHAM. Don't worry about it.

General ROCHELLE. Let me respond this way. It is my understanding, and I have done some research on this, that the combatant commander has the jurisdiction and the authority to execute, as you said, the legislation that you cosponsored, coauthored within theater. My answer is it is not a title 10 service issue.

Senator GRAHAM. Okay. That is fine.

Thank you all very much.

General ROCHELLE. Thank you, sir.

Senator BEN NELSON. One final question I might ask, or are you finished?

Senator GRAHAM. Yes, sir.

Senator BEN NELSON. We are aware that the personnel, the health care, and entitlement costs continue to soar, and personnel costs, including the cost of military health care. The Department spent \$162.4 billion in 2008, anticipates spending \$170.5 billion in 2009, and has requested \$178.7 billion in 2010. You have already indicated that is the largest part, Senator Graham, of the budget.

Looking at these rising costs, short of cutting back on personnel, are there any steps that could be taken to reduce personnel costs?

Senator GRAHAM. If I could just interject, it is my understanding that 14 percent of the entire DOD budget will be military health care cost. Is that right? Down the road.

General ROCHELLE. I can't answer that percentage, sir. I am sorry. That is for DOD.

Senator BEN NELSON. Is there something we can do, if we could increase the quality of health care and decrease the quantity in some respect, would there be a savings? Is there anything like that that you are all looking at within your own branch to try to economize on personnel costs, including the benefits? Not taking things away, but trying to do things more efficiently, effectively, and getting better results?

General ROCHELLE. The Chairman addressed this in his recent testimony, and I believe if there were simple, low-hanging fruit options that one could employ, we would have all taken those actions already. It is a very complex issue, Mr. Chairman.

Senator BEN NELSON. Well, would the Secretary of Defense get you a higher ladder or— [Laughter.]

General ROCHELLE. We would all need one. One way in which we could, I think, come at it is on the prevention side. Not coincidental, but concurrent with our work on suicide, the Army is launching a health, fitness, and promotion program that is designed to build resiliency in much the same way that we have over the decades, the decades of my service and well beyond, built physical stamina and physical fitness.

Not an adequate answer to your excellent question, but I think prevention offers us a clue in which there may be savings.

Senator BEN NELSON. Part of the prevention, first of all, you don't typically have an aging population in the military to begin with. But part of the area of prevention is early detection, because not every use of the military health care system is going to be as a result of combat. A lot of it is just general health conditions.

Could you explore ways of not only healthier lifestyles, but also early detection with the kind of preventive care that you can get from upfront health care costs that save you on the backend with healthier life expectancies? Anybody else want to take a crack at that?

General ROCHELLE. No question, Mr. Chairman.

Senator BEN NELSON. I am not going to ask General Coleman because he is going to refer to the Admiral.

General COLEMAN. Sir, I think we are doing an excellent job of trying not only the prevention, but also cutting back.

I personally sit down with our folks when they are looking at the reenlistment bonuses, and this was last year when Congress was really giving us all we wanted. I was surprised at our folks who said, we don't need to give the great big bonuses to everybody, and we need to judiciously look at the money because it is all coming out of the same pot.

I think we are doing a very good job of not trying to waste the taxpayers' money, sir.

Senator BEN NELSON. That is a good point.

General Newton?

General NEWTON. Mr. Chairman, if I may just add again, this notion of us being more effective in our "fit to fight," what we call

it, we are taking a hard look inside the United States Air Force. It is really not trivial, and I am not saying we are making it trivial, but this notion of preventive access and care, and also having access to fitness centers and again at a high OPTEMPO. Not only, again, having just come out of the AOR, we focus on fitness as much in the AOR as we try to do back home as well.

Really, it is a new generation. It is a higher OPTEMPO Air Force, and certainly for the other Services. How we are fit to fight really more effectively can then, I believe, in the long haul make a more healthy force and, therefore, could obviously trim down costs, long-term costs.

Senator BEN NELSON. Thank you, and thank you for your participation.

Thank you, General Rochelle, once again for your service, and General Coleman, of course. We thank the others as well. We know we will see you again.

Thank you. [Pause.]

We now welcome our second panel, and we have outside representatives from servicemember-oriented associations. Colonel Steven P. Strobridge (Ret.) is the Director of Government Relations, Military Officers Association of America, and Co-chair of The Military Coalition.

We are glad to have you, Colonel Strobridge.

Master Chief Joseph L. Barnes (Ret.), is the National Executive Director, Fleet Reserve Association, and Co-chair, The Military Coalition.

Ms. Deirdre Parke Holleman is the Executive Director of the Retired Enlisted Association and Co-chair of the Survivor Committee of The Military Coalition.

Captain Ike Puzon (Ret.) is the Director of Legislation, Naval Reserve Association, and Co-chair of the Guard and Reserve Committee of The Military Coalition.

Captain Bradley Snyder (Ret.) is the past President of Armed Forces Services Corporation, a shorter title. Thank you very much, Captain. [Laughter.]

Less chance of messing it up.

If you would, Mr. Barnes, would you share your thoughts on the personnel issues that you think can be reflected in this year's budget?

STATEMENT OF MASTER CHIEF JOSEPH L. BARNES, USN (RET.), NATIONAL EXECUTIVE DIRECTOR, FLEET RESERVE ASSOCIATION; AND CO-CHAIR, THE MILITARY COALITION

Mr. BARNES. Certainly, Mr. Chairman, and thank you for the opportunity to be here today and appear before this distinguished subcommittee.

The Military Coalition's (TMC) statement reflects the consensus of 34 TMC organizations and extensive work by the Coalition's 8 legislative committees. We understand that at least one coalition organization witness has been invited to testify at a separate family readiness hearing, and for that reason, the Coalition panelists will not address family matters today, and each will focus on other issues.

Before proceeding, I wish to thank you and the entire subcommittee and your staff personnel for effective leadership, a strong commitment, and support for military personnel, retirees, veterans, their families, and survivors, and particularly for our wounded warriors and their families.

Adequate service end strengths are essential to success in the war efforts and other demanding operational commitments vital to our national security, and the Coalition strongly supports proposed end strength increases in 2010.

Admiral Mike Mullen, Chairman of the Joint Chiefs of Staff, recently testified about the strain of repeated deployments—and we also heard reference to this in the first panel—and the limited dwell time for many servicemembers that will continue at least through 2010 due to current end strengths and demanding operational requirements. The related stress on servicemembers and their families is a serious concern and can lead to significant morale, readiness, and retention challenges.

Unfortunately, the proposed increases will only get the Army to 15 months of dwell time, which is still grossly inadequate. We understand some on the committee may support further end strength increases, and the Coalition would strongly support this and any initiative to further enhance essential dwell time.

We also note the Navy's and the Air Force's reductions in force in recent years, and we also note that the Navy continues to provide individual augmentees supporting overseas contingency operations. Associated with all this is maintaining adequate end strength and a sustained and adequate funding for military recruiting efforts.

Pay comparability remains a top priority, and the Coalition strongly supports authorization of a 3.4 percent 2010 Active Duty pay hike. We appreciate your past support for higher than employment cost index pay increases, which have reduced the pay gap to 2.9 percent.

Housing standards determine local housing allowance rates, which need to be revised to more closely reflect where service personnel are actually living. For example, only E-9s, which comprise 1.25 percent of the enlisted force, are eligible for basic allowance for housing for single-family detached homes.

TMC appreciates enactment of the post-September 11 GI bill, and DOD's policies on transferability options for personnel nearing retirement. However, technical corrections are needed to extend transferability to members of the U.S. Public Health Service and the National Oceanic and Atmospheric Administration corps.

Finally, the Coalition remains committed to adequate funding to ensure access to the commissary benefit for all beneficiaries and to support important morale, welfare, and recreation (MWR) programs. These various programs, facilities, and support services for personnel impacted by base realignment and closure actions, re-basing, and global repositioning are very important, particularly during wartime, which alone results in significant stress on servicemembers and their families.

Thank you again for the opportunity to present our recommendations today.

[The prepared statement of The Military Coalition follows:]

PREPARED STATEMENT BY THE MILITARY COALITION (TMC)

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

Air Force Association
 Air Force Sergeants Association
 Air Force Women Officers Associated
 American Logistics Association
 AMVETS (American Veterans)
 Army Aviation Association of America
 Association of Military Surgeons of the United States
 Association of the United States Army
 Association of the United States Navy/Naval Reserve Association
 Chief Warrant Officer and Warrant Officer Association, U.S. Coast Guard
 Commissioned Officers Association of the U.S. Public Health Service, Inc.
 Enlisted Association of the National Guard of the United States
 Fleet Reserve Association
 Gold Star Wives of America, Inc.
 Iraq and Afghanistan Veterans of America
 Jewish War Veterans of the United States of America
 Marine Corps League
 Marine Corps Reserve Association
 Military Chaplains Association of the United States of America
 Military Officers Association of America
 Military Order of the Purple Heart
 National Association for Uniformed Services
 National Military Family Association
 National Order of Battlefield Commissions
 Naval Enlisted Reserve Association
 Noncommissioned Officers Association
 Reserve Enlisted Association
 Reserve Officers Association¹
 Society of Medical Consultants to the Armed Forces
 The Retired Enlisted Association
 United States Army Warrant Officers Association
 United States Coast Guard Chief Petty Officers Association
 Veterans of Foreign Wars of the United States

The Military Coalition, Inc., does not receive any grants or contracts from the Federal Government.

EXECUTIVE SUMMARY

Wounded Warrior Care

DOD-VA Seamless Transition Oversight—It is of overriding importance to establish a permanent Joint Seamless Transition Office, responsible for managing, implementing, monitoring, and reporting to senior DOD, VA and congressional leaders on all aspects of the seamless transition process including, but not limited to:

- Joint, single separation physical for Active, Guard, and Reserve Forces;
- Consistent DOD/VA disability evaluation system;
- Bi-directional electronic medical and personnel records data transfer;
- Medical centers of excellence and operations/research projects; and
- Coordination of care, treatment, and information, including DOD-VA Federal/recovery coordinator clinical and non-clinical services and case management programs

Disability Evaluation System (DES)

- Bar “pre-existing condition” determinations for any member who has been deployed to a combat zone;
- Retain the 30-percent disability threshold for award of disability retired pay and lifetime family TRICARE coverage

¹The Reserve Officers Association supports the nonhealth care portion of the testimony.

- Ensure that any adjustment to the disability retirement system does not result in a member receiving less disability retired pay than he or she would receive under the current system; and
- Ensure that members electing accelerated disability retirement/separation are fully counseled on all possible negative changes in compensation, health care and other benefits, and give consideration to allowing a limited time to reverse a regrettable decision.

Continuity of Health Care Coverage

- Authorize all medically retired members with a severe service-caused disability to retain active-duty-level TRICARE eligibility for themselves and their eligible family members for at least 3 years to protect against “falling through the cracks” of unforeseen coverage changes upon conversion to retired/veteran status;
- Establish common DOD and VA protocols for diagnosis, treatment, and rehabilitation for TBI conditions;
- Either exempt severely wounded, ill, or injured members who must be medically retired from paying Medicare Part B premiums until age 65 or authorize a special DOD allowance to reimburse them for the cost of such premiums; and
- Waive DOD preauthorization/referral requirements for Active Duty/Guard/Reserve members referred to VA polytrauma facilities for care.

Psychological Health and Traumatic Brain Injury (TBI)—TMC recommends:

- Priority efforts to deliver information on-line and by other means to servicemembers and family members concerning availability of providers, confidential options for counseling, and virtual counseling/advice;
- Special outreach efforts to provide such services and resources, including through VA facilities, to Guard and Reserve members and families who don't live near military facilities;
- Priority efforts to educate private sector providers on the unique needs of military and veteran patients and family members, and deliver needed information to them online, including contact points for discussion/consultation with military/VA providers;
- Consistent implementation of pre- and post-deployment screenings, particularly for Guard and Reserve members who may be leaving active duty;
- Increased research on the impact of combat stress and TBI on family members, particularly children;
- Increasing destigmatization efforts, with emphasis at unit levels to actively encourage affected servicemembers, veterans, and family members to seek help, and thus increase effectiveness and military readiness;
- Increasing availability and outreach on substance abuse counseling options;
- Pursuing aggressive medication reconciliation and management programs to protect against inadvertent overmedication and adverse reactions;
- Requiring TBI and psychological health assessments for members who have been deployed to a combat zone as part of any disciplinary process prior to a decision concerning non-medical separation; and
- Developing a partnership between DOD, VA, and other governmental and nongovernmental agencies and civilian health care systems to improve access to treatment for PTSD, TBI, depression and other combat-related stress conditions for servicemembers and their families.

Caregiver and Family Support Services for Active, Guard, and Reserve

- Authorize compensation, training and certification, and respite care for family members required to serve as full-time caregivers, whether the member is in active duty or retired status;
- Authorize health care coverage for full-time caregivers and their families; and
- Extend on-base housing eligibility for up to 1 year to medically retired, severely injured servicemembers, and their families.

Active Forces

End Strength

- Sustain planned Army and Marine Corps end strength growth as a top priority;
- Resist budget-driven (rather than requirements-driven) manpower reductions for the Air Force and Navy and Guard/Reserve components; and

- Seek a 2010 defense budget of at least 5 percent of Gross Domestic Product.

Military Pay Comparability—Sustain military raises of at least .5 percent above the Employment Cost Index (ECI) until the current 2.9 percent shortfall is eliminated.

Military vs. Civilian Total Compensation Comparisons—Reject proposals to “civilianize” military comparisons that, by their nature, cannot similarly calculate the dramatic differentials in military vs. civilian working conditions.

REDUX and the 15-Year Career Status Bonus—The Coalition believes the REDUX/Career Bonus authority should be repealed. For the shorter term, recognizing the significant budget hurdles to that objective, the coalition urges the subcommittee to require the Services to exert more effort to educate members on size of the future retired pay loss incurred in choosing that option.

Family Readiness and Support—

- Accelerate increases in availability of child care to meet Active and Reserve component requirements;
- Direct DOD to report on the extent of reallocation of approved funding for support programs and the attendant impact on military families; and
- Continue pressing the Defense Department to implement flexible spending accounts to enable active duty and Selected Reserve families to pay out-of-pocket dependent care and health care expenses with pre-tax dollars.
- Correct the new paternity leave authority to cover all seven “uniformed services”

Access to Quality Housing—Continue efforts to extend the single-family detached house standard to members in grade E-8 and subsequently to grade E-7 and below over several years as resources allow.

Post-September 11 GI Bill—Support a technical correction to ensure uniform applicability to all seven uniformed services.

Permanent Change of Station (PCS) Allowances—Continue efforts to upgrade permanent change-of-station allowances to better reflect expenses imposed on servicemembers, with priority on shipping a second vehicle on overseas accompanied assignments and authorizing at least some reimbursement for house-hunting trip expenses.

Morale, Welfare, and Recreation Programs—

- Oppose any initiative to withhold or reduce MWR appropriated support for Category A and B programs or reduce the exchange dividend derived; and
- Ensure needed access to exchange, commissary, family support, and other quality of life programs at gaining and losing installations involved in BRAC/rebasing.

National Guard & Reserve Forces

Retirement Age Credit—

- For the near term, the coalition places particular priority on authorizing early retirement credit for all qualifying post-September 11 active duty service performed by Guard/Reserve servicemembers and eliminating the fiscal-year-specific accumulator that bars equal credit for members deploying for equal periods during different months of the year;
- Ultimately, there should be a reduced age entitlement for retired pay and health coverage for all Reserve component members—that is, an age/service formula or outright eligibility at age 55; and
- Repeal the annual cap of 130 days of inactive duty training points that may be credited towards a Reserve retirement.

Seamless Transition for Activated Guard and Reserve and Their Families—

- Fully fund and field “yellow ribbon reintegration” programs by modeling best practices
- Implement GAO recommendations (GAO Rpt. 08-901) for the Benefits Delivery at Discharge (BDD) program

Guard/Reserve GI Bill—

- Restore basic Reserve MGIB benefits for initially joining the Selected Reserve to the historic benchmark of 47-50 percent of active duty benefits;
- Integrate Reserve and active duty MGIB laws in Title 38 to ensure proportionality is maintained in any future benefit changes; and
- Providing full academic protection, including guaranteed enrollment, for mobilized Guard and Reserve students.

Special and Incentive Pays—Ensure equitable treatment of Guard and Reserve vs. active duty members for the full range of special and incentive pays.

Retiree Issues

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

- Correcting the statutory Combat-Related Special Compensation (CRSC) formula to ensure the intended compensation is delivered; and
- Expanding current authority for Concurrent Retired Disability Pay to members forced into medical retirement before attaining 20 years of service.

Proposed Military Retirement Changes—Reject retirement plan changes such as those proposed by the 10th Quadrennial Review of Military Compensation that would “civilianize” the military system without adequate consideration of the extraordinary demands and sacrifices inherent in a military vs. a civilian career.

Disability Severance Pay—Amend the eligibility rules to include all combat- or operations-related injuries, using same definition as CRSC. For the longer term, the Coalition believes the offset should be ended for all members separated for service-caused disabilities.

Survivor Issues

SBP–DIC Offset—Repeal the SBP–DIC offset and:

- Authorize payment of SBP annuities for disabled survivors into a Special Needs Trust;
- Allow SBP eligibility to switch to children if a surviving spouse is convicted of complicity in the member’s death;
- Reinstate SBP for survivors who previously transferred payments to their children at such time as the children attain majority, or upon termination of a second or subsequent marriage.

Final Retired Paycheck—Authorize survivors of retired members to retain the final month’s retired pay for the month in which the retiree dies.

Health Care Issues

Full Funding for the Defense Health Program—Ensure full funding for Defense Health Program needs.

Protecting Beneficiaries Against Cost-Shifting—Require DOD to pursue greater efforts to improve TRICARE and find more effective and appropriate ways to make TRICARE more cost-efficient without seeking to “tax” beneficiaries and make unrealistic budget assumptions.

TMC Healthcare Cost Principles—The Coalition most strongly recommends Representative Chet Edwards’ and Representative Walter Jones’ H.R. 816 as a model to establish statutory findings, a sense of Congress on the purpose and principles of military health care benefits, and guidelines on the benefit levels earned by a career of uniformed service.

- Active duty members and families should be charged no fees except retail pharmacy co-payments, except to the extent they make the choice to participate in TRICARE Standard or use out-of-network providers under TRICARE Prime.
- The TRICARE Standard inpatient copay should not be increased further for the foreseeable future. At \$535 per day, it already far exceeds inpatient copays for virtually any private sector health plan.
- There should be no enrollment fee for TRICARE Standard or TRICARE For Life (TFL), since neither offers assured access to TRICARE-participating providers. An enrollment fee implies enrollees will receive additional services, as Prime enrollees are guaranteed access to participating providers in return for their fee. Congress already has required TFL beneficiaries to pay substantial Medicare Part B fees to gain TFL coverage.
- There should be one TRICARE fee schedule for all retired beneficiaries, just as all legislators, Defense leaders and other Federal civilian grades have the same health fee schedule. The current TRICARE schedule is significantly lower than the lowest tier recommended by the Defense Department, recognizing that all retired servicemembers paid large upfront premiums for their coverage through decades of arduous service and sacrifice.

TRICARE Prime—Require a DOD report, including reports from managed care support contractors, on actions being taken to improve Prime patient satisfaction, provide appointments within Prime access standards, reduce delays in obtaining

pre-authorizations and referrals, and provide quality information to assist beneficiaries in making informed decisions.

TRICARE Standard Enrollment—Oppose establishment of any TRICARE Standard enrollment system; to the extent enrollment may be required, any beneficiary filing a claim should be enrolled automatically, without denying the claim. No enrollment fee should be charged for TRICARE Standard until and unless the program offers guaranteed access to a participating provider.

TRICARE Standard Provider Participation Adequacy—Continue monitoring DOD and GAO reporting on provider participation to ensure proper follow-on action.

Administrative Deterrents to Provider Participation—Continue efforts to reduce administrative impediments that deter health care providers from accepting TRICARE patients.

TRICARE Reimbursement Rates—To the extent the Medicare rate freeze continues, encourage DOD to use rate adjustment authority as needed to sustain provider acceptance. Require a Comptroller General report on the relative propensity of physicians to participate in Medicare vs. TRICARE.

Active Duty Dependent Dental Plan—Increase the DOD subsidy for the active Duty Dependent Dental Plan to 72 percent and increase the cap on orthodontia payments to \$2,000.

TRICARE Dependent Dental Coverage for Surviving Children—Authorize children of members who die on active duty to retain coverage under the Active Duty Dependent Dental Plan until they reach 21 or 23 if enrolled in college.

TRICARE Reserve Select (TRS) Access—Require a DOD report on options to assure TRS enrollees' access to TRICARE-participating providers.

TRS Alternative Option—Authorize an option to have DOD subsidize premiums for continuation of a member's civilian family health insurance during activation periods.

Reserve Separatee TRS/CHCBP Coverage—Authorize 1 year of post-Transitional Assistance Management Program (TAMP) TRS coverage for every 90 days deployed for returning IRR or involuntary separatees from the Selected Reserve. Authorize Continued Health Care Benefits Program (CHCBP) coverage for voluntarily separating reservists subject to TRS disenrollment.

Gray Area Reserve Coverage—Authorize an additional premium-based TRS option for Guard/Reserve members to avoid losing health coverage upon entering "gray area."

Guard/Reserve Dental Coverage—Provide coverage for reservists once an alert order is issued and for 180 days post-mobilization (during TAMP), unless dental readiness is restored to T-2 condition before demobilization.

Guard/Reserve Mental Health—Guard and Reserve members and their families should have equal access to evidence-based treatment for post traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and other combat-related stress conditions. Post-deployment health examinations should be offered at the member's home station.

Guard/Reserve Health Information—Improve electronic capture of non-military health information in the servicemember's medical record.

TRICARE For Life—Oppose any TFL enrollment fee and seek equal coverage of TFL beneficiaries under TRICARE and Medicare preventive care initiatives.

Restoration of Survivor Coverage—Restore TRICARE benefits to previously eligible survivors whose second or subsequent marriage ends in death or divorce.

BRAC and Rebasing—Require an annual DOD report on the adequacy of health resources, services, quality and access to care for beneficiaries affected by BRAC/rebasing.

OVERVIEW

Mr. Chairman, The Military Coalition extends our thanks to you and the entire subcommittee for your steadfast support of our active duty, Guard, Reserve, retired members, and veterans of the uniformed services and their families and survivors.

Over the past 2 years, the subcommittee provided major increases in military end strength for the Army and Marine Corps; improved pay raises; precedent-setting advancements in survivor benefits and disabled retiree programs; significant improvements in wounded warrior benefits, care, and treatment; and upgrades to Guard/Reserve health care. The subcommittee also worked hard to resist initiatives that would have imposed disproportional increases in TRICARE fees. Your efforts made a huge, positive difference in the lives of the entire uniformed services community—Active, Guard, and Reserve personnel, veterans, retirees, survivors, and families.

Despite these many advancements, the Services continue to report that they are wearing out both equipment and personnel. As our men and women in uniform

prosecute wars on two fronts, the Coalition believes it is critical that the Nation continue to support military people programs with the appropriate resources.

The Army attempted last fall to ease the strain of operations tempo by reducing deployment time from 15 to 12 months, yet prolonged, repeated separations and the attendant stress on our troops and their families continue to put longer-term readiness at risk.

Men and women in uniform are still answering the call—but only at the cost of ever-greater sacrifices. They, with the support of their families, continue to endure the mounting stresses brought about by repeated deployments, ever-increasing workloads, and the strain of knowing (as documented by Rand Corp.'s study) that with each successive deployment, the likelihood increases that they won't return home as the same person.

We have been encouraged that the Nation seems to recognize that the only way to ease these burdens is through significant increases to end strength that will allow more dwell time between deployments in today's high-threat environment that will continue for the foreseeable future.

The Coalition hopes that, in these times of growing political and economic pressures, Congress won't lose sight of that fundamental priority, or be persuaded to make a false choice between end strength increases and weapons needs, when both are vital to the Nation's strength.

In this testimony, The Coalition offers its collective recommendations on what needs to be done to address important personnel-related issues in order to sustain long-term personnel readiness.

Wounded Warrior Care

In 2007, The Washington Post reported deplorable conditions and poor oversight at Walter Reed Medical Center for wounded servicemembers transitioning from in-patient to out-patient status.

Congress, DOD, and VA acted quickly to improve wounded care based on the findings and recommendations of several commissions and task forces. Some of the recommendations were addressed in the National Defense Authorization Acts (NDAAs) for Fiscal Years 2008 and 2009, but these were just initial steps, and much more remains to be done if we are to do the right thing by those who have suffered physical and psychological harm in the Nation's defense.

TMC offers recommendations in five major areas of concern: DOD–VA seamless transition oversight; the disability evaluation system; continuity of health care coverage; mental health/traumatic brain injury (TBI) needs; and support services for families and caregivers.

DOD–VA Seamless Transition Oversight—The Coalition believes strongly that seamless transition goals will never be realized without the vigilant oversight of a permanent, jointly-staffed DOD–VA oversight agency. Part-time oversight by joint committees that meet periodically have never been and never will be adequate to meet that need.

Success will require aggressive personal involvement and accountability from the most senior leaders of both Departments. But nothing can replace the leadership accountability of a single-mission, joint office in which representatives of the two agencies are assigned full-time responsibility, authority, and resources to provide meaningful oversight, with regular reporting responsibilities to the Secretary of Defense, the Secretary of Veterans Affairs and the Committees on Armed Services and Veterans Affairs.

We note, for example, a January 2009 GAO report which found that DOD and VA lack results-oriented performance goals and measures for establishing a joint electronic health record, and that they have not fully executed the statutorily required Joint Interagency Office, which at that time of GAO's evaluation had no director, deputy, or staff.

We're grateful that Congress extended the statutory authority for the DOD–VA Senior Oversight Committee through the end of 2009 rather than allowing it to expire, but the very transience of this authority significantly undermines the Committee's effectiveness. SOC incumbents are understandably distracted by the uncertainty of their own futures and dealing with other governmental priorities, and program administrators being overseen are more than aware that their overseers may not be around very long.

The Coalition believes it is of overriding importance to establish a permanent Joint Seamless Transition Office, responsible for managing, implementing, monitoring and reporting to senior DOD, VA and congressional leaders on all aspects of the seamless transition process including, but not limited to:

- Joint, single separation physical;
- Consistent DOD/VA disability evaluation system;

- Bidirectional electronic medical and personnel records data transfer;
- Medical centers of excellence and operations/research projects; and
- Coordination of care, treatment, and information, including DOD–VA Federal/recovery coordinator clinical and non-clinical services and case management programs.

Disability Evaluation System (DES)—The DES pilot has shown that DOD and VA have the capability to standardize, rationalize, and streamline the complex disability rating process as a servicemember transitions from active duty into the VA system. But several challenges remain.

Pre-existing conditions. We fully agree with the subcommittee’s efforts to limit past practices under which some services have characterized returning warriors’ disabilities as existing prior to service entry. The Coalition believes strongly that such characterization should not be an option if a member has been deployed to a combat zone, regardless of his/her length of service.

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

Disability retired pay calculation. We also do not support simply turning all responsibility for disability payments to the VA, as some have proposed, with DOD only responsible for “vesting” service-based retired pay at 2.5 percent of pay times years of service. This would significantly disadvantage many severely wounded, ill or injured members from a compensation standpoint. The Coalition does not believe that reforms intended to help wounded warriors should cause them to receive less compensation than is provided by the current system. Under any reform methodology, the member should receive the higher of the two compensation amounts, just as disability retirees with more than 20 years of service currently are awarded the higher amount of either 2.5 percent of pay times years of service or their disability percentage times their pay.

Accelerated disability-retirement determinations. The Coalition does not object to current efforts to allow disabled members to accept accelerated processing of their disability retirements. However, we are concerned whether members facing such decisions are receiving complete counseling on the potential impacts of their decision on their compensation, rehabilitation program availability, health coverage and other benefits. All of these things can change dramatically once a person leaves active duty—and in most cases not for the better. For example, per diem for family member caregivers will terminate and members with TBI can lose eligibility for cognitive therapy. The Coalition believes the government has an obligation to ensure that members making such decisions are fully aware of all implications that could affect them, and that consideration should be given to allowing them at least some period of time in which they are able to reverse a decision that proves to have unexpected adverse consequences.

The Coalition recommends:

- Barring “pre-existing condition” determinations for any member who has been deployed to a combat zone;
- Retaining the 30 percent disability threshold for award of disability retired pay and lifetime family TRICARE coverage;
- Ensuring that any adjustment to the disability retirement system does not result in a member receiving less disability retired pay than he or she would receive under the current system; and
- Ensuring that members electing accelerated disability retirement/separation are fully counseled on all possible negative changes in compensation, health care and other benefits, with consideration to allowing a limited time to reverse a regrettable decision.

Continuity of Health Care Coverage—Transitioning out of the military is always a difficult time for servicemembers and their families, and it can even be more frightening and uncertain for those who are disabled because of their service.

A major consideration is that there are significant differences between active-duty and retired military health care coverage, and even greater differences between active duty TRICARE and VA health coverage.

When a member is killed in the line of duty, the member’s spouse is authorized 3 years of continued active-duty-level coverage, and the children are authorized continued active-duty-level coverage until they attain majority.

The Coalition believes that, when a member suffers injuries or illness on active duty, especially in combat, that are severe enough to force him or her into disability retirement, the member and the family deserve similar treatment. Three years of continued active-duty-level coverage would provide the necessary transitional protection to ensure they are not faced with abrupt and unforeseen changes in their eligibility or expense for any type of care solely because of the service-caused injury.

Cognitive therapy. This poses potentially serious implications for members who may need years of continuing rehabilitation/therapy after leaving active duty.

A particularly important example concerns cognitive rehabilitation therapy for members with TBI. Active duty members must be approved under a special TRICARE Supplemental Health Care Program for cognitive rehabilitation therapy. Since the therapy is not a covered benefit under TRICARE, members may not automatically receive the treatment and services, and eligibility for the Supplemental Health Care Program terminates once the member is retired. While DOD does provide some rehabilitation services accepted and covered under TRICARE for TBI, cognitive rehabilitation therapy is not covered as a distinct and separate service because DOD believes there is no evidence on the efficacy of cognitive rehabilitation as a therapy. The VA, on the other hand, offers cognitive therapy coverage, but like TRICARE, treatment and services are limited to specific locations where capacity and demand exist.

Congress made some effort to mitigate such potential transition problems with a provision in the National Defense Authorization Act for Fiscal Year 2008 that authorized continuity of active duty-level TRICARE benefits for a disabled retiree to the extent that VA care is not available.

But this is of limited value when the services and VA each think the other should be making the availability determination, when the availability of VA care is in the eye of the beholder, and when that care is substantively different than the therapy the member was receiving while on active duty. Even this modest protection only applies to the member, not to family members.

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

But under laws that were designed for elderly retirees but apply equally to all Medicare-eligible military beneficiaries, these younger disabled warriors must pay Medicare Part B premiums (\$96.40 per month in 2009) to retain any coverage under TRICARE. Unfortunately, many weren't well-informed on the requirement to enroll in Medicare and subsequently were denied TRICARE eligibility.

The Coalition believes it's wrong that members whose service caused them to become severely wounded, ill or injured should have to pay extra for their care, and believes they should either be exempt from paying the Part B premium until age 65 or DOD should reimburse them for such payments.

DOD-VA Waiver of Pre-authorizations/Referrals. Doctors at VA polytrauma centers indicate that one of their biggest problems is the requirement to get multiple authorizations from DOD to provide a variety of specialty care for active duty members with multiple medical problems.

It is grossly inappropriate that bureaucratic requirements are impeding the delivery of urgent and essential care for members who have suffered most severely for their country.

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

The Coalition strongly recommends:

- Authorizing medically retired members with a severe service-caused disability to retain active-duty-level TRICARE eligibility for themselves and their eligible family members for at least 3 years to protect against "falling through the cracks" of unforeseen coverage changes upon conversion to retired/veteran status;
- Establishing common DOD and VA protocols for diagnosis, treatment, and rehabilitation for TBI conditions;
- Either exempting severely disabled military retirees from paying Medicare Part B premiums until age 65 or authorizing a special DOD allowance to reimburse them for the cost of such premiums; and
- Waiving TRICARE Prime preauthorization/referral requirements for Active Duty/Guard/Reserve members referred to VA polytrauma facilities for care.

Psychological Health and Traumatic Brain Injury (TBI)—Last year's RAND study documented that about one in five OEF/OIF veterans suffer from Posttraumatic Stress Disorder (PTSD) or major depression and another 10 percent experience some level of TBI.

The report stressed that if the government fails to invest in needed immediate treatment, it will face very large alternative costs in the years ahead as a result of homelessness, unemployment/underemployment and lost tax revenue.

Congress has done the right thing by establishing the Center of Excellence for Psychological Health and Traumatic Brain Injury, and the Coalition is encouraged by service leaders' cooperation in working with the Center. Further, DOD and the VA are pursuing serious efforts to add qualified mental health providers to meet the explosive growth in requirements.

But the Coalition is concerned that it will take years to change thinking, add resources, and implement processes necessary to achieve the kind of results that all interested parties hope for.

In the meantime, thousands of affected members and their family members have gone unidentified, continue to feel deterred from seeking needed care, or are having difficulty accessing needed care.

In many cases, they may be resistant to acknowledging their condition because of fear for the possible impact on their careers or the perceptions of their leaders and peers (in many cases, with good cause), or may seek independent counseling/care from outside providers in efforts to protect their anonymity.

TMC recommends:

- Priority efforts to deliver information on-line and by other means to servicemembers and family members concerning availability of providers, confidential options for counseling, and virtual counseling/advice;
- Special outreach efforts to provide such services and resources to Guard and Reserve members and families who don't live near military facilities;
- Priority efforts to educate private sector providers on the unique needs of military and veteran patients and family members, and deliver needed information to them on-line, including contact points for discussion/consultation with military/VA providers;
- Consistent implementation of pre- and post-deployment evaluations, particularly for Guard and Reserve members who may be leaving active duty;
- Increased research on the impact of combat stress and TBI on family members, particularly children;
- Continuing destigmatization efforts with emphasis at unit levels to actively encourage affected servicemembers, veterans, and family members to seek help, and thus increase effectiveness and military readiness;
- Increasing availability and outreach on substance abuse counseling options;
- Pursuing aggressive medication reconciliation and management programs to protect against inadvertent overmedication and adverse reactions;
- Requiring TBI and psychological health assessments for members who have been deployed to a combat zone as part of any disciplinary process prior to a decision concerning nonmedical separation; and
- Developing a partnership between DOD, VA, and other governmental and nongovernmental agencies and civilian health care systems to improve access to treatment for PTSD, TBI, depression and other combat-related stress conditions for servicemembers and their families.

Caregiver and Family Support Services—Recent statutory changes authorized a number of support services, but more needs to be done to assist full-time caregivers and family members who also have significant additional needs.

The sad reality is that, for the most severely injured servicemembers, family members or other loved ones are often required to become full-time caregivers. Many have lost their jobs, homes, and savings.

Under current law, TSGLI can provide some offset for immediate expenses for some wounded warriors with qualifying TSGLI wounds/injuries, and authorized caregivers are provided per diem payments while the member remains on active duty. But those payments stop when the member leaves active duty status. While the VA provides severely disabled veterans a modest allowance for aid and attendance, it is payable to the veteran, not to the caregiver. Further, it is authorized only for spouses, but caregivers are often parents, siblings or other loved ones.

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

In addition, Congress should authorize health coverage and reasonable respite care for full-time caregivers and their family members, recognizing that they often have no other options for care and need periodic relief from their arduous and stressful duties.

In the same vein as the continuity of health care addressed above, many members have difficulty transitioning to medical retirement status. To assist in this process, consideration should be given to authorizing medically retired members and their families to remain in on-base housing for up to 1 year after retirement, in the same way that families are allowed to do so when a member dies on active duty.

The Coalition recommends:

- Authorizing compensation, training and certification, and respite care for family members required to serve as full-time caregivers, whether the member is in active duty or retired status;
- Authorizing health care eligibility for full-time caregivers and their families; and
- Extending on-base housing eligibility for up to 1 year to medically retired, severely injured servicemembers and their families.

Active Forces and Their Families

The Coalition is concerned over the rhetoric that military personnel costs are skyrocketing and hopes the subcommittee will be able to fend off those who wish to reduce costs by cutting back on needed personnel growth and quality of life programs.

Backtracking on planned—and badly needed—end strength increases will only aggravate the unfair abuses already imposed on military people and families with the imposition of repeated, long-term deployments on a too-small force.

BRAC actions pose an additional concern, as DOD is struggling to meet the 2011 deadline at many BRAC locations. The Coalition is very concerned whether needed infrastructure and support programs will be in place in time to meet families' needs.

Military End Strength—Inadequate end strengths and greater-than-anticipated requirements and resources to support the war effort and other operational requirements have taken a terrible toll on the quality of life of military families. This has been reflected in recruiting in recent years and poses a serious and too-often underestimated threat to retention and readiness.

While the subcommittee succeeded in increasing Army and Marine Corps end strengths last year, those must continue to have any significant prospect of easing rotation burdens.

The Coalition appreciates the Armed Services Committee leadership's support for additional end strength as outlined in their budget resolution recommendation letter; however, we remain greatly disturbed at calls by some influential legislators to reduce planned force growth as a means of funding weapons requirements. In some cases, this is justified by rhetoric about leveraging technology to replace people. The past 7 years of war have shown that there is no substitute for boots on the ground in the current conflict. It has been widely acknowledged that any drawdown in Iraq will be offset by increased deployments to Afghanistan.

The Coalition is very concerned that some national leaders seem to have become desensitized to the truly terrible sacrifices that the current mismatch between missions and force levels has already imposed on those in uniform.

If force planners had been told before September 11 that our Armed Forces would face the deployment tempo that they have over the past 8 years, every one of them would have predicted that the services would be in a state of retention disaster by now.

We all stand in awe of the level of sacrifice our troops and families have already borne on the Nation's behalf.

But we fear that some seem to have gotten the impression that, because they have endured far more than the Nation has had any right to expect, that we can continue demanding—or increasing—that level of sacrifice. Let us not delude ourselves into thinking such a thing.

There are thousands among this new "Greatest Generation" who are saying "enough is enough" and questioning their families can afford to continue accepting such disproportional burdens with little prospect of real relief in sight.

There is no avoiding the reality that years of war have worn out weapons and equipment that must now be replaced and modernized. These and other military requirements will take a great deal of money.

But pretending that the Nation can cut one essential readiness component (personnel) to fund another—especially in wartime—would entail a conscious decision to increase the already intolerable burdens imposed on military families. Such gross

insensitivity to their sacrifices can only undermine retention and readiness, when they already are at such grave risk.

The Coalition urges the subcommittee to:

- Sustain planned Army and Marine Corps end strength growth as a top priority;
- Resist budget-driven (rather than requirements-driven) manpower reductions for the Air Force and Navy; and
- Seek a 2010 defense budget of at least 5 percent of Gross Domestic Product.

Military Pay Raise Comparability—The Coalition thanks the subcommittee for its sustained commitment to restoring full military pay comparability—a fundamental underpinning of the All-Volunteer Force—and we are grateful for the committee’s support for an additional .5 percent pay raise above the administration’s 2.9 percent military pay raise as outlined in the budget resolution recommendations.

Throughout the 1980s and 1990s, our Nation didn’t adhere to that principle, regularly capping military pay raises below the average American’s to the extent that the “pay comparability gap” reached 13.5 percent in 1998–1999, and contributed significantly to serious retention problems.

Since then, the subcommittee has acted to pare the gap by approving military raises that have been at least .5 percent above private sector pay growth each year (as measured by the Bureau of Labor Statistics’ Employment Cost Index (ECI).

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

The Defense Department, for example, wishes to establish a new comparability standard under which each pay and longevity cell would represent the 70th percentile of compensation for similarly-educated civilians.

The Coalition believes that methodology is appropriate to establish a floor to ensure the pay table properly addresses specific changes in force composition (e.g., more highly-educated and technologically sophisticated NCOs and warrant officers).

But it is a bad standard for the overall pay raise, precisely because it is not transparent to anyone but the Pentagon analyst who does the calculation and is highly susceptible to manipulation—as various Defense leaders have sought to do in the past.

The Coalition agrees with the approach the subcommittee has taken—that the best comparability measure is a comparison of the overall military pay raise percentage (proportionally adjusted for any grade/longevity tweaks such as those undertaken earlier in this decade) with the percentage growth in the ECI.

The ECI is what the government uses for every other measure of private pay growth, and it’s very transparent to government leaders and servicemembers alike.

As of 2009, the comparability gap stands a 2.9 percent.

The Coalition urges the subcommittee to continue sustaining military raises of at least .5 percent above the ECI until the current 2.9 percent shortfall is eliminated.

Military vs. Civilian Total Compensation Comparisons—The 10th Quadrennial Review of Military Compensation recommended what several studies have recommended in the past—building a “Military Annual Compensation” measure that includes not only pay and housing/food allowances and their associated tax advantages, but also the value of military-unique medical and retirement benefits. This would be used to compare military vs. civilian “total compensation”.

The Coalition believes such methodologies are grossly inappropriate for comparison purposes, because they fail utterly to acknowledge the unique and arduous conditions of military service that necessitate providing military-unique career benefits.

We acknowledge that it’s appropriate to educate servicemembers on the value of their total benefit package (which the services already do by providing each member an annual statement itemizing the value of each military compensation element). But even these often draw negative member reactions, such as “Where does this statement show the negative value of having spent 3 of the last 6 years away from my family?”

In the context of the incalculable differential in working conditions and demands and sacrifices expected of the two groups, any attempt to monetize the total compensation differential is meaningless.

The Coalition urges the subcommittee to continue to reject proposals to “civilianize” military comparisons that, by their nature, cannot similarly calculate the dramatic differentials in military vs. civilian working conditions.

REDUX and the 15-Year Career Status Bonus—The Coalition is very concerned that the Defense Department and the Services are not doing enough to educate mili-

tary people on protecting their long-term financial interests concerning the choice each member faces at the 15-year point between retaining the regular military retirement system or accepting a \$30,000 “career status bonus” and the far-less-advantageous REDUX retirement system.

The Coalition believes that selecting the \$30,000 bonus/REDUX is a demonstrably bad financial choice for nearly all servicemembers.

A typical enlisted member who accepts the REDUX “bonus” and subsequently retires as an E-7 with 20 years of service will have forfeited \$300,000 of lifetime retired pay (in 2009 dollars) for the \$30,000 bonus.

Yet one-quarter to one-half of enlisted members, depending on service, opt to take the bonus.

Thinking about this another way, accepting the REDUX bonus is equivalent to taking out a 24 percent APR mortgage on the retired pay differential. For an officer, who receives the same \$30,000 bonus but sacrifices far more retired pay, it’s equivalent to a 35 percent APR mortgage.

The Coalition believes strongly, from this context, calling the \$30,000 a “bonus” is false advertising.

The Coalition believes that the REDUX/Career Status Bonus option should be repealed. For the shorter term, recognizing the significant budget hurdles to that objective, the Coalition urges the subcommittee to require the services to exert more effort to educate members on the size of the future retired pay loss incurred in choosing that option.

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

Resource issues continue to plague basic installation support programs. At a time when families are dealing with increased deployments, they often are being asked to do without in other important areas.

Availability of child care is a particular problem when so much of the force is deployed.

The Coalition recommends that the subcommittee:

- Provide authorization and funding to accelerate increases in availability of child care to meet both Active and Reserve component requirements;
- Direct DOD to report on the extent of reallocation of approved funding for support programs and the attendant impact on military families; and
- Continue pressing the Defense Department to implement flexible spending accounts to enable active duty and Selected Reserve families to pay out-of-pocket dependent care and health care expenses with pre-tax dollars.

Access to Quality Housing—Today’s housing allowances come much closer to meeting military members’ and families’ housing needs than in the past, thanks to the conscientious efforts of the subcommittee in recent years.

But the Coalition believes it’s important to understand that some fundamental flaws in the standards used to set those allowances remain to be corrected, especially for enlisted members.

The Coalition supports revised housing standards that are more realistic and appropriate for each pay grade. For example, only 1.25 percent of the enlisted force (E-9) is eligible for BAH sufficient to pay for a three-bedroom single-family detached house, even though thousands of more junior enlisted members do, in fact, reside in detached homes.

We appreciate the subcommittee’s effort to extend the single-family home standard to E-8s in its markup last year, and regret that this measure was not sustained in conference action.

The Coalition urges the subcommittee to continue its efforts to extend the single-family detached house standard to members in grade E-8 and subsequently to grade E-7 and below over several years as resources allow.

Post-September 11 GI Bill—Congress’ action last year in approving the post-September 11 GI Bill was a truly historic achievement that will provide major long-term benefits for military people and for America.

However, the Coalition is sensitive that, unlike every other GI Bill program since World War II, eligibility was restricted to members of the “Armed Forces” rather than “uniformed services”. This had the very serious effect of excluding eligibility for commissioned officers of the U.S. Public Health Service and NOAA Corps.

The Coalition urges the subcommittee’s support for a technical correction to the post-September 11 GI Bill statute to ensure uniform applicability to all seven uniformed services.

Paternity Leave—The Coalition is grateful for Congress’ action last year to provide 10 days of paternity leave to servicemembers who have or adopt a child. How-

ever, eligibility was restricted to members of the “Armed Forces” rather than “uniformed services”. This had the effect of excluding eligibility for commissioned officers of the U.S. Public Health Service and NOAA Corps.

The Coalition urges the subcommittee’s support for a technical correction to the paternity leave statute to ensure uniform applicability to all seven uniformed services.

Permanent Change of Station (PCS) Allowances—The Coalition is grateful for the subcommittee’s successful initiative last year to raise the maximum daily Temporary Lodging Expense (TLE) allowance from \$180 to \$290 and authorize certain increases in PCS weight allowances.

But it’s an unfortunate fact that servicemembers and their families are forced to incur other significant out-of-pocket expenses when complying with government-directed moves.

For example, PCS mileage rates still have not been adjusted since 1985. The current rates range from 15 to 20 cents per mile—an ever-shrinking fraction of the 48.5 cents per mile authorized for temporary duty travel. Also, military members must make any advance house-hunting trips at personal expense, without any government reimbursement such as Federal civilians receive.

Additionally, the overwhelming majority of service families consist of two working spouses, making two privately-owned vehicles a necessity. Yet the military pays for shipment of only one vehicle on overseas moves, including moves to Hawaii and Alaska. This forces relocating families into large out-of-pocket expenses, either by shipping a second vehicle at their own expense or selling one car before leaving the States and buying another upon arrival.

The Coalition urges the subcommittee to continue its efforts to upgrade permanent change-of-station allowances to better reflect expenses imposed on servicemembers, with priority on shipping a second vehicle on overseas accompanied assignments and authorizing at least some reimbursement for house-hunting trip expenses.

Morale, Welfare, and Recreation Programs—The availability of appropriated funds to support MWR activities is an area of continuing concern.

Servicemembers and their families are reaching the breaking point as a result of extended deployments and the constant changes going on in the force. It is unacceptable to have troops and families continue to take on more responsibilities and sacrifices and not give them the support and resources to do the job and to take care of the needs of their families. TMC is particularly concerned that additional reductions in funding or support services may occur because of the U.S. economic crisis and budget shortfalls across the Defense Department.

TMC urges the subcommittee to:

- Oppose any initiative to withhold or reduce MWR appropriated support for Category A and B programs or reduce the exchange dividend derived; and
- Ensure needed access to exchange, commissary and TRICARE programs at gaining and losing installations involved in BRAC/rebasing.

Guard and Reserve Forces and Their Families

Since September 11, 2001, more than 690,000 Guard and Reserve service men and women have been called to Active Federal service. More than 190,000 have served multiple deployments. In this regard, they are experiencing virtually the same sacrifices as active duty members and families—on a level never envisioned by the architects of Guard and Reserve personnel and compensation systems.

However, readjusting to home life, returning to civilian jobs and the communities and families they left behind pose unique problems and added stress for Reserve component members.

Unlike active duty personnel, whose combat experience enhances their careers, many Guard and Reserve members return to employers who are unhappy about their active duty service and find that their civilian careers have been inhibited by their prolonged absences.

In many cases, those returning with various degrees of combat-related injuries and stress disorders encounter additional difficulties after they return that also can cost them their jobs and careers.

This is compounded by the reality that, despite the continuing efforts of the subcommittee, most Guard and Reserve families do not have access to the same level of counseling and support services that the active duty members have.

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

Reserve Retirement Age Credit—TMC deeply appreciates Congress' authorization of early retirement for certain members of the Guard and Reserve activated since January 28, 2008. However, in recognition of the continuing service and sacrifice of Reserve Components members and as an inducement to longer service and to maintain the Operational Reserve Force, more must be done.

Guard/Reserve mission increases and a smaller Active-Duty Force mean Guard/Reserve members must devote far more of their working lives to military service than envisioned when the current retirement system was developed in 1948. Repeated, extended activations make it more difficult to sustain a full civilian career and will impede reservists' ability to build a full civilian retirement, 401(k), etc.

Regardless of statutory protections, periodic long-term absences from the civilian workplace can only limit Guard/Reserve members' upward mobility, employability and financial security. Further, strengthening the Reserve retirement system will serve as an incentive to retaining critical mid-career officers and NCOs for continued service and thereby enhance readiness.

TMC strongly urges further progress in revamping the Reserve retirement system in recognition of increased service and sacrifice of Reserve Component members, including at a minimum, extending the new authority for a 90 day—3 month reduction to all Guard and Reserve members who have served since September 11.

TMC also urges amending the statute to eliminate the inequity inherent in the current fiscal year calculation, which only credits 90 days of active service for early retirement purposes if it occurs within the same fiscal year.

This has the effect of significantly penalizing members who deploy in July or August vs. those deploying earlier in the fiscal year.

It is patently unfair, as the current law requires, to give 3 months' retirement age credit for a 90-day tour served from January through March, but no credit at all for a 120-day tour served from August through November (because the latter covers 60 days in each of 2 fiscal years).

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

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

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

Guard/Reserve Support—Additional initiatives are essential to address unique difficulties encountered by Guard and Reserve members and families in accommodating demands for additional active duty service.

TMC urges the subcommittee to:

- Fully fund and field “yellow ribbon reintegration” programs by modeling best practices
- Implement GAO recommendations (GAO Rpt. 08–901) for the Benefits Delivery at Discharge (BDD) program
- Ensure Federal Reserve veterans have equal access to services and support available to National Guard veterans;
- Secure waivers for scheduled licensing/certification/promotion exams scheduled during a mobilization; and
- Establish reemployment rights for Guard and Reserve spouses who must suspend employment to care for children during mobilization.

Guard/Reserve GI Bill—TMC is most grateful to Congress for passage of the post-September 11 GI Bill, which authorizes cumulative credit for Guard/Reserve service on active duty.

However, benefits for joining the Selected Reserve were not upgraded or integrated in the post-September 11 GI Bill as TMC has long recommended.

Today, Reserve Montgomery GI Bill benefits offer only 25 percent of active duty benefits, compared to the originally intended 47–50 percent. That would require raising the current Reserve rate from \$329 per month to roughly \$650 for full time study.

This is not simply a matter of “proportional equity.” Restoring the relative ratio between the two programs' benefits is essential to long-term success of Guard and Reserve recruiting programs.

TMC strongly urges:

- Restoring basic Reserve MGIB benefits for initially joining the Selected Reserve to the historic benchmark of 47–50 percent of active duty benefits;

- Integrating Reserve and active duty MGIB laws in Title 38 to ensure proportionality is maintained in any future benefit changes; and
- Providing full academic protection, including guaranteed enrollment, for mobilized Guard and Reserve students.

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

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

Retiree Issues

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

Concurrent Receipt—In the NDAA for Fiscal Year 2004, Congress acknowledged the inequity of the disability offset to earned retired pay and established a process to end or phase out the offset for all members with at least 20 years of service and at least a 50 percent disability rating.

Congress further directed establishment of a Veterans Disability Benefits Commission (VDBC) to assess whether changes to the disability offset law are warranted for the remaining categories of disabled retirees.

In its final report, the VDBC validated the long-standing Coalition assertion that the deduction of VA disability compensation from earned military retired pay is inappropriate and should be ended for all categories of disabled retirees.

The Coalition is grateful that the subcommittee has continued its efforts to make progress in easing the adverse effects of the offset—most recently by extending eligibility for Combat-Related Special Compensation (CRSC) to disabled retirees forced into medical retirement by operations-related injuries before attaining 20 years of service.

The Coalition believes strongly that the same logic—that such members should at least be “vested” in their service-earned retired pay at 2.5 percent of pay times years of service—applies to those forced into early medical retirement for service-caused conditions that aren’t related to combat. In this regard, the affect on the member’s quality of life and future earning power is the same, regardless of whether the disability was caused by a bullet or some other service-caused circumstance.

It is simply inappropriate that current law forces thousands of severely injured members with as much as 19 years and 11 months of service to forfeit most or all of their earned retired pay.

Similarly, the Coalition believes that, if the offset is inappropriate for a member with a 50 percent or greater service-connected disability, as Congress already has acknowledged in current statute, it is no less appropriate for a member with a 40 percent service-caused disability, etc.

The issue is whether a military retiree earned his or her retired pay, independent of incurring a disability. Clearly, that answer is “yes”. It follows logically that, if a member also has the misfortune to incur a disability as a direct result of that service, the disability compensation received from the VA should be added to the member’s earned retired pay, not subtracted from it.

The Coalition is grateful that the administration’s budget resolution outlines further concurrent receipt progress for disabled servicemembers and we remain optimistic that this progress will be incorporated in the defense bill.

Finally, the Coalition has learned of an inadvertent problem in the statutory CRSC computation formula that causes many seriously disabled and clearly eligible members to receive little or nothing in the way of CRSC. The Defense Department has acknowledged the problem in discussions with the subcommittee staff.

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

- Correcting the Combat-Related Special Compensation formula to ensure the intended compensation is delivered; and
- Expanding current authority for Concurrent Retired Disability Pay to members forced into medical retirement before attaining 20 years of service.

Proposed Military Retirement Changes—The Coalition has reviewed the results of the 10th Quadrennial Review of Military Compensation (QRMC) and does not sup-

port its recommendation to modify the military retirement system to more closely reflect civilian practices.

Specifically, the QRMC proposed:

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

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

Under today's system, it's very clear from the pay table what level of retired pay would be payable, depending how long one served and how well one progressed in grade.

From a broader force-planning standpoint, one thing history shows is that no one is able to accurately project force requirements 10 years downstream. World events and economic situations have driven dramatic force size changes within relatively short periods. The sustained drawing power of the 20-year retirement system provides an essential long-term moderating influence that keeps force managers from over-reacting to short-term circumstances. Had force planners had such a system in effect during the drawdown-oriented 1990s, the services would have been far less prepared for the post-September 11 wartime environment.

Of equal or greater concern, this plan would effectively take money from people who serve a career (by deferring receipt of full retired pay until age 57–60) in order to fund vesting of retirement benefits for people who separate early. The Coalition believes pursuing that course would pose a significant threat to long-term retention and readiness.

The Coalition believes that the strong career pull of the 20-year retirement system has been the principal bulwark against a retention disaster in the current overstressed wartime environment.

A civilian-style retirement plan with receipt of retired pay deferred until a later age would be appropriate for the military only if military service conditions were similar to civilian working conditions—which they most decidedly are not—and if historical experience had not shown that the military depends on a maintaining a relatively young and healthy force.

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

Many such proposals have been offered in the past, and have been discarded for good reasons. The only initiative to substantially curtail/delay military retired pay that was enacted—the 1986 REDUX plan—had to be scrapped 13 years later after it began inhibiting retention. The reality is that unique military service conditions demand a unique retirement system. Surveys consistently show that the military retirement system is the single most powerful incentive to serve a full career under conditions few civilians would be willing to endure for even 1 year, much less 20 or 30.

TMC urges the subcommittee to reject retirement plan changes such as those proposed by the 10th Quadrennial Review of Military Compensation that would “civilianize” the military system without adequate consideration of the extraordinary demands and sacrifices inherent in a military vs. a civilian career.

Disability Severance Pay—The Coalition is grateful for the subcommittee's inclusion of a provision in the NDAA for Fiscal Year 2008 that ended the VA compensation offset of a servicemember's disability severance for people injured in the combat zone.

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

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

SURVIVOR ISSUES

The Coalition is grateful to the subcommittee for its significant efforts in recent years to improve the Survivor Benefit Plan (SBP). We particularly note that, as of this past April, thanks to the subcommittee's efforts, the Social Security offset ended and SBP beneficiaries, regardless of age, receive 55 percent of covered retired pay.

We also appreciate the subcommittee's initiative in the fiscal year 2008 defense bill that establishes a special survivor indemnity allowance. This is the first step in a longer-term effort to phase out the Dependency and Indemnity Compensation (DIC) offset to SBP when the member died of a service-caused condition.

Additionally, we are pleased that the subcommittee and Congress extended the indemnity allowance to survivors of members who died while on active duty in the fiscal year 2009 defense bill.

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

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

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

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

The reality is that, in every SBP-DIC case, active duty or retired, the true premium extracted by the service from both the member and the survivor was the ultimate one—the very life of the member—and that all such deaths are officially acknowledged as having been caused by military service.

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

Speaker Pelosi and all House leaders made repeal of the SBP-DIC offset a centerpiece of their GI Bill of Rights for the 21st century. Leadership has made great progress in delivering on other elements of that plan, but the only progress to date on the SBP-DIC offset has been the offer of a scant \$50 per month (growing to \$100 a month over 5 years) Supplemental Survivor Indemnity Allowance (SSIA).

We appreciate that the subcommittee understands the military community's (and especially the SBP-DIC widows') view that the new allowance is grossly inadequate. We also appreciate the courage of the subcommittee in its determination to authorize at least this small amount as a token of good faith, when it could have elected to do nothing.

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

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

Final Retired Paycheck—Under current law, DFAS recoups from military widows' bank accounts all retired pay for the month in which a retiree dies. Subsequently, DFAS pays the survivor a pro-rated amount for the number of days of that month in which the retiree was alive. This often creates hardships for survivors who have

already spent that pay on rent, food, etc., and who routinely are required to wait several months for DFAS to start paying SBP benefits.

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

Recent media coverage highlighted the VA's failure to implement a decade-old law change that required the VA to make full payment of the final month's VA disability compensation to the survivor of a disabled veteran.

The disparity between DOD and VA policy on this matter is indefensible. Congress should do for retirees' widows the same thing it did 10 years ago to protect veterans' widows.

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

HEALTH CARE ISSUES

The Coalition appreciates the subcommittee's strong and continuing interest in keeping health care commitments to military beneficiaries. We are particularly grateful for your support for the last few years in refusing to allow the Department of Defense to implement beneficiary health care fee increases. We are encouraged by the full funding of TRICARE included in the President's budget.

Prior to the past several years, the Coalition and the Defense Department have had regular and substantive dialogues that proved very productive in facilitating reasonably smooth implementation of such major program changes as TRICARE Prime and TRICARE for Life.

It is a great source of regret to the Coalition that there has been substantively less dialogue on the recent fee increase initiatives. In recent years, DOD's main concern has been to extract a specified amount of budget savings from beneficiaries, primarily by driving beneficiaries away from using their earned TRICARE coverage.

The unique package of military retirement benefits—of which a key component is a top-of-the-line health care benefit—is the primary offset afforded uniformed servicemembers for enduring a career of unique and extraordinary sacrifices that few Americans are willing to accept for 1 year, let alone 20 or 30. It is an unusual, and essential, compensation package that a grateful Nation provides for the miniscule fraction of the US population who agree to subordinate their personal and family lives to protecting our national interests for so many years. This sacrifice, in a very real sense, constitutes a pre-paid premium for their future healthcare.

Full Funding for the Defense Health Program—The Coalition is grateful for the subcommittee's support for maintaining—and expanding where needed—the healthcare benefit for all military beneficiaries, consistent with the demands imposed upon them.

To a large extent, military health care cost growth is a reflection of private sector trends. But those who measure cost growth since 1999 or 2000 start from an erroneous benchmark. At that time, military health care delivery was at its bottom point, with most Medicare-eligibles having been driven entirely out of military health care coverage by the closure and downsizing of military health facilities (MTF).

The resultant bad publicity was hurting retention, and that's a major reason why Congress enacted TRICARE For Life to restore lost benefits to military Medicare-eligibles. Congress knew from the start and fully intended that restoring medical and pharmacy coverage for beneficiaries over age 65 would substantially increase military health care outlays.

It's true that many private sector employers are choosing to shift an ever-greater share of health care costs to their employees and retirees, and that's causing many still-working military retirees to fall back on their service-earned TRICARE coverage.

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

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

First and foremost, the military health care system is not built for the beneficiary, but to sustain military readiness. Each Service maintains its unique facilities and systems to meet its unique needs, and its primary mission is to sustain readiness by keeping a healthy force and to be able to treat casualties from military actions. To reiterate, that model is not built for cost efficiency or beneficiary welfare. It's built for military readiness requirements.

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

These are readiness costs incurred for the convenience of the military, not for any beneficiary consideration, and beneficiaries should not be expected to bear any share of that cost—particularly in wartime.

The Coalition is uncertain whether the new administration will again propose some reduction to the defense health care budget based on the assumption that Congress will approve beneficiary fee increases for fiscal year 2010. But the Coalition would object strongly to any such reduction.

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

Protecting Beneficiaries Against Cost-Shifting

The Task Force on the Future of Military Health Care had a great opportunity for objective evaluation of the larger health care issues. Unfortunately, the Coalition believes the Task Force missed that mark by a substantial margin.

The bulk of its report cites statistics provided by the Defense Department and focuses discussions of cost-sharing almost solely on government costs, while devoting hardly a sentence to what the Coalition views as an equally fundamental issue—the level of health care coverage that servicemembers earn by their arduous career service, the value of that service as an in-kind, upfront premium pre-payment, and the role of lifetime health care coverage as an important offset to the unique conditions of military service.

The Task Force gave short shrift to what the Coalition sees as a fundamental point—that generations of military people have been told by their leaders that their service earned them their health care benefit, and DOD and Congress reinforced that perception by sustaining flat, modest TRICARE fees over long periods of time. But now the Department and the Task Force imply that the military retirement health care benefit is no longer earned by service. They now say beneficiary costs should be “restored” to some fixed share of Defense Department costs, even though no such relationship was ever stated or intended in the past.

The Task Force report acknowledged that DOD cost increases over the intervening years have been inflated by military/wartime requirements, inefficiency, lack of effective oversight, structural dysfunction, or conscious political decisions by the administration and Congress. They acknowledged GAO findings that DOD financial statements and cost accounting are not auditable because of system problems, inadequate business processes and internal controls. Yet the Task Force accepted DOD-prepared cost data from 1996 and subsequent years, and said the government should foist a fixed share of those costs on beneficiaries anyway. The Coalition has requested information concerning the 1996 costing calculation and has never received an adequate accounting as to what was included in the calculation.

The following charts illustrate the annual cost increase the Task Force plan would impose various categories of military families.

**Current vs. Proposed TRICARE Fees
(Recommended by DoD Task Force on Future of Military Health Care)**

Retiree Under Age 65, Family of Three

TRICARE Prime*	Current	Task Force Proposed	QRCM Proposed
Enrollment Fee	\$460	\$1,090 - \$2,090***	\$1,165 - \$3,728
Doctor Visit Copays	\$60	\$125	\$60
Rx Cost Shares**	\$288	\$960	\$576
Yearly Cost	\$808	\$2,175 - \$3,175	\$1,801 - \$4,364

TRICARE Standard*	Current	Task Force Proposed	QRCM Proposed
Enrollment Fee	\$0	\$120	\$218 - \$699
Deductible	\$300	\$600 - \$1,150***	\$170****
Rx Cost Shares**	\$288	\$960	\$576
Yearly Cost	\$588	\$1,680 - \$2,230	\$1,089 - \$1,570

* Fully phased-in proposal; assumes 3 doctor visits per year.

** Assumes 2 generic and 2 brand name prescriptions per month in retail pharmacy

*** Includes annual medical inflation adjustment recommended by the Task Force.

**** Assumes 8% inflation on current Medicare deductible

Retiree Over Age 65 and Spouse

TRICARE For Life*	Current	Task Force Proposed
Medicare Part B	\$2,314	\$2,314
Enrollment Fee	\$0	\$240
Rx Cost Shares**	\$396	\$1,260
Yearly Cost	\$2,710	\$3,814

* Assumes lowest tier Medicare Part B premium for 2008.

** 2 generic and 3 brand name prescriptions per month in retail pharmacy

Currently Serving Family of Four

TRICARE Standard*	Current	Task Force Proposed
Enrollment Fee	\$0	\$120
Deductible	\$300	\$600 - \$1,150***
Rx Cost Shares**	\$180	\$660
Yearly Cost	\$480	\$1,260 - \$1,930

* Fully phased in proposals. Spouse and 2 children use Standard.

** Assumes 2 generic and 1 brand name prescription per month in retail pharmacy.

*** Includes medical inflation adjustment recommended by the Task Force.

The Tenth Quadrennial Review of Military Compensation (QRCM) offered somewhat different recommendations, but also took a budget-centric approach that failed to explicitly address what level of health care benefit should be considered earned by a career of military service and sacrifice.

The Coalition agrees with QRCM recommendations to:

- Eliminate copays and deductibles for preventive services . . . immunizations, mammograms, colonoscopies, medications for chronic conditions like diabetes to incentivize people to take medications and get tests that have been proven to reduce longer-term health care costs
- Pursue a wide range of initiatives to improve recruiting and retention of military health care professionals.

But we cannot agree with the QRCM proposals to:

- Establish premiums for retirees under 65 that are 40 percent of the Medicare Part B premium for those in Prime and 15 percent of the Medicare Part B premium for those in Standard.
- Means-test retiree premiums based on adjusted gross income.
- Fund care for beneficiaries under 65 on an accrual basis, which would convert it to mandatory spending and make it extremely difficult to execute needed improvements.
- Roughly double retail pharmacy copays.

The Coalition believes it would be wrong to base premiums for beneficiaries in their 40s and 50s on the cost of providing health care to the elderly and disabled, whose health care needs are so much different.

Similarly, means-testing has no place in setting military health fees. Less than 1 percent of employer-provided plans in the U.S. are income-based. It's one thing to do that for Medicare, which is social insurance provided by the government to every American. It's quite another to apply it to an employer-sponsored program that was earned by decades of service to the government.

The Coalition opposes any enrollment fee for TRICARE Standard, which doesn't guarantee access to a provider.

We continue to believe that the proper course of action is to establish principles and standards in law concerning the specific health benefits military people earn in return for a career in uniform, just as Congress has done for other major compensation elements. Absent such principles and standards, these critically important benefits are left subject to the annual uncertainty of ever-changing administration budget proposals.

People vs. Weapons—Defense officials have provided briefs to Congress indicating that the rising military health care costs are “impinging on other service programs.” Other reports indicate that DOD leaders and others seek to free up funding for weapons programs by reducing spending on military personnel and health care.

The Military Coalition continues to assert that such budget-driven trade-offs are misguided and inappropriate. Cutting people programs to fund weapons ignores the much larger funding problem, and only makes it worse.

The Coalition believes strongly that the proposed defense budget is too small to meet national defense needs. Today's defense budget (in wartime) is only about 4 percent of GDP, well short of the 6.5 percent average for the peacetime years since WWII.

The Coalition believes strongly that America can afford to and must pay for both weapons and military health care.

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

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

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

The Task Force on the Future of Military Health Care acknowledges that its recommendations for beneficiary fee increases, if enacted, would leave military beneficiaries with a lesser benefit than 20–25 percent of America's corporate employees. The pharmacy copayment schedule they proposed for military beneficiaries is almost the same—and not as robust in some cases—as the better civilian programs they reviewed.

The Coalition believes that military beneficiaries from whom America has demanded decades of extraordinary service and sacrifice have earned coverage that is the best America has to offer—not coverage that's worse than 25 percent of corporate plans.

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

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

This is reinforced by a quote from then Chief of Naval Operations and now Joint Chiefs Chairman Admiral Mike Mullen, in a 2006 Navy Times article:

“More and more sailors are coming in married. They talk to me more about medical benefits than I ever thought to when I was in my mid-20s. I believe we have the gold standard . . . for medical care right now, and

that's a recruiting issue, a recruiting strength, and it's a retention strength."

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

Reducing military retirement benefits would be particularly ill-advised when an overstressed force already is at increasing retention risk.

Pharmacy Copay Proposals Out of Step With Current Trends—Last year's DOD proposal, based on Task Force recommendations, would have increased retail pharmacy copays from \$3 (generic), \$9 (brand), and \$22 (nonformulary) to \$15, \$25, and \$45, respectively. Those represent increases of 400 percent, 178 percent, and 100 percent, respectively.

The QRMC recommended increases to \$7, \$17, and \$29—increases of 133 percent, 89 percent, and 32 percent.

Despite citing experience in civilian firms that beneficiary use of preferred drugs increased when their copays were reduced or eliminated, DOD and the QRMC proposed the highest percentage copay increases for the medications TRICARE most wants beneficiaries to use.

Further, the large increase for retail generics flies in the face of recent commercial initiatives by Wal-Mart and a number of other civilian pharmacies to offer hundreds of generics to the general public for a \$4 copay or less.

If the purpose of these proposals is to push military beneficiaries to use Wal-Mart instead of TRICARE, it might indeed save the government some money on those medications. But it won't make military beneficiaries feel very good about their military pharmacy benefit. It shouldn't make Congress feel good about it, either.

The Coalition particularly questions the need for pharmacy copay increases now that Congress has approved Federal pricing for the TRICARE retail pharmacy system. The Coalition notes that Federal pricing still has not been implemented by the Executive Branch, and this failure is costing DOD tens of millions of dollars with every passing month. This is an excellent example of why the Coalition objects to basing beneficiary fees on a percentage of DOD costs—because DOD all-too-frequently does not act, or is not allowed to act, in a prudent way to hold costs down.

Retirees Under 65 "Already Gave" 10 percent of Retired Pay—Large proposed health care fee increases would impose a financial "double whammy" on retirees and survivors under age 65.

Any assertion that military retirees have been getting some kind of "free ride" because TRICARE fees have not been increased in recent years conveniently overlooks past government actions that have inflicted far larger financial penalties on every retiree and survivor under 65—penalties that will grow every year for the rest of their lives.

That's because decades of past budget caps already depressed lifetime retired pay by an average of almost 10 percent for servicemembers who retired between 1984 and 2008. For most of the 1980s and 1990s, military pay raises were capped below private sector pay growth, accumulating a 13.5 percent "pay gap" by 1998–99—a gap which has been moderated since then but persists at 2.9 percent today.

Every servicemember who has retired since 1984—exactly the same under-65 retiree population targeted by the proposed TRICARE fee increases—has had his or her retired pay depressed by a percentage equal to the pay gap at the time of retirement. That depressed pay will persist for the rest of their lives, with a proportional depression of Survivor Benefit Plan annuities for their survivors.

A servicemember who retired in 1993—when the pay gap was 11.5 percent—continues to suffer an 11.5 percent retired pay loss today. For an E-7 who retired in 1993 with 20 years of service, that means a loss of \$2,100 this year and every year because the government capped his military pay below the average American's. An O-5 with 20 years of service loses more than \$4,400 a year.

The government has spent almost a decade making incremental reductions in the pay gap for currently serving members, but it still hasn't made up the whole gap—and the government certainly hasn't offered to make up those huge losses suffered by members already retired. Under such circumstances, it strikes the Coalition as ironic when defense officials propose, in effect, billing those same retirees for "back TRICARE fee increases".

Fee-Tiering Scheme Is Inappropriate—The Defense Department, the Task Force and the QRMC all have proposed multi-tiered schemes for proposed beneficiary fee increases, with the administration's based on retired pay grade, the Task Force's

based on retired pay amount, and the QRMC's based on family taxable income. The intent of the plan is to ease opposition to the fee increases by introducing a means-testing initiative that penalizes some groups less than others.

The Coalition rejects such efforts to mask a fundamental inequity by trying to convince some groups that the inequity being imposed on them is somehow more acceptable because even greater penalties would be imposed on other groups.

Any such argument is fundamentally deceptive, especially since the administration and Task Force plans envisioned adjusting fee levels by medical inflation (7–8 percent a year), while retired pay thresholds would be adjusted by retiree COLAs (2 percent–3 percent a year). That would guarantee “tier creep”—shifting ever greater numbers of beneficiaries into the top tier every year.

Surveys of public and private sector health care coverage indicate that less than 1 percent of plans differentiate by salary. No other Federal plan does so. The Secretary of Defense has the same coverage and pays the same premium as any GS employee, and the Speaker of the House has the same coverage and premium payments as any Representative's lowest-paid staff member.

The Coalition believes strongly that all military retirees earned equal health benefits by virtue of their career service, and that the lowest fee tier proposed so far would be an excessive increase for any military beneficiary.

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

- Positive incentives to encourage beneficiaries to seek care in the most appropriate and cost effective venue;
- Encouraging improved collaboration between the direct and purchased care systems and implementing best business practices;
- Focusing the military health system (MHS), health care providers, and beneficiaries on quality measured outcomes;
- Improving MHS financial controls and avoiding overseas fraud by establishing TRICARE networks in areas fraught with fraud;
- Establishing TRICARE networks in areas of high TRICARE Standard utilization to take full advantage of network discounts.
- Promoting retention of other health insurance by making TRICARE a true second-payer to other insurance (far cheaper to pay another insurance's copay than have the beneficiary migrate to TRICARE).
- Changing the electronic claim system to scan for common errors and prompt corrections in real time to help providers submit “clean” claims and reduce delays/multiple submissions.
- Size and staff military treatment facilities to reduce reliance on non-MTF civilian providers.
- Reducing long-term TRICARE Reserve Select costs by allowing servicemembers the option of a government subsidy of civilian employer premiums during periods of mobilization.
- Doing far more to promote use of mail-order pharmacy system via mailings to users of maintenance medications, highlighting the convenience and individual expected cost savings
- Encouraging retirees to use lowest-cost-venue military pharmacies at no charge, rather than discouraging such use by limiting formularies, curtailment courier initiatives, etc.

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

TRICARE Still Has Significant Shortcomings—While DOD focuses on the cost of the TRICARE program to the government, surveys show increasing dissatisfaction among active duty, Guard/Reserve and retired beneficiaries who continue to experience significant problems with TRICARE. Beneficiaries at many locations, particularly those lacking large military populations, report difficulty in finding health care providers willing to participate in the program. Doctors complain about the program's low payments and administrative hassles. Withdrawal of providers from TRICARE networks at several locations has generated national publicity.

A 2007 GAO survey of National Guard and Reserve personnel said almost one-third of respondents reported having difficulty obtaining assistance from TRICARE, and more than one-fourth reported difficulty in finding a TRICARE-participating provider.

That problem is getting worse rather than better. The Task Force report said all military beneficiary categories report more difficulty than civilians in accessing health care, and that military beneficiaries' reported satisfaction with access to care declined from 2004 to 2006. A 2008 survey showed a significant further decline.

The Coalition urges the subcommittee to require DOD to pursue greater efforts to improve TRICARE and find more effective and appropriate ways to make TRICARE more cost-efficient without seeking to "tax" beneficiaries and make unrealistic budget assumptions.

TMC Healthcare Cost Principles—The Military Coalition believes strongly that the current fee controversy is caused in part by the lack of any statutory record of the purpose of military health care benefits and the specific benefit levels earned by a career of service in uniform. Under current law, the Secretary of Defense has broad latitude to make administrative adjustments to fees for TRICARE Prime and the pharmacy systems. Absent congressional intervention, the Secretary can choose not to increase fees for years at a time or can choose to quadruple fees in 1 year.

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

Other major elements of the military compensation package have much more specific standards in permanent law. There is a formula for the initial amount of retired pay and for subsequent annual adjustments. Basic pay raises are tied to the Employment Cost Index, and housing and food allowances are tied to specific standards as well.

The Coalition most strongly recommends that Congress establish statutory findings, a sense of Congress on the purpose and principles of military health care benefits, and the specific benefit levels earned by a career of uniformed service.

- Active duty members and families should be charged no fees except retail pharmacy co-payments, except to the extent they make the choice to participate in TRICARE Standard or use out-of-network providers under TRICARE Prime.
- The TRICARE Standard inpatient copay should not be increased further for the foreseeable future. At \$535 per day, it already far exceeds inpatient copays for virtually any private sector health plan.
- There should be no enrollment fee for TRICARE Standard or TRICARE For Life (TFL), since neither offers assured access to TRICARE-participating providers. An enrollment fee implies enrollees will receive additional services, as Prime enrollees are guaranteed access to participating providers in return for their fee. Congress already has required TFL beneficiaries to pay substantial Medicare Part B fees to gain TFL coverage.
- There should be one TRICARE fee schedule for all retired beneficiaries, just as all legislators, Defense leaders and other Federal civilian grades have the same health fee schedule. The current TRICARE schedule is significantly lower than the lowest tier recommended by the Defense Department, recognizing that all retired servicemembers paid large upfront premiums for their coverage through decades of arduous service and sacrifice.

TRICARE Prime

TRICARE Prime—The Coalition is very concerned about growing dissatisfaction among TRICARE Prime enrollees—which is actually higher among active duty families than among retired families.

The dissatisfaction arises from increasing difficulties experienced by beneficiaries in getting appointments, referrals to specialists, and sustaining continuity of care from specific providers.

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

Instead of offering beneficiaries appointments with civilian network providers, many appointment administrators are simply telling the beneficiary that no appointments are available and to try back later. This is contrary to the best interests of the beneficiary, violates clear TRICARE Prime standards for timely access to care, makes beneficiaries see the military as insensitive to their vital family needs, and undermines long-term retention and readiness.

This problem disproportionately affects active duty families who are given priority over retirees for military PCMs. Because most active duty family members are used

to getting care in the military facility, they often don't know to demand an appointment with a civilian provider if a military appointment isn't available.

The problem is compounded by Prime's continuing makeshift system for referrals to specialists and by beneficiary confusion over whom to call to authorize needed care while traveling away from their home station.

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

TRICARE Standard

TRICARE Standard Enrollment—The Department of Defense has proposed various options to require TRICARE Standard beneficiaries to sign an explicit statement of enrollment in Standard and pay either a one-time or an annual enrollment fee. The Task Force and the QRMC also proposed annual enrollment fees for TRICARE Standard.

The proposals are based on three main arguments:

- Enrollment is needed to define the population that will actually use the program.
- Enrollment would allow more accurate budgeting for program needs.
- The fee would help offset DOD's cost of having the enrollment system (DOD rationale) or "impose some personal accountability for health care costs" (Task Force rationale).

The Coalition believes none of these arguments stands up to scrutiny.

Department officials already know exactly which beneficiaries use TRICARE Standard. They have exhaustive records on what doctors they've seen and what medications they've used when and for what. They already assess usage trends and project trends for current and future years—such as the effect of private employer changes on beneficiaries' return to the TRICARE system.

DOD does not have a good record on communicating policy changes to Standard beneficiaries. That means large numbers of beneficiaries won't get the word, or appreciate the impact if they do. They have always been told that their eligibility is based on the Defense Enrollment Eligibility Reporting System.

Thousands of beneficiaries would learn of the requirement only when their TRICARE Standard claims are rejected for failure to enroll. Some would involve claims for cancer, auto accidents and other situations in which it would be unacceptable to deny claims because the beneficiary didn't understand an administrative rule change. DOD administrators who dismiss this argument as involving a minority of people would see the situation differently if it were their family being affected—as hundreds or thousands of military families certainly would be.

Inevitably, most beneficiaries who do receive and understand the implications would enroll simply "to be safe", even if they intended to use mainly VA or employer-provided coverage—thus undercutting the argument that enrollment would increase accuracy of usage projections.

Further, it would be inappropriate to make beneficiaries pay a fee to cover the cost of an enrollment system established solely for the government's benefit and convenience, with no benefit for the beneficiary. One who pays an enrollment fee expects something extra in return for the fee. An enrollment fee for TRICARE Prime is reasonable, because it buys the beneficiary guaranteed access to a participating provider. TRICARE Standard provides no such guarantee, and in some locations it's very difficult for beneficiaries to find a TRICARE provider.

To the extent any enrollment requirement may still be considered for TRICARE Standard, such enrollment should be automatic for any beneficiary who files a TRICARE claim. Establishing an enrollment requirement must not be allowed to become an excuse to deny claims for members who are unaware of the enrollment requirement.

The Coalition strongly recommends against establishment of any TRICARE Standard enrollment system; to the extent enrollment may be required, any beneficiary filing a claim should be enrolled automatically, without denying the claim. No enrollment fee should be charged for TRICARE Standard until and unless the program offers guaranteed access to a participating provider.

TRICARE Standard Provider Participation—The Coalition appreciates the subcommittee's continuing interest in the specific problems unique to TRICARE Standard beneficiaries. TRICARE Standard beneficiaries need assistance in finding participating providers within a reasonable time and distance from their home. This is particularly important with the expansion of TRICARE Reserve Select, as many of those enrollees don't live in Prime Service Areas.

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

The Coalition is grateful to the subcommittee for its past efforts that will require DOD to establish benchmarks for participation adequacy and follow-up reports on actions taken.

The Coalition urges the subcommittee to continue monitoring DOD and GAO reporting on provider participation to ensure proper follow-on action.

Administrative Deterrents to Provider Participation—Feedback from providers indicates TRICARE imposes additional administrative requirements on providers that are not required by Medicare or other insurance plans. On the average, about 50 percent of a provider's panel is Medicare patients, whereas only 2 percent are TRICARE beneficiaries. Providers are unwilling to incur additional administrative expenses that affect only a small number of patients. Thus, many providers are prone to non-participation in TRICARE.

TRICARE Standard still requires submission of a paper claim to determine medical necessity on a wide variety of claims. This thwarts efforts to encourage electronic claim submission and increases provider administrative expenses and payment delays. Examples include speech therapy, occupational/physical therapy, land or air ambulance service, use of an assistant surgeon, nutritional therapy, transplants, durable medical equipment, and pastoral counseling.

Another source of claims hassles and payment delays involve cases of third party liability (e.g., auto insurance health coverage for injuries incurred in auto accidents). TRICARE requires claims to be delayed pending receipt of a third-party-liability form from the beneficiary. This often delays payments for weeks and can result in denial and non-payment to the provider if the beneficiary doesn't get the form in on time. Recently, a major TRICARE claims processing contractor recommended that these claims should be processed regardless of diagnosis and that the third-party-liability questionnaire should be sent out after the claim is processed to eliminate protracted inconvenience to the provider of service.

The Coalition urges the subcommittee to continue its efforts to reduce administrative impediments that deter providers from accepting TRICARE patients.

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

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

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

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

To the extent the Medicare rate freeze continues, we urge the subcommittee to encourage the Defense Department to use its reimbursement rate adjustment authority as needed to sustain provider acceptance.

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

Dental Care

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

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

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

The Coalition notes that current law assumes a 60 percent DOD subsidy for the active duty dental plan, whereas other Federal health programs (e.g., FEHBP and TRS) are subsidized at 72 percent.

The Coalition recommends increasing the DOD subsidy for the active Duty Dependent Dental Plan to 72 percent and increasing the cap on orthodontia payments to \$2,000.

TRICARE Dental Benefit for Surviving Children—In recent years, the subcommittee acted appropriately to continue active-duty-level TRICARE Prime coverage for children of members who die on active duty for as long as they retain dependent status—until age 21 or 23 if enrolled in college. But dental coverage was not adjusted from the previous law, which authorized only 3 years of continued active-duty-level benefits in such cases.

The Coalition recommends authorizing children of members who die on active duty to retain coverage under the active Duty Dependent Dental Plan until they reach 21 or 23 if enrolled in college.

National Guard and Reserve Health Care

The Coalition is grateful to the subcommittee for its leadership in reducing TRICARE Reserve Select Premiums and ensuring DOD does not overcharge servicemembers for coverage.

While the subcommittee has worked hard to address the primary health care hurdle, there are still some areas that warrant attention.

TRICARE Reserve Select (TRS) Access—The Coalition is concerned that members and families enrolled in TRS are not guaranteed access to TRICARE-participating providers and are finding it difficult to locate providers willing to take TRICARE. As indicated earlier in this testimony, the Coalition believes that members who are charged a fee for their health coverage should be able to expect assured access, and hopes the subcommittee will explore options for assuring such access for TRS enrollees.

The Coalition recommends that the subcommittee require a report from the Department of Defense on options to assure TRS enrollees' access to TRICARE-participating providers.

Private Insurance Premium Option—The Coalition believes Congress is missing an opportunity to reduce long-term health care costs by authorizing eligible members the option of electing a DOD subsidy of their civilian insurance premiums during periods of activation.

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

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

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

The Coalition recommends developing a cost-effective option to have DOD subsidize premiums for continuation of a Reserve employer's private family health insurance during periods of deployment as an alternative to ongoing TRICARE Reserve Select coverage.

Involuntary Separates—The Coalition believes it is unfair to deny TRS coverage for Individual Ready Reserve (IRR) members who have returned from deployment or terminate coverage for returning members who are involuntarily separated from the Selected Reserve (other than for cause).

The Coalition recommends authorizing 1 year of post-Transitional Assistance Management Program (TAMP) TRS coverage for every 90 days deployed in the case of returning members of the IRR or members who are involuntarily separated from the Selected Reserve. The Coalition further recommends that voluntarily separating reservists subject to disenrollment from TRS should be eligible for participation in the Continued Health Care Benefits Program (CHCBP).

Gray Area reservists—The Coalition is sensitive that Selected Reserve members and families have one remaining "hole" in their military health coverage. They are eligible for TRS while currently serving in the Selected Reserve, then lose coverage

while in “Gray area” retiree status, then regain full TRICARE eligibility at age 60. The Coalition supports the provisions contained in S. 731 introduced by Senator Ben Nelson.

The Coalition believes some provisions should be made to allow such members to continue their TRICARE coverage in gray area status. Otherwise, we place some members at risk of losing family health coverage entirely when they retire from the Selected Reserve. We understand that such coverage likely would have to come with a higher premium.

The Coalition urges the subcommittee to authorize an additional premium-based TRS option under which members entering “gray area” retiree status would be able to avoid losing health coverage.

Guard and Reserve Dental Coverage—The Coalition remains concerned about the dental readiness of the Reserve Forces. DOD should be fiscally responsible for medical and dental care to reservists beginning with the issuance of an alert order and 180 days post mobilization to ensure servicemembers meet readiness standards when DOD facilities are not available within a 50 mile radius of the member’s home.

The Coalition supports providing dental coverage to reservists once an alert order is issued and 180 days post-mobilization (during TAMP), unless the individual’s dental readiness is restored to T–2 condition before demobilization.

Guard and Reserve Mental Health—Reserve members deserve the highest levels of care once they demobilize. The Coalition is concerned that there is too much variation in the diagnosis and treatment of post traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and other combat-related stress conditions. The current post deployment health self assessment program at demobilization sites is inadequate. The Coalition believes that post deployment examination of members should occur while still on active duty deployment orders at their home station. This is necessary to expedite diagnosis, reporting and treatment of physical and mental injuries; to help perfect potential service connected disability claims with the VA; and to help correct the non-reporting of injuries at the demobilization site arising from members’ concerns of being medically held away from the home State.

The Coalition believes that Guard and Reserve members and their families should have access to an evidence-based treatment for PTSD, TBI, depression, and other combat-related stress conditions. Further, Post Deployment Health examinations should be offered at the member’s home station.

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

The Coalition believes there should be an effort to improve the electronic capture of non military health information into the servicemember’s medical record.

TRICARE For Life

When Congress enacted TRICARE For Life (TFL) in 2000, it explicitly recognized that this coverage was fully earned by career servicemembers’ decades of sacrifice, and that the Medicare Part B premium would serve as the cash portion of the beneficiary premium payment.

TFL Enrollment Fee is Inappropriate—The Coalition disagrees strongly with the Task Force and QRMC recommendations to impose an annual enrollment fee for each TFL beneficiary. The reports acknowledged that this would be little more than a “nuisance fee” and would be contrary to Congress’ intent in authorizing TFL.

When the previous administration came to office in 2001, military and civilian Defense leaders praised TRICARE For Life, as enacted, as an appropriate benefit that retirees had earned and deserved for their career service. But in recent years, those same leaders’ concerns about rising health costs have focused disproportionately on the (fully predictable) cost growth attributable to TFL.

For those who now advocate charging older beneficiaries a TFL enrollment fee, the Coalition asks, “What has changed in the intervening years of war that has somehow made their service less meritorious?”

Inclusion of TFL-Eligibles in Preventive Care Programs—The Coalition is aware of the challenges imposed by Congress’ mandatory spending rules, and appreciates the subcommittee’s efforts to include TFL-eligibles in the preventive care pilot programs included in the National Defense Authorization Act for Fiscal Year 2009. We believe their inclusion would, in fact, save the government money and hope the subcommittee will be able to find a more certain way to include them than the current discretionary authority.

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

The Coalition urges the subcommittee to oppose any TFL enrollment fee and seek equal coverage of TFL beneficiaries under TRICARE and Medicare preventive care initiatives.

Restoration of Survivors' TRICARE Coverage—When a TRICARE-eligible widow/widower remarries, he/she loses TRICARE benefits. When that individual's second marriage ends in death or divorce, the individual has eligibility restored for military ID card benefits, including SBP coverage, commissary/exchange privileges, etc.—with the sole exception that TRICARE eligibility is not restored.

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

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

BRAC and Rebasing—Relocation from one geographic region to another and base closures brings multiple problems. A smooth health care transition is crucial to the success of DOD and Service plans to transform the force. That means ensuring a robust provider network and capacity is available to all beneficiary populations, to include active and Reserve Component and retirees and their family members, and survivors at both closing and gaining installations. It is incumbent upon the Department and its Managed Care Support Contractors to ensure smooth beneficiary transition from one geographic area to another. We stress the importance of coordination of construction and funding in order to maintain access and operations while the process takes place.

The Coalition recommends requiring an annual DOD report on the adequacy of health resources, services, quality and access to care for beneficiaries affected by BRAC/rebasing.

[The prepared statement of the Fleet Reserve Association follows:]

PREPARED STATEMENT BY MASTER CHIEF JOSEPH L. BARNES, USN (RET.)

THE FLEET RESERVE ASSOCIATION

The Fleet Reserve Association (FRA) is the oldest and largest enlisted organization serving active duty, Reserves, retired and veterans of the Navy, Marine Corps, and Coast Guard. It is Congressionally Chartered, recognized by the Department of Veterans Affairs (VA) as an accrediting Veteran Service Organization (VSO) for claim representation and entrusted to serve all veterans who seek its help. In 2007, FRA was selected for full membership on the National Veterans' Day Committee.

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

FRA's mission is to act as the premier "watch dog" organization on Capitol Hill focused on maintaining and improving benefits and the quality of life for Sea Service personnel and their families. The Association also sponsors a National Americanism Essay Program, awards over \$100,000 in scholarships annually and provides disaster and/or relief to shipmates and others in distress.

The Association is also a founding member of The Military Coalition (TMC), a 34-member consortium of military and veteran's organizations. FRA hosts most TMC meetings and members of its staff serve in a number of TMC leadership roles.

FRA celebrated 84 years of service in November 2008. For over eight decades, dedication to its members has resulted in legislation enhancing quality of life programs for Sea Services personnel, other members of the Uniformed Services plus their families and survivors, while protecting their rights and privileges. CHAMPUS, now TRICARE, was an initiative of FRA, as was the Uniformed Services Survivor Benefit Plan (USSBP). More recently, FRA led the way in reforming the REDUX Retirement Plan, obtaining targeted pay increases for mid-level enlisted

personnel, and sea pay for junior enlisted sailors. FRA also played a leading role in advocating recently enacted predatory lending protections for servicemembers and their dependents.

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

CERTIFICATION OF NON-RECEIPT OF FEDERAL FUNDS

Pursuant to the requirements of House Rule XI, the FRA has not received any Federal grant or contract during the current fiscal year or either of the 2 previous fiscal years.

SYNOPSIS

As a leader in the Military Coalition (TMC), the FRA strongly supports the extensive recommendations addressed in the TMC testimony prepared for this hearing. The intent of this statement is to address other issues of particular importance to FRA's membership and the Sea Services enlisted communities.

INTRODUCTION

Mr. Chairman, the FRA salutes you, members of the subcommittee, and your staff for the strong and unwavering support of programs essential to active duty, Reserve component, and retired members of the uniformed services, their families, and survivors. The subcommittee's work has greatly enhanced care and support for our wounded warriors, improved military pay, eliminated out-of-pocket housing expenses, improved health care, and enhanced other personnel, retirement and survivor programs. This support is critical in maintaining readiness and is invaluable to our Uniformed Services engaged throughout the world fighting the Global War on Terror, sustaining other operational requirements and fulfilling commitments to those who've served in the past.

FRA's 2009 priorities include continued oversight of the Wounded Warrior improvements, opposition to excessive TRICARE fee increases, full funding for DOD and VA health care, annual active duty pay increases that are at least a half percent above the Employment Cost Index (ECI), to help close the pay gap between active duty and private sector pay, full concurrent receipt of military retired pay and VA disability compensation, adequate end strength, family readiness, and reducing the retirement age for reservists who have been mobilized since October 7, 2001.

Additional issues include the introduction and enactment of legislation to eliminate inequities in the Uniformed Services Former Spouses Protection Act (USFSPA), authorizing retention of the full final month's retired pay by the surviving spouse (or other designated survivor) for the month in which the member was alive for at least 24 hours, repealing REDUX, streamlining the voting process for overseas military personnel, and reducing the SBP paid-up age to 67 to allow those who joined the service at age 17 or 18 to be required to only pay 30 years to obtain paid-up status.

The Association appreciates inclusion in the recently enacted economic stimulus package of money for military construction and VA hospitals, and supports a DOD fiscal year 2010 budget floor of at least 5 percent of the Gross Domestic Product (GDP). Excluding supplemental appropriations, the United States spent less than four percent of its GDP on national defense in 2008. From 1961–1963, the military consumed 9.1 percent of GDP annually. The active-duty military has been stretched to the limit since September 11, 2001, and FRA appreciates the fiscal year 2009 increases to service end strengths. FRA strongly supports funding to support the anticipated increased end strengths in fiscal year 2010 and beyond since current end strength is not adequate to meet the demands of fighting current wars and sustaining other operational commitments throughout the world.

DOD FISCAL YEAR 2010 PROPOSED BUDGET

The DOD request totals \$663.8 billion for fiscal year 2010, which represents a 4-percent increase over fiscal year 2009. It is noteworthy that for the first time in 4 years the budget fully funds military health care programs without calling for a TRICARE fee increase. FRA wants to thank the Obama administration for resisting efforts to shift health care costs to beneficiaries. The budget also calls for a 2.9-percent active duty pay increase that equals the Employment Cost Index (ECI), \$1.1 billion to fund military housing and support programs for servicemembers and their families, and \$3.3 billion to support injured servicemembers in their recovery, rehabilitation, and reintegration.

Over the past several years, the Pentagon budget requests have been constrained despite rising personnel costs, aging weapon systems, worn out equipment, and dilapidated facilities.

As Operation Iraqi Freedom ends and troops depart from Iraq, some will be urging reductions in end strength and spending, despite the need to bolster personnel and efforts in Afghanistan and other areas around the world. FRA understands the budgetary concerns associated with the current recession but believes that cutting the DOD budget during the continuing Global War on Terror would be short sighted and that America needs a defense budget that will support both “benefits and bullets.”

This statement lists the concerns of our members, keeping in mind that the Association’s primary goal is to endorse any positive safety programs, rewards, quality of life improvements that support members of the Uniformed Services, particularly those serving in hostile areas, and their families and survivors.

WOUNDED WARRIORS IMPROVEMENTS

FRA is especially grateful for the inclusion of the Wounded Warrior assistance provisions as part of the National Defense Authorization Act for Fiscal Year 2008, and for the congressional oversight and funding to ensure prompt implementation. The Association concurs with the recent Government Accountability Office (GAO) report recommendations that:

- DOD and VA must establish criteria for evaluating their joint pilot disability evaluation system and determine if it should be widely implemented (GAO-08-1137);
- DOD and VA should give priority to fully establish the Joint Interagency Program to implement electronic medical records; (GAO-08-1158T); and
- DOD should explore options for improving its disability evaluation process (GAO-08-1137).

Maintaining an effective support system between DOD and VA to ensure seamless transition and quality services for wounded personnel, particularly those suffering from Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injuries (TBI) is important to our membership. De-stigmatizing these and other mental health conditions is part of this and key initiatives should include mental health assessment for all servicemembers returning from the combat zone, outreach and family support efforts and counseling.

FRA recommends that this distinguished subcommittee continue monitoring the implementation of the wounded warrior programs to include periodic oversight hearings to ensure the creation and full implementation of a joint electronic health record that will help ensure a seamless transition from DOD to VA for wounded warriors, and operation of the Wounded Warriors Resource Center as a single point of contact for servicemembers, their family members, and primary care givers.

HEALTH CARE

Adequately funding health care benefits for all beneficiaries is part of the cost of defending our Nation and a recent FRA survey indicates that more than 90 percent of all active duty, retired, and veteran respondents and most Reserve participants cited health care as their top quality-of-life benefit. Accordingly, protecting and/or enhancing health care access for all beneficiaries is FRA’s top 2009 legislative priority.

Health care costs both in the military and throughout society have continued to increase faster than the Consumer Price Index (CPI) making this a prime target for those wanting to cut the DOD budget. Many beneficiaries targeted in recent proposals to drastically increase health care fees are those who served prior to enactment of the recent pay and benefit enhancements and receive significantly less in retired pay than those serving and retiring in the same pay grade with the same years of service today. They clearly recall promises made to them about the benefit of health care for life in return for a career, and many believe they are entitled to “free” health care for life based on the government’s past commitments.

For these reasons, FRA strongly supports “The Military Retirees’ Health Care Protection Act” (H.R. 816) sponsored by Representatives Chet Edwards (TX) and Walter Jones (NC). The legislation would prohibit DOD from increasing TRICARE fees, specifying that the authority to increase TRICARE fees exists only in Congress.

DOD must continue to investigate and implement other TRICARE cost-saving options as an alternative to shifting costs to retiree beneficiaries. FRA notes progress in this area in expanding use of the mail order pharmacy program, Federal pricing for prescription drugs and a pilot program of preventative care for TRICARE beneficiaries under age 65, and elimination of co-pays for certain preventative services.

Imposing higher health care costs especially during war time, would send a powerful negative message not only to retirees, but to those currently serving about the value of their service. The prospect of drastically higher health care fees for retirees is also a morale issue with the senior enlisted communities who view this as an erosion of their career benefits. Unlike private sector employees, military retirees have answered the call to serve, and most have done so under extremely difficult circumstances while separated from their families to defend the freedoms we enjoy today.

FRA appreciates this subcommittee's attention to addressing the excessively high premiums charged for the TRICARE Reserve Select (TRS) program

CONCURRENT RECEIPT

The FRA survey referenced above also indicates that more than 70 percent of military retirees cite concurrent receipt of military pay and VA disability benefits among their top priorities. The Association continues its unwavering support for the full concurrent receipt of military retired pay and veterans' disability compensation for all disabled retirees. Provisions of the National Defense Authorization Act for Fiscal Year 2008 reflect continued progress toward this goal and FRA appreciates the support of this distinguished subcommittee on this issue.

ACTIVE DUTY PAY

A top quality of life issue for active duty servicemembers is adequate pay and this is reflected in the fact that more than 93 percent (93.3 percent) of active duty respondents to FRA's on line survey (highest rating) labeled pay as "very important." From fiscal year 1999-fiscal year 2006, Congress provided pay increases 0.5 percent above the ECI to close the gap (13.5 percent in 1999) between civilian and military pay. In fiscal year 2007 the pay increase was equal to the ECI (2.2 percent which was the lowest increase since 1994), and the last 2 years this subcommittee provided ECI plus 0.5 percent annual pay increases. FRA urges the subcommittee to continue the increases above the ECI until the remaining 2.9 percent pay gap is eliminated.

BAH IMPROVEMENTS

A significant number of enlisted active duty respondents to FRA's survey (93.3 percent) indicate that adequate Basic Allowance for Housing (BAH) rates are "very important." In addition, housing allowances tie with pay as their most important quality of life programs.

Related to this is the need to update the housing standards used to establish BAH rates since only married E-9s now qualify for BAH based on single family housing costs. The Association notes the proposed BAH increase in the fiscal year 2010 budget and continues to advocate for legislation authorizing more realistic housing standards, particularly for career senior enlisted personnel. As the inventory of military housing declines, private contractors are building or refurbishing units for occupancy of military personnel and their families. The result is a dwindling population living in base housing and a rising population who qualify for BAH.

ADEQUATE END STRENGTH

Prosecuting the war efforts has caused an enormous strain on active duty personnel and the Reserve component. Repeated and extended deployments are taking a toll on servicemembers and their families and the solution to this problem is to ensure adequate end strengths. FRA continues to advocate for increased end strengths to meet the demands of Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and other operational requirements.

REPEAL REDUX

Ten years ago FRA led efforts to repeal the 1986 REDUX retirement program formula which led to enactment of legislation authorizing personnel choosing that retirement program the option to receive a \$30,000 career status bonus at the 15-year career mark. Since then many enlisted personnel have chosen this option and accepted future capped retired pay cost of living adjustments and today average take rate among the services is approximately 25 percent. While each individual's career situation is unique and servicemembers are certainly entitled to make this choice, it's important to note that for most this is probably a very bad financial decision since the value of the \$30,000 bonus is significantly less than it was at the time of enactment. In most instances individuals selecting this option are in fact for-

feiting significant sums of potential retired pay over their lifetimes. FRA therefore believes that it's time to repeal the REDUX retirement program.

TRANSFERABILITY AND THE POST-SEPTEMBER 11 GI BILL

FRA strongly supported the enactment of post-September 11 GI Bill last year and appreciates the breadth and scope of the generous new education benefits authorized under that program. The Association appreciates the recently announced temporary DOD policy exceptions for career personnel who will not have the required service time remaining to technically qualify for transferability options under the new program which are designed as career retention incentives. Particularly associated with the later transferability options, it's important to note the frustration of career servicemembers who recently retired or will do so in the coming months who are unable to transfer unused benefits to family members. In conjunction with this, FRA believes some consideration should be given to these personnel and their families and has written to Secretary of Defense Robert Gates, requesting consideration of a policy to also allow the transferability of at least some unused benefits under previously authorized provisions of the Montgomery GI Bill in recognition of their 20 or more years of service.

RESERVE COMPONENT EDUCATION BENEFITS

The Association is grateful for the enactment of the post-September 11, 2001 GI Bill last year, however benefits authorized under the separate Reserve Montgomery GI Bill program are only 25 percent of the benefits provided for active duty participants despite the intended 47 percent to 50 percent level of benefits. FRA urges attention to this inequity by authorizing a restoration of the benefits for Selected Reserve personnel.

PAID-UP SBP

Under current law, retirees are no longer required to pay SBP premiums after they have paid for 30 years and reach age 70. This punishes those who may have entered the service at age 17 or 18 and will be required to pay for 33 or 32 years respectively until attaining paid-up SBP status. Therefore, FRA supports changing the minimum age for paid-up SBP from age 70 to age 67 to ensure that those who joined the military at age 17, 18, or 19 and serve 20 years will only have to pay SBP premiums for 30 years.

RETENTION OF FINAL FULL MONTH'S RETIRED PAY

FRA urges the subcommittee to authorize the retention of the full final month's retired pay by the surviving spouse (or other designated survivor) of a military retiree for the month in which the member was alive for at least 24 hours. FRA strongly supports "The Military Retiree Survivor Comfort Act" (H.R. 613), introduced by Rep. Walter Jones (NC) which addresses this issue.

Current regulations require survivors of deceased military retirees to return any retirement payment received in the month the retiree passes away or any subsequent month thereafter. Upon the demise of a retiree the surviving spouse is required to notify the Defense Finance and Accounting Service (DFAS) of the death. DFAS then stops payment on the retirement account, recalculates the final payment to cover only the days in the month the retiree was alive, forwards a check for those days to the surviving spouse (beneficiary) and, if not reported in a timely manner, recoups any payment(s) made covering periods subsequent to the retiree's death.

The measure is related to a similar pay policy enacted by the Department of Veterans Affairs (VA). Congress passed a law in 1996 that allows a surviving spouse to retain the veteran's disability and VA pension payments issued for the month of the veteran's death. FRA believes military retired pay should be no different. This proposal is also in response to complaints from surviving spouses who were unaware of the notification requirement and those with joint bank accounts, in which retirement payments were made electronically, who gave little if any thought that DFAS could swoop down on the joint account and recoup any overpayments of retirement pay. This action could easily clear the account of any funds remaining whether they were retirement payments or money from other sources.

To offset some of the costs, if the spouse is entitled to survivor benefit annuities (SBP) on the retiree's death, there will be no payment of the annuity for the month the retirement payment is provided the surviving spouse.

VOTING

The Overseas Vote Foundation released the results of its 2008 Post Election UOCAVA (Uniform Overseas Citizens Absentee Voting Act) Voter Survey that indicates that 31 percent of experienced overseas voters continue to have questions or problems with voting; and that 39 percent of overseas voters did not get their ballot until mid-October or later;

Despite efforts to remedy past problems, voting from overseas is a long and cumbersome process and paper ballots from military personnel are frequently contested because they arrive late and often without postage or a postmark date. The 1986 UOCAVA law and the Help America Vote Act (HAVA) of 2002 address voting rights of active duty military personnel and all citizens that are outside the country during an election. Despite these efforts serious challenges still exist that include interfacing and lack of uniformity with State and local election officials.

Electronic communications are secure enough for our Nation's most sensitive secrets and for transferring huge sums of money, and FRA questions why is it not possible to develop and implement a system for the military and overseas Federal employees to vote by secure electronic means?

FRA believes legislation could streamline the current process by allowing servicemembers to request and receive an absentee ballot electronically but continue to return the signed completed ballot by regular mail as is done now. The legislation should also require States to identify one State official to administer absentee ballots from overseas military rather than county clerks and other local officials; limit participation only to military personnel and Federal employees overseas; and shift Federal responsibility away from DOD to another agency such as the U.S. Election Assistance Commission.

In recent years, Congress has recognized the need for electronic voting for servicemembers who are deployed overseas, and has mandated the DOD Federal Voting Assistance Program to administer a pilot program for internet voting since 2000. Unfortunately there were technical and security challenges and many States and local election jurisdictions refused to participate. The Association appreciates the Senate Rules and Administration Committee's recent hearing on this issue and seeks support for improved active duty voter participation in Federal elections and to expedite the military mail processing of overseas ballots.

USFSPA

FRA continues to advocate for hearings and the introduction of legislation addressing the inequities of the Uniformed Service Former Spouses Protection Act (USFSPA). The Association believes that USFSPA should be more balanced in its protection for both the servicemember and the former spouse and that Congress needs to review and amend it so that the Federal Government is required to protect its servicemembers against State courts that ignore its provisions.

FRA has long supported several recommendations in the Department of Defense's September 2001 report, which assessed USFSPA inequities and offered recommendations for improvement. Last year, the Department sent a more extensive list of recommendations to staff of the House and Senate Armed Services Committees regarding amending the USFSPA that include the following FRA supported provision:

- Base former spouse award amount on member's grade/years of service at the time of divorce (and not retirement)
- Prohibit award of imputed income while still on active duty
- Permit designation of multiple SBP beneficiaries
- Permit SBP premiums to be withheld from former spouse's share of retired pay if directed by the court

Few provisions of the USFSPA protect the rights of the servicemember, and none are enforceable by the Department of Justice or DOD. If a State court violates the right of the servicemember under the provisions of USFSPA, the Solicitor General will make no move to reverse the error. Why? Because the act does not have the enforceable language required for Justice or the Defense Department to react. The only recourse is for the servicemember to appeal to the court, which in many cases gives that court jurisdiction over the member. Some State courts also award a percentage of veterans' compensation to ex-spouses, a clear violation of U.S. law, yet nothing has been done to stop this transgression.

FRA believes Congress needs to take a hard look at the USFSPA with the intent to amend it so that the Federal Government is required to protect its servicemembers against State courts that ignore provisions of the act.

RESERVE EARLY RETIREMENT

FRA believes that the effective date of the early Reserve retirement age provision of the NDAA for Fiscal Year 2008 should be changed to 7 October 2001. The legislation authorizes a retirement date reduction of 3 months for each cumulative 90-days ordered to active duty. The FRA supports "The National Guard and Reserve Retired Pay Equity Act" (S. 644) sponsored by Senator Saxby Chambliss (GA) and "The National Guard and Reserve Retired Pay Equity Act" (S. 831) sponsored by Senator John Kerry (Mass.) to allow reservists mobilized since 7 October, 2001, to receive credit in determining eligibility for receipt of early retired pay.

Reserve component deployments since September 11, 2001, reflect the change from a Strategic Reserve to an Operational Reserve that now plays a vital role in the global war on terror. This has resulted in more frequent and longer deployments which have had a significant impact on individual careers and changing the effective date of the Reserve early retirement would help partially offset lost salary increases, promotions, 401K, and other benefit contributions. The Association urges the subcommittee to make the provision retroactive to 7 October 2001.

MANDATE TRAVEL COST REIMBURSEMENT

FRA appreciates the NDAA for Fiscal Year 2008 provision (section 631) that permits travel reimbursement for weekend drills, not to exceed \$300, if the commute is outside the normal commuting distance. However, the Association urges the subcommittee to make this a mandatory provision due to the importance of this issue with many enlisted reservists who are forced to travel lengthy distances to participate in weekend drill without any reimbursement for travel costs. This is a retention and recruitment issue for the Reserves and directly related to increased reliance on these personnel in order to sustain our war and other operational commitments.

CONCLUSION

FRA is grateful for the opportunity to present these recommendations to this distinguished subcommittee. The Association reiterates its profound gratitude for the extraordinary progress this subcommittee has made in advancing a wide range of military personnel benefits and quality-of-life programs for all uniformed services personnel and their families and survivors. Thank you again for the opportunity to submit the FRA' views on these critically important topics.

Senator BEN NELSON. Thank you.
Captain Puzon? I hope I am saying that right.

STATEMENT OF CAPTAIN IKE PUZON, USNR (RET.), DIRECTOR OF LEGISLATION, NAVAL RESERVE ASSOCIATION; AND CO-CHAIR, GUARD/RESERVE COMMITTEE, THE MILITARY COALITION

Captain PUZON. Mr. Chairman and members of the subcommittee and staff members, I am honored to be here. We are pleased with the Guard and Reserve improvements that you have made in the past since September 11, 2001. I will focus on needed enhancements and improvements in early retirement, health care benefits for Guard and Reserve, and the Montgomery GI Bill (MGIB) for Reserve members.

For early retirement, our number-one goal for Guard and Reserve is the passage of legislation establishing September 11, 2001, as the eligibility start date for Guard and Reserve early retirement, as authorized in the National Defense Authorization Act (NDAA) for Fiscal Year 2008.

We call upon you to expand the program to include all those who have sacrificed for our Nation following the tragedy of September 11. More than 710,000 men and women have answered the call to Active Duty, protecting our way of life, and are serving more than 190,000 multiple tours of duty.

Unfortunately, most of these tours won't count toward early retirement unless Congress authorizes retroactive credit for the activations. Ultimately, we need to show commitment to them for their increased utilization by addressing the Reserve retirement system.

For health care benefits, to maintain and retain a viable operational Reserve Force, health care access for Guard and Reserve must match their increased role in the Nation's defense. We urge Congress to establish a moratorium on TRICARE and TRICARE Reserve Select premium increases. We urge you to establish medical and dental care for Guard and Reserve members, beginning with the issuance of an alert order and post deployment for 180 days.

We also ask that you review the wounded warrior transition assistance and to fully fund the Yellow Ribbon Reintegration Programs for post deployment to ensure Guard and Reserve members and recently released Active Duty have adequate access and treatment for post-traumatic stress disorder and traumatic brain injury following separation from Active Duty.

We believe there should be a close evaluation of the care in remote areas. We ask Congress to pass pending legislation to allow gray area reservists to purchase TRICARE standard health care coverage.

Regarding the MGIB benefit, we ask that Congress upgrade the MGIB to provide increased benefits to Selected reservists. We are most grateful to Congress for passage of the post-September 11 GI bill benefits. However, the MGIB benefits for joining the Selected Reserves were not upgraded or integrated. We would ask that you restore the basic Reserve MGIB for initially joining the Selected Reserves to the benchmark of approximately 50 percent of the Active Duty benefit.

Mr. Chairman, I thank you for the opportunity to present the views of TMC and the Association of the United States Navy. I will be happy to answer any questions.

Senator BEN NELSON. Thank you, Captain.

Ms. Holleman?

STATEMENT OF DEIRDRE PARKE HOLLEMAN, EXECUTIVE DIRECTOR, THE RETIRED ENLISTED ASSOCIATION; AND CO-CHAIR, SURVIVOR COMMITTEE, THE MILITARY COALITION

Ms. HOLLEMAN. Mr. Chairman, thank you so much for the honor of speaking before you on behalf of the survivors of those who protected our Nation in the military.

In the last several years, Congress has made great strides in improving the lives of the women, men, and children who were left behind and alone when their loved ones died because they had served America in uniform. TMC wishes to thank you for all you have done, but to urge you to take several more necessary steps forward.

One of TMC's highest legislative goals is to end the SBP-DIC offset. Senator Bill Nelson of Florida has been the champion of this goal in your chamber. In this session of Congress, S. 535 already has 45 cosponsors. In the House, Representative Ortiz's companion, H.R. 775, has 229 cosponsors. We hope that these dramatic num-

bers indicate that this is the year that this unwise benefit structure will be abolished.

The great majority of the widows who are affected by this offset had spouses who served a career in the uniformed services and purchased Survivor Benefit Plan (SBP) when they retired. They paid a substantial portion of their retired pay to assure that if their wives survived them, they would be provided for. This is the type of responsible behavior that we wish to encourage.

Clearly, SBP is a deferred employee benefit. But since the retiree died of a service-connected disability, something he could not responsibly rely would happen, the survivor is also entitled to the Department of Veterans Affairs' (VA) Dependency and Indemnity Compensation (DIC).

The other small group of widows who are affected by this offset are recent widows whose husbands died on Active Duty after Congress created Active Duty SBP. These servicemembers qualified for SBP protection by sacrificing their lives.

For both groups of survivors, one SBP dollar is offset for every dollar paid by DIC. The DIC payment this year is \$1,154 a month. Due to the offset, a survivor will be living on a payment of just under \$14,000 a year, plus whatever amount, if any, remains in SBP for higher rank retirement payments. That is not enough to live on or to acknowledge the service and sacrifice rendered.

Congress has, over the last several years, been moving toward ending the offset between military retired pay and service-connected disability pay. This similar offset should also be ended.

We would briefly like to highlight two additional improvements that we urge you to include in the NDAA for Fiscal Year 2010. TMC asks that you support H.R. 613, the Military Retiree Survivor Comfort Act. This bill would allow a military retiree's widow or widower to retain the full retired payment for the month in which a member died.

Now the law requires DOD to immediately remove the full month's payment from the couple's shared checking account where the payment was electronically deposited and then, at a later date, give a prorated payment reflecting how many days the member lived in his or her last month. This procedure often means that in a most trying month, a widow may unknowingly bounce checks or may be unable to pay ongoing bills.

Changing this would make a terrible time for a survivor easier. A statute already requires the VA to allow a widow to retain the full last month's service-connected disability payment. DOD should do the same for military retirees.

Finally, we urge you to create an SBP special needs trust. The Defense Finance and Accounting Service (DFAS) is not presently allowed to issue SBP checks to a trust, only a living person. Allowing SBP payments to be deposited in a special needs trust would help protect seriously disabled children who qualify for SBP payments.

The recently introduced H.R. 2059 would allow the approximately 1,500 children who presently qualify for an SBP annuity and who are incapable of self support because of mental or physical incapacity to make use of this helpful legal tool. We hope this committee will include this improvement in next year's NDAA.

Again, thank you so much for allowing me to address you on these important matters. I would be very happy to attempt to answer any questions you may have.

Senator BEN NELSON. Thank you, Ms. Holleman.
Colonel Strobridge?

STATEMENT OF COL. STEVEN P. STROBRIDGE, USAF (RET.), DIRECTOR, GOVERNMENT RELATIONS, MILITARY OFFICERS ASSOCIATION OF AMERICA; AND CO-CHAIR, THE MILITARY COALITION

Colonel STROBRIDGE. Mr. Chairman, my portion of the Coalition testimony will focus on health care and retirement issues.

For wounded warriors, we urge the committee to consider permanent authority for the Senior Oversight Committee, whose authority will expire at the end of this year. We are also very concerned that the transition from Active Duty to retiree TRICARE or to VA coverage catches many wounded warriors and their families unaware. They need the same protections that we provide when someone dies on Active Duty—3 years of continued Active Duty level coverage to ensure a smooth transition.

We urge a consistent package of training and compensation for wounded warriors' full-time caregivers. The Services have separate programs in this area. The VA offers very little, and caregivers lose virtually all support when the member is retired for disability. We owe them a fairer deal.

Regarding psychological health and traumatic brain injury (TBI), DOD and VA are moving out, but most of those efforts will take time. In the meantime, we have overwhelming numbers who need help now, as we heard earlier on the panel. But many still have to wait months for appointments. To us, that is not good enough. You asked the right question, what can we do to ease this? The answer, I think General Rochelle gave the right answer, all of the above, part of which is expanding capacity to deliver care.

On TRICARE fees, we are grateful that the administration discontinued the past trend and didn't propose the kind of significant fee increases in the fiscal year 2010 budget that we have seen in past years. TRICARE costs are inflated by unique military requirements and inefficiencies, and DOD has lots of options to cut costs without imposing large fee hikes on beneficiaries.

We ask you to put language in this year's NDAA expressing a specific sense of Congress that military people pay huge upfront premiums through decades of service and sacrifice over and above their cash fees. That is something that is not acknowledged now, and to us, that is one of the big problems. People want to just compare money to money, and they don't realize that most of military premiums are paid upfront and they are very heavy, indeed.

DOD surveys show that military beneficiaries are less satisfied with their health care than most civilians are. We think the Pentagon needs to focus more on fixing TRICARE and less on trying to charge more for it.

On concurrent receipt, we believe military retired pay is earned by service and should not be reduced because the servicemember happens to also incur a service-caused disability. We strongly support the new initiative in the President's fiscal year 2010 budget,

and we hope as well that you will be able to fix the glitch in the Combat-Related Special Compensation (CRSC) law that causes some to lose the pay that Congress meant for them.

We are also very concerned about the REDUX retirement system and the so-called \$30,000 career status bonus that entices thousands of unwary members each year to forfeit hundreds of thousands of dollars in future retired pay. This so-called bonus is tantamount to a lifetime loan against future retired pay where the usury is 24 percent annual percentage rate for the typical enlisted member and a 35 percent rate for the typical officer.

We would be pleased to explore options with the subcommittee staff to better protect servicemembers against mortgaging their financial futures.

Finally, we hope the subcommittee will not support the 10th Quadrennial Review of Military Compensation's military retirement proposal, which would defer receipt of full retired pay until age 58 or later and authorize vesting at 10 years of service.

We believe this civilian-style plan is inappropriate for military service conditions. It would take money from people who serve a career to pay people who leave early. We think it would undermine long-term retention and readiness and prove disastrous in a wartime environment like today's when we are so desperate to encourage longer service.

Mr. Chairman, that concludes my remarks and TMC's remarks. Senator BEN NELSON. Thank you, Colonel. Captain Snyder?

**STATEMENT OF CAPTAIN BRADLEY J. SNYDER, USA (RET.),
PAST PRESIDENT, ARMED FORCES SERVICES CORPORATION**

Captain SNYDER. Mr. Chairman, not only do I have the shortest title, I have a different hat that I am wearing today.

I am honored to be asked by the staff to come in as an unofficial "official expert" on helping families over 43 years since my retirement from my wounds in Vietnam. We have had the privilege of being with members of the Active Duty, retired, Guard, Reserve, and being able to try to educate them on the benefits they have. Then when they transition into retirement to help them understand not what they don't have, but what they do have.

The biggest problem, Mr. Chairman, is education. The benefits don't come in individual packets. They come in a group. Social Security, VA, and SBP are all linked together. They have been that way ever since the inception.

We were privileged to work with the families of the Gander air crash, of the Airborne Warning and Control System crash, and, of course, the 31 days we spent with the families in the Pentagon after the attack on the Pentagon. The understanding of benefits by the members of the Armed Forces is very, very difficult because of their complexity of the three bureaucracies that I just mentioned.

We have presented a computer program that gives each individual family their benefits for the rest of their life if their spouse dies. I was very privileged in helping put this together. Right now, as far as Active Duty, the Army G-1, General Rochelle, has contracted that every single person on Active Duty in the Army, Active Duty Army, has their benefits up to date every single day.

They can go online at myarmybenefits, and they can see their individual family benefits from Social Security, VA, and SBP tied together for them and where they can discuss that with their family if they are going to be deployed or if they are going to retire. They can “what if” if they get promoted, “what if” if they have a child, “what if” if they get married. How do these benefits all change?

It is very high tech. It is connected to the Defense Enrollment Eligibility Reporting System, so the individual doesn't even have to remember all his data. We are very proud of that. It is helping, Mr. Chairman, in the education so that people understand their benefits and don't get the idea that the benefits aren't that good because Congress has been very good with the benefits.

Just to give an example, I have an E-4 that I just helped the family with one child. The veteran that was killed was 20 years old. His spouse is 20 years old. The child is 1 year old. When I put all the benefits together and put a stream of benefits out to the mortality date of that 20-year-old spouse, which means that the assumption is that she lives to receive the benefits at 3 percent inflation, the value of the collective benefits for her and the child are \$2.7 million, with a present value of \$1.8 million.

That is not to mention the \$500,000 from the Servicemembers' Group Life Insurance (SGLI) and the death gratuity and also the \$41,000 for education benefits from the VA. All benefits can always be improved for our families, but the basis that is existing now is a very, very good base with the law as it is.

I hope that if my expertise would be able to help answer any questions, I am just very honored to be here to try to help with that particular task.

Thank you, sir.

Senator BEN NELSON. Thank you, and thank you for that example.

We will do 5 minute rounds here.

You gave us an example of the full range of benefits. How does this compare to what might be available in the civilian sector? Do you have any comparative information, or would anybody else have some comparative information about how the benefits that you have just described might compare to the civilian industry?

Captain SNYDER. Sir, I don't have any particular knowledge on the individual IBMs, General Motors, and all. I can tell you that for someone in this category of this rank and capability and job description, the benefits would be nowhere near. I know officers of corporations that don't have \$500,000 worth of insurance and things.

But it is for a different thing. We are here to take care of those survivors of those that served, and it is doing a good job. Overall, I believe that the military benefits are better because they are controlled by the Continuous Process Improvement. They increase with inflation, as I said in the example I gave of 3 percent inflation.

Most benefits on the outside, even in my own company, we don't have cost of living adjustments. We can't afford it.

Senator BEN NELSON. That is what I was trying to get across. I don't think that this level of benefit is available outside at the level you are talking about.

Colonel STROBRIDGE. Sir, we have done some research on this. We think the most comparable group are police and firefighters. In large cities with police and firefighters, our experience is most of those folks, if a member is killed in the line of duty, the survivor gets 100 percent of pay for life.

Senator BEN NELSON. One hundred percent of pay for life?

Colonel STROBRIDGE. Yes, sir. I think I would have a little bit different opinion. One of the concerns is, and particularly when we are talking about the SBP-DIC issue, 94 percent of those widows did not get the big cash payments we are talking about. They got death gratuities of \$3,000.

They get SGLIs of \$50,000, which the member paid for, by the way. That is not a gift from the government. The member paid a premium for it. That money is long since gone, and these widows are living on basically \$14,000 a year.

You can extrapolate that for X number of years in the future, and it looks like a big number. That doesn't change the fact that it is \$14,000 a year. I think everybody in here would have a little problem living on that.

Senator BEN NELSON. Would the benefits, Captain Snyder, for the spouse be discontinued upon remarriage?

Captain SNYDER. They are discontinued if remarriage is before a certain age. For the VA, it is 57. For the SBP, it is 55, and for Social Security, it is age 60. But all start back up again if that spouse's second marriage terminates for death, divorce, or annulment. So that is another feature in there.

The DIC-SBP is a very emotional issue, and the programs were never meant to be individual and draw both. They were never meant that way. The costing is based on that. If anything can be improved, it is better. But there is a tremendous value to each of the benefits that are there now.

Senator BEN NELSON. Ms. Holleman, could you give us your thoughts on the progress we have made, but the progress that remains to be made on concurrent receipt? Is that one of the areas that you are interested in?

Ms. HOLLEMAN. We are all interested in it.

Senator BEN NELSON. I know you all are, but I want to make sure.

Ms. HOLLEMAN. That was not what I focused on, but I would certainly be happy to discuss that. Obviously, we have been pushing and everyone here has been hoping that Congress would make continued steps, as they have, to end this offset. There have been, as this town loves steps, and we have had several steps. As Colonel Strobridge said, we were very pleased at the administration's proposal concerning Chapter 61 retirees being included in concurrent receipt, and that is yet another step. We hope that will appear in the NDAA this coming year.

We hope, indeed, that the final step, which are the people at 10 to 40 percent, longevity retirees be included in the administration proposal. It is clear that the 10 to 40 percent Chapter 61s will, in years 4 and 5, be included. Then the only people left out of getting the two appropriate pays would be the 10 to 40 percent longevity retirees. It is only honest to tell you, I will be back asking for that as well.

Mr. BARNES. Mr. Chairman?

Senator BEN NELSON. Yes.

Mr. BARNES. If I could just clarify, the Fleet Reserve Association, as with TMC, has a longstanding objective of full concurrent receipt for all disabled military personnel. Retired pay and disability pay are paid for different reasons. Retired pay for service, disability pay for the physical impact of that. That is part and parcel to that policy or our objective of full concurrent receipt for all disabled military retirees.

I appreciate your attention to this and the progress that has been made on this issue, and I also concur with Deirdre's comments.

Senator BEN NELSON. I must admit, as we have attempted to make the progress and have, it has been much more difficult than I think many might assume going into it. But we believe that we need to continue to try to make that sort of progress.

Ms. HOLLEMAN. May I add, as Joe has said, both retired pay and disability pay are two different payments for two different services or events or losses. The same thing is true with SBP and DIC.

Senator BEN NELSON. Senator Graham.

Senator GRAHAM. Thank you.

Along those lines, the dilemma we have is that, yes, they are two different events. I totally agree with that, but it is coming out of one basic pocket here, and that pocket is not large enough, in my opinion, to meet all the needs of the Active-Duty Forces. It is not sufficient enough to meet growing personnel costs from the Active-Duty Reserve side. It is not sufficient enough to meet weapons modernization.

We have a real dilemma as a Nation here. Secretary Gates said about curbing the growth of the health care budget in the future, he has described it as "eating the Department alive." Twelve percent of the entire DOD's budget in 2015 is going to be health care costs.

I have two questions. One is on the quality side, and the other is the cost side. We have a TRICARE system, which you are all intimately familiar with, and we get conflicting reports about the quality of TRICARE. I guess it depends who you ask. I thought I would ask you all, the people who use it, how would you rate this system? What could we do to improve quality and access?

Then I will ask you a question about cost. How we come to grips with this dilemma that the military budget, DOD's budget—something has to give here. We either have to get more money or do something differently.

On the quality of TRICARE, from an A to an F, give me your thoughts and a short comment as to why you picked whatever you did.

Colonel STROBRIDGE. Yes, sir. I can start since I covered health care. I think I would give it a solid C.

Senator GRAHAM. It got me through school, but I wouldn't recommend that. [Laughter.]

Colonel STROBRIDGE. Yes, sir. You are absolutely right that the assessment depends on who you talk to. I think the Secretary of Defense himself said, in looking at a recent set of surveys that said

military people are less satisfied with their health care than private sector citizens.

Senator GRAHAM. Briefly, could you tell me what are the major deficiencies you think?

Colonel STROBRIDGE. I think the primary one, sir, is access. There are many people who have great difficulty finding a doctor who will accept TRICARE.

Senator GRAHAM. Is that because of reimbursements?

Colonel STROBRIDGE. Yes, sir. That is a large part of it. There are two reasons. One is the cost of reimbursements. One is the administrative hassle associated with TRICARE that doctors don't get from other health care systems. Those are the two primary things.

Senator GRAHAM. Anybody else who would like to weigh in here?

Captain PUZON. Yes, sir. From the Guard and Reserve perspective, and a personal level. Let me do the Guard and Reserve first. The further you get away from the military treatment facility, the less they know what TRICARE is and the less it is accessed.

Senator GRAHAM. We provided TRICARE eligibility to Guard and reservists years ago.

Captain PUZON. Right.

Senator GRAHAM. Has that been helpful to the force?

Captain PUZON. Oh, yes, sir. Thank you very much for that.

On a personal level, I would say that I would give it a B plus. But again, it comes back to access, people wanting to actually take it.

Senator GRAHAM. Gotcha.

Mr. BARNES. Senator, I would just add, I concur with the comments about access. We hear this, and we are surprised in our interactions with Active Duty personnel that they have challenges with access, particularly with regard to dependents and spouses, and that varies in different places around the country.

I also concur with the reimbursement issues that were mentioned here. Overall, I would give it a B to a B minus.

Senator GRAHAM. Captain Snyder? Ms. Holleman?

Ms. HOLLEMAN. Yes, I agree. I would say B once you get it. Again, it is an access question, and it is a complicated question. It is a complicated exotic system, and particularly for family members. Their dismay is often not about the care itself, but all the problems and the hoops to get through and understand, and then they move and they have to learn them all over again. I think that is a great deal of the difficulty.

Senator GRAHAM. Captain Snyder?

Captain SNYDER. Sir, I agree with the access problem, but personally, I think in a bigger picture, at sometime we are going to have to deal with the number of entitlements for health care. In this area, I have been very blessed for 43 years since I retired out of Walter Reed Army Medical Center (WRAMC). But I can go to WRAMC. I can go to the VA. I can use my TRICARE, which I did. Now I can use Medicare. All those programs are operating at the same time.

I don't know what the answer is. I just know that the problems that get rooted into one of the systems like access to military treatment facilities once you retire—now I retired with a combat dis-

ability. So I can always go to WRAMC for those areas that I need treatment—

Senator GRAHAM. But a Category 8 veteran will have a hard time doing that, right?

Captain SNYDER. Right. Those other hospitals are there for them, but the cost compounds by just having start-up costs for all the ones that have to be operated. I am just throwing that out as a futuristic thing because I think it is going to come around.

Senator GRAHAM. I have been thinking for a long time that when you retire from the military, maybe you should go into a VA system that could accommodate more patients and offer more services, and it is taking up the military's budget when you are talking about down the road, just sort of limit the military health care footprint to the Active-Duty Forces and their families.

I don't know if that is the smart thing to do, but you have nailed it right there. You have nailed it. Yes?

Colonel STROBRIDGE. Yes, sir. That is something TMC has addressed specifically, and we see great difficulties with that.

Senator GRAHAM. In the current system, it would be almost impossible. But somebody has to get a grip on this.

One last thing, and then I have to go. They tell me that in 1995, the TRICARE beneficiaries, DOD health care beneficiaries, paid 27 percent of their health care cost. Today, it is 12 percent, and that is what you were getting to, Mr. Chairman. The Bush administration had some pretty draconian premium increases that were just too much too quick.

This committee has been working with your groups and others to find ways to make health care more efficient. What can we do to improve the quality of care? More preventive medicine. Before we ask for more money, we have to find savings first.

Last question, have we accomplished anything on streamlining the savings part, and what do we do long term about the ever-increasing amount of health care that is coming through DOD's budget?

We have to somehow get ahead of this. I don't know if we can maintain 12 percent forever. That is just something that has to give eventually, and I want a rational way to get there, not putting people at risk or asking more than they can give all at one time. What is your view of our reform efforts here?

Colonel STROBRIDGE. Frankly, sir, I think most of the savings efforts have been due to the efforts of this committee.

Senator GRAHAM. Yes, we have pushed the system. Has it worked, I guess, is what I am saying?

Colonel STROBRIDGE. Some of it has. Certainly the Federal pricing for the retail pharmacy, although I am not even sure that has been implemented yet. But that will generate big savings. That was something, unfortunately, we had to push and you had to push to get it done.

Senator GRAHAM. Yes, and I want to go to the systems and say you have to give some before we ask from others.

Colonel STROBRIDGE. Yes, sir. Getting back to your point about the 27 percent, we had a meeting with you 3 years ago.

Senator GRAHAM. Right.

Colonel STROBRIDGE. One of the points you made was why don't you all get together and talk about the numbers? We have been trying ever since. We have never gotten an explanation of what went into that 27 percent. We have some difficulties.

Senator GRAHAM. Mr. Chairman, my time is up. I think this is a good area for the committee to keep pushing. To make sure that they give us an accounting of this 27 percent and these reforms that you gave us that from a user's point of view would make this system more efficient. We need to have another meeting with DOD officials about cleaning up the program, making it more efficient.

Then, quite frankly, as I told you 3 years ago, there is going to come a day when we are going to have to look at the population and say, based on the ability to pay, we are going to have to pay more down the road.

Colonel STROBRIDGE. Yes, sir. We have had several of those. You remember the list that we gave you. We provided those to a bunch of different folks in DOD. Usually they say, "gee, there are some good ideas in here," and we don't hear that much. In fairness, there have been a couple of them that have been implemented.

Senator GRAHAM. Mr. Chairman, let us reinstitute that whole inquiry.

Colonel STROBRIDGE. Yes, sir.

Senator BEN NELSON. I might add that when these, as you say, draconian increases were being discussed, poor Secretary Chu had to engage with us with an awful lot of discussion about the absence of strong actuarial morbidity studies to establish either the amount of the increase as being actuarially sound or what the true actuarial cost should be.

I do think the whole area needs to be evaluated and studied, and there clearly is something wrong if we are moving down to a lower—if it is true that we are, that the individual is paying less premium percentage for the cost, trending downwards, that isn't sustainable. But we need to know whether that is the case or not.

Being told that is one thing. Having actuaries come in and establish true what the loss costs are, I think, would be very helpful.

Senator GRAHAM. Thank you for your testimony.

Senator BEN NELSON. Thank you.

Ms. Holleman, the use of this trust fund that you made reference to, you say something like 1,500?

Ms. HOLLEMAN. That is it. Only 1,500.

Senator BEN NELSON. Fifteen hundred children. These are special needs children of a deceased member, or what do they consist of?

Ms. HOLLEMAN. Yes. Usually, that is what it is. The special needs trust is a creation really of the Federal Government, but then implemented by State governments and the appropriate court. You can establish a special needs trust. It protects, when I say "children," many of these children are adults. But they were children of the servicemember, and they are severely disabled.

The special needs trust protects them in many ways, including having the qualification for other programs and care that TRICARE does not cover, but that they would be disqualified by getting the direct payment or having an individual get the direct payment. But they are covered and protected.

Senator BEN NELSON. Would this be for health care, or would it be for continuing life care, living expenses?

Ms. HOLLEMAN. Both. But often, for instance, if this is somebody who should live in a group home, that is not exactly health care.

Senator BEN NELSON. Living expenses would be, yes.

Ms. HOLLEMAN. Living expenses, certain psychological and other programs that are provided that are often means tested by the States. The reason that the special needs trust was created was to protect that and to allow them to have the benefit of the State as well.

But at this point in time, DFAS just cannot pay to a trust. It is not expensive, but it will make huge differences to these children.

Senator BEN NELSON. It doesn't increase the cost. It just directs where the expenditure could be made?

Ms. HOLLEMAN. The only increase I could see is that there was a Congressional Budget Office report that said it would be \$88 million in 10 years, and the cost would be, I never get an explanation of what Medicaid—I think what the cost would be, would be Medicaid.

Senator BEN NELSON. Oh, I see.

Ms. HOLLEMAN. That, in fact, is what one of the things special needs trust is created to allow people to use.

Senator BEN NELSON. Something I need to learn a little bit more about.

Yes, Captain Snyder?

Captain SNYDER. Sir, I might comment on that because I have helped a lot of families with this, and there is the payment of a Government entitlement that has to go to an individual. It can be deposited into a special needs trust, but the individual is going to get the 1099 because it has to go to a human being. That is the problem.

Ms. HOLLEMAN. Right.

Captain SNYDER. The other problem is it is not just SBP. It is Social Security. Social Security will cause the same problem. So if you fix the SBP that it is not part of income to go in for this, and then Social Security comes in because the child, upon the death of the father, will receive 75 percent of the father's benefit, which is greater than his Supplemental Security Income benefit. Before we had the SBP law in 1972, there was a similar problem with Social Security.

If you disconnect these three things that are always operating on the benefits and you fix one, there is the domino theory.

Senator BEN NELSON. That is something new to me that I know about the trust, but I didn't realize that the Government can't make that payment directly. So, some authorization?

Captain SNYDER. I think it has been explained to me as the legal problem is the trust can change. The human being can't change. I mean, unless it dies, that child is going to get the benefit.

I have a 51-year-old right now that his father died, the mother had SBP for herself and the child, no problem. The child was getting it. Now the mother died in January, so the child is getting the SBP, the father's Social Security, and the VA, because his death was service-connected of Agent Orange, that child is getting about

\$7,000 a month, and it is too much money to have it get into the other benefits.

But that much from all three of the benefits again is paying his costs almost better than Medicaid, but there are some things like private picking up, bus transportation, or wheelchairs. But the brothers now are saying they have enough money to take care of him on their own.

It is not an easy issue when a Government entitlement is trying to go to a nonhuman being.

Colonel STROBRIDGE. The specific problem with the law, sir, is the SBP law explicitly states that SBP can only be paid to a natural person. The legislation at hand would add another subparagraph that said it could be paid to a special needs trust.

Ms. HOLLEMAN. Of course, the special needs trusts are watched and administered and protected by the court, the surrogate court or the probate court or whatever court the State has that handles such things and are very expert in handling those matters.

Senator BEN NELSON. The potential recipient, the beneficiary doesn't have the capacity to direct, to sign away or authorize the assignment to that trust because they don't have the capacity—

Colonel STROBRIDGE. It is illegal.

Senator BEN NELSON. —and it is illegal.

Ms. HOLLEMAN. Yes. It is illegal, even if they did.

Captain SNYDER. It is the income of the person that causes the problem, and that has to be reported. VA does not count it. But Social Security and SBP do, and that is where, again, the deposit can go to the trust account. There is no problem with getting the money in the trust account. But the 1099 is going to go to the human being and not to the trust.

Senator BEN NELSON. Colonel Strobridge, you may not agree?

Colonel STROBRIDGE. The DFAS has sent letters to these folks—

Captain SNYDER. They can't.

Colonel STROBRIDGE. —sir, that says they will not deposit it in a special needs trust.

Ms. HOLLEMAN. Right.

Colonel STROBRIDGE. It is illegal. I have a letter, multiple letters that say that.

Senator BEN NELSON. I think that is something we ought to take a look at. Certainly, we don't want to see money sent off into eight different directions without adequate controls. But it does seem that that is a bit behind the times that you can't do that.

Obviously, there are good reasons for it to be directed into an account like that, particularly probably less chance of somebody intercepting the money. All kinds of other hazards that are out there that at least this would be direct deposit, and that is a fairly common thing today. It wasn't common maybe so many years ago when this was put together.

We can take a look at that as well, see what we can do to at least create the authorization so it is not illegal.

This is just generally to the panel. What priorities have we not raised that you think we should raise? What are we not doing that you individually think we should be looking at or doing? Quickly, if you could.

Mr. BARNES. Mr. Chairman, I will lead off here. One of two issues that are addressed in the Fleet Reserve Association's statement is the voting issue, which is very important. There have been some hearings on Capitol Hill with regard to absentee ballots.

Senator BEN NELSON. Oh, yes. I am on that committee.

Mr. BARNES. That is a very challenging issue. Anyway, that is one issue.

The other issue is reform, needed reform of the Uniformed Services Former Spouses Protection Act.

Thank you for asking.

Senator BEN NELSON. Thank you.

Captain PUZON. Yes, sir. I mentioned it, but I want to do it again. It is dental coverage for our Guard and reservists before they go, mobilize, and afterwards. That is a big issue for the Guard and Reserve.

Colonel STROBRIDGE. One that I would like to add, sir, that we have discussed with your staff as a possibility is the Active Duty dependent dental plan. That coverage for orthodontia has not changed since 2001 or 2002. Obviously, the cost of braces are going up. Something to provide for the Active Duty families to allow that adjustment would be very helpful.

Captain SNYDER. Sir, I think one thing that would help surviving children is to release them from the alternative minimum tax on the SBP that they get. That is causing dollars to not be able to be used for the children. We are trying to give money to the children. This was a different type of child, although the children do have the money, and they should report it for taxation, but not the alternative minimum tax. I think that would help them a great deal.

Senator BEN NELSON. Good point.

Ms. Holleman, we will let you wrap it up.

Ms. HOLLEMAN. I was going to say, but Captain Snyder said it much better than I.

We are talking about dental. I will throw out the last part of the dental. The retiree dental plan, which has been improved in the last several years, and we are grateful for it, is still completely paid by the members. Any support that could be given by the Federal Government would be a great help.

Senator BEN NELSON. Thank you. You have been very helpful, and we appreciate not only the information you have given to us here and continue to provide us, but what you do for the men and women in uniform and those who have hung up those uniforms.

We thank you so much for your participation. We appreciate it. Thank you.

The hearing is adjourned.

[Questions for the record with answers supplied follow:]

QUESTION SUBMITTED BY SENATOR ROLAND W. BURRIS

DISLOCATION ALLOWANCE

1. Senator BURRIS. General Rochelle, Admiral Ferguson, General Newton, and General Coleman, please clarify your policy regarding servicemembers receiving dislocation allowance (DLA) entitlement during their final permanent change of station (PCS) move on the occasion of their retirement. Why isn't this entitlement extended to servicemembers in this category?

General ROCHELLE. DLA partially reimburses a member, with or without dependents, for the moving in and out expenses incurred when a member relocates during

a Government-directed PCS move, a move ordered at the convenience of the Government, or movement incident to an evacuation. Retirement is not a PCS reassignment enforced by the Government. The member selects the location prior to retirement and it may or may not result in a final move. The retiree is authorized a fully funded Government home of selection move to most places in the world. Since retirement is not unforeseen nor Government directed, the expenses incurred with the setting up of the member's retirement location is borne by the member. Therefore, the Army, in accordance with the statute, does not authorize DLA to members for their retirement move.

Admiral FERGUSON. Consistent with 37 U.S.C. § 407(e), and chapter 5 of the Joint Federal Travel Regulations, members are not entitled to payment of DLA when ordered from home to the member's first duty station, or from the last duty station to the member's home.

General NEWTON. Statute prohibits retiring servicemembers from receiving a DLA during their final PCS. Specifically, title 37, U.S.C., section 407(e) states: "[a] member is not entitled to payment of a DLA . . . from the member's last duty station to the member's home."

General COLEMAN. This entitlement is not extended to servicemembers incident to their retirement because, per the law (title 37, section 407(e)), it is specifically prohibited. It is also not authorized for servicemembers who separate. The Marine Corps and the Department of Defense (DOD) considered changing the law to allow such an entitlement for servicemembers incident to their retirement in the fiscal year 2004 and fiscal year 2005 Unified Legislative Budget cycles. The Marine Corps and DOD decided to not support any such change for the following reasons: the high cost to taxpayers with no service return on investment, no apparent need, and the inequity it would create unless it was implemented so as to also apply to servicemembers who separate (who experience similar relocation expenses). The purpose of DLA is to partially reimburse servicemembers the expenses they incur in relocating their household incident to PCS orders. By partially reimbursing a servicemember such expenses, it reduces the servicemember's financial burden of a PCS, increases their satisfaction with PCS orders, makes them more amenable to PCS orders in the future, increases their quality of life, and positively affects retention. No such service return on investment is gained for servicemembers who retire or separate.

QUESTIONS SUBMITTED BY SENATOR ROGER F. WICKER

PERMANENT CHANGE OF STATION

2. Senator WICKER. Admiral Ferguson, the Navy recently announced a hold for the remainder of this fiscal year on PCS moves for 14,000 sailors who have yet to receive official orders. It is my understanding that this is an extremely large quality of life issue as most families move over the summer, in between school years, and that the halt in duty station changes now means some children will be changing schools mid-year.

During your testimony, you stated that if the House version of the fiscal year 2009 supplemental were passed with funding for manpower that it would "cover the Navy's shortfall." Does this mean that the supplemental will allow the Navy to remove its freeze on PCS moves?

Admiral FERGUSON. Yes. Should funding become available, we will immediately restore the full execution of planned PCS moves to the greatest extent possible.

3. Senator WICKER. Admiral Ferguson, looking forward, it is my understanding that the PCS freeze was instituted when the Office of the Chief of Naval Operations reduced the PCS budget by \$92 million and applied this funding to the shortfall in the ship repair budget. It is also my understanding that all the PCS moves that would have occurred this summer are now being postponed until next fiscal year. I find this troubling as we have already seen next year's budget and the money requested for PCS in fiscal year 2010 is \$14 million less than that appropriated for fiscal year 2009 (\$854 million vs. \$868 million) and it seems as though we will start fiscal year 2010 with \$92 million worth of fiscal year 2009 PCS moves to execute. Additionally, the only thing listed on the Navy's fiscal year 2010 unfunded list is \$395 million worth of unfunded ship and aviation maintenance. Is the Navy going to run into the same shortfall for personnel funding in fiscal year 2010?

Admiral FERGUSON. The decision to delay PCS moves was to mitigate a shortfall within the Military Personnel, Navy (MP,N) account. This shortage was not applied to the shortfall in the ship repair budget. This mitigation action was necessary due

to end strength over-execution caused by higher than anticipated retention and lower than anticipated attrition, driven largely by current economic conditions. The PCS delay impacts only certain moves. We continue to execute individual augmentee moves, accession, and separation moves, selected joint and graduate education moves, organizational moves, and other high priority readiness moves.

Should funding become available through the supplemental, we will immediately restore the PCS program to the greatest extent possible, which would minimize any carry-over unplanned moves for fiscal year 2010 and reduce the risk of carrying over a funding shortfall.

4. Senator WICKER. Admiral Ferguson, please explain in detail how the Navy plans to prevent this from happening in 2010 and beyond.

Admiral FERGUSON. Navy allocates resources within the MP,N appropriation using well-established programming and budgeting practices and based upon the best projections and estimates available at the time the program and budget are developed. The MP,N program supports an executable fiscal year 2010 manpower strategy with the necessary funds for ongoing program requirements. However, with 5 percent of the MP,N account in discretionary funding, Navy has limited flexibility to address execution-year adjustments such as our recent experience with end strength over-execution caused by higher than anticipated retention and lower than anticipated attrition. Given that the nature of the MP,N account is to resource people programs, execution-year adjustments inevitably impact sailors, their families, and the programs that support them. Nonetheless, such adjustments are made reluctantly and only after all alternatives for maintaining optimum military personnel readiness are carefully evaluated.

[Whereupon, at 4:27 p.m., the subcommittee adjourned.]

**DEPARTMENT OF DEFENSE AUTHORIZATION
FOR APPROPRIATIONS FOR FISCAL YEAR
2010**

WEDNESDAY, JUNE 3, 2009

U.S. SENATE,
SUBCOMMITTEE ON PERSONNEL,
COMMITTEE ON ARMED SERVICES,
Washington, DC.

**SUPPORT FOR MILITARY FAMILY PROGRAMS, POLICIES,
AND INITIATIVES**

The subcommittee met, pursuant to notice, at 2:31 p.m. in room SR-222, Russell Senate Office Building, Senator E. Benjamin Nelson (chairman of the subcommittee) presiding.

Committee members present: Senators E. Benjamin Nelson, Akaka, Burris, Graham, Chambliss, and Thune.

Majority staff member present: Gabriella Eisen, counsel.

Minority staff members present: Diana G. Tabler, professional staff member; and Richard F. Walsh, minority counsel.

Staff assistants present: Mary C. Holloway and Brian F. Sebold.

Committee members' assistants present: Ann Premer, assistant to Senator Ben Nelson; Nathan Davern, assistant to Senator Burris; Adam G. Brake, assistant to Senator Graham; and Clyde A. Taylor IV, assistant to Senator Chambliss.

STATEMENT OF SENATOR E. BENJAMIN NELSON, CHAIRMAN

Senator BEN NELSON. Good afternoon. I am going to call this hearing to order.

The subcommittee meets today to discuss support for military family programs, policies, and initiatives in review of the defense authorization request for fiscal year 2010 and the Future Years Defense Program.

More than 1.8 million family members of Active Duty service-members and 1.1 million dependents of Reserve component members make sacrifices each and every day, along with their service-members. These family members are an integral part of the force, and stress on the force affects the overall readiness of our Armed Forces.

Military families often face unique challenges and difficulties throughout their loved one's career, including frequent relocations and reassignments to bases across the country and overseas, as well as the various demands stemming from continued deployment of members from every Service.

The life of a military family member has never been an easy one. But in our eighth year of war, families are facing even more hardships, and it is clear that they play a very significant role in serving our country. Deployments are an undeniable strain on families. While a servicemember is away, spouses are often forced into the role of a single parent, juggling employment, childcare, and household duties each and every day, all the while living with the pressure of having a family member deployed to a combat zone.

Deployed servicemembers must be completely focused in theater, and they will experience less stress in the field if they are assured their families are being well taken care of back home.

It is imperative that families remain as resilient as possible in order to provide a stable environment for loved ones when they return home from those deployments. Families are often the first line of defense against Post-Traumatic Stress Disorder (PTSD) and suicide, but may be experiencing similar feelings themselves.

We must ensure that families and servicemembers have timely access to mental health resources and programs. We must make every dependent aware of the resources available to them to assist in everything from financial counseling to job placement to accessing quality healthcare and childcare.

Not only do we need to provide the resources, but we must also actively reach out to these families. Even when there are programs established, many times people are not able to reach out for themselves. In talking with spouses from my home State of Nebraska, I know how important it is to them that they have base and community support and they are contacted before, during, and after a servicemember's deployment. Just a phone call or a note to check in is meaningful, and we must encourage and support groups that take this sort of initiative.

In my mind, this outreach provides the kind of family support friends or a neighbor would offer. Oftentimes, these crucial support networks are missing for military families because they are stationed far away from family and friends.

Of course, deployments are not the only cause for stress for military families. Routine training exercise and deployments may take airmen and women away from their families for flight training and sailors away from their families to be aboard ship. Perhaps the biggest nondeployment issue facing military families is permanent changes of station.

Most servicemembers are moved from post to post every few years, and some may have to move even more often than that. Active duty families know to expect this, but that doesn't necessarily make the transition easier. Each time a family moves, they must once again arrange for childcare, assist their children in transition to a new school, and new healthcare providers, and searches for new jobs.

Additionally, we must not forget our single servicemembers. Their needs may be different, but their mothers, fathers, sisters, brothers, and children still require support.

Thousands of military families have taken it upon themselves to confront these challenges by volunteering to provide critical assistance during deployments to servicemembers, their spouses, and children, as well as giving vital support to families relocating to a

new area. We are very lucky to have some of these volunteers with us here today.

Sadly, many families have made the ultimate sacrifice in the loss of a servicemember who proudly defended our Nation, and we must think of them as well.

We in Congress have tried to do our part to help, and have made family support programs and initiatives a high priority. In recent bills, we have called for the establishment of a Department of Defense (DOD) Military Family Readiness Council, education, training, and tuition assistance to help spouses maintain careers, respite care for parents caring for children on their own due to deployment, additional time off for family members to prepare for deployment, authorized increased levels of Impact Aid for military dependents' education, and established and supported the nationwide expansion of the DOD's Yellow Ribbon Reintegration Program, which is aimed at helping members and families of the Guard and Reserve.

Just this week, Senators Levin, McCain, Graham, and I introduced a Senate resolution, which passed unanimously yesterday encouraging the recognition of 2009 as the "Year of the Military Family". It is my hope that this resolution increases awareness of the great sacrifices military families make and inspire Americans everywhere to express our appreciation.

But there is still more to do. We have always supported our military families, but they need our Nation's support now more than ever. I commend the Department and each of the Services for placing the support of our military families among their top budget priorities this year.

We look forward to hearing how each Service and DOD plan to sustain family readiness and improve support for these military family members who bravely serve this Nation alongside their servicemembers and what Congress can do to help.

Now I would like to welcome our ranking member, my good friend Senator Lindsey Graham. As always, we are delighted to have you here with us today to discuss these critical issues. Whether you have been the chair or I have been the chair, we have always been able to work together to make this a bipartisan subcommittee. It is my pleasure to turn it over to you for any opening statements you may want to make.

STATEMENT OF SENATOR LINDSEY GRAHAM

Senator GRAHAM. Thank you, Mr. Chairman.

One of the joys of being in the Senate is serving on this subcommittee. We have Senator Thune here and Senator Akaka, and this Personnel Subcommittee is one of the most bipartisan places in the Senate. You have done a great job as chairman, and I have enjoyed working with you.

From the family perspective, there is a military saying, "One team, one fight." You are definitely part of the team, and you are definitely in this fight. The families are, in many ways, the unsung heroes of this war.

There are 40,000 Active Duty military personnel, 28,000 Reserve personnel, and their families in 7 military installations throughout South Carolina. I am sure that is true of Hawaii, South Dakota,

Nebraska. Our National Guard has been utilized unlike any time since World War II. Sixty percent of our active forces have been deployed, and 46 percent of our Reserves have deployed to Iraq or Afghanistan. That is a phenomenal number.

As the soldiers, sailors, airmen, and marines leave, family members go to the fight, but just in a different way. In some ways, it is harder because they know what is going on with them, you don't. That creates its own kind of stress.

One of the things that I am proud of, working with Senator McCain and the chairman here, the GI bill of rights, for the first time, is more robust. But for the first time, a career member can transfer their benefits to their families. There are going to be some family members, sons and daughters of Active Duty military members and reservists, that will be able to go to college on the military members GI bill of rights. I think that really helps families and leverages retired pay.

Our subcommittee has increased military pay 35 percent since 2000. I wish we could have done more, but I think that is a recognition that you mean a lot to us. Now you have TRICARE for Guard and Reserve families, a real advancement. We have improved survivor benefits, increased authorization for childcare, reintegration programs for the Guard and Reserve, the Wounded Warrior program. A DOD family readiness council has been created.

I appreciate what the President has done in the budget. There is some good news in his budget that we have increased money available to families. Childcare and family counseling has doubled since 2001. Nearly 105,000 members of the Reserve and Guard and their families have healthcare coverage through TRICARE. The administration has increased family benefits at a time when we need it.

I look forward to hearing from you about what we can do better, what we need to do more of, but if nothing else, just to say thank you.

Thank you, Mr. Chairman.

Senator BEN NELSON. Thank you, Senator Graham.

Senator Thune, do you have any opening comments you might like to make?

Senator THUNE. Mr. Chairman, thank you for holding this hearing and thanks to our panelists, the spouses of our military leaders in this country, for being here today and for the sacrifices you all make every day.

There isn't any issue, as Senator Graham mentioned, that we deal with that is more important. This is a team fight, and there have been a number of things, hopefully, policies, we have put in place that have improved just the way in which we deal with military families and the way that we value the contributions that they make.

But there is an old saying that the biggest room in the house is the room for improvement, and we are always looking for things that we can do better to better serve the men and women who wear the uniform and defend and protect us.

I can't tell you how much we appreciate the incredible sacrifices that our families make. Thank you for being here today.

Mr. Chairman, thank you for holding what is a very important hearing. Thanks.

Senator BEN NELSON. Thank you.

Senator Akaka, any opening remarks you might like to make?

Senator AKAKA. Thank you so much, Mr. Chairman. Thank you for your leadership and your emphasis on families.

I would like to say aloha and welcome to our spouses that are here today on this panel. Along with your husbands, you are also military heroes, heroes for the selfless service that you provide and contribute to this great Nation.

The families, I think, have not been given the focus that you should have because you are the ones that really support those on the front line and help them in their readiness for whatever activity they are facing.

I would also like to offer my gratitude and thanks to the National Military Family Association (NMFA). For over 40 years, they have remained committed to supporting and improving the lives of our military families. I am so glad you are here. I am glad to be here to ask you some questions, and I look forward to your testimony.

Thank you very much, Mr. Chairman.

Senator BEN NELSON. Thank you, Senator Akaka.

Without objection, all witness written testimony submitted for today's hearing will be included in the record.

Additionally, we have received statements from the Fleet Reserve Association; Ms. Kristina Kaufman Turner, an Army wife and military advocate; Ms. Stacy Bannerman, an Army National Guard Blue Star wife; and members of the group Military Families Speak Out. Without objection, all of these statements will be included in the record of this hearing.

Now it is my pleasure to introduce our first panel. We have with us Ms. Sheila L. Casey, wife of General George W. Casey, Chief of Staff of our United States Army. It is good to see you again, Ms. Casey.

Ms. Jennifer A. Mancini, wife of Chief Petty Officer Steven F. Mancini, United States Navy.

Ms. Colleen K. Smith, wife of Colonel Andrew H. Smith, Commanding Officer, Marine Barracks, Washington, DC, United States Marine Corps.

Ms. Patricia Davis, wife of Chief Master Sergeant James E. Davis, the Command Master Chief Sergeant of the 316th Wing at Andrews Air Force Base.

Ms. Kathleen Moakler, Director of Government Relations for the NMFA and an Army spouse and mother. We are glad to have you back, Ms. Moakler. Nice to see you again.

First, I want to express our gratitude to each of you and each of your spouses because, together, you have proudly served our country together, and I express my deep appreciation to all of you for taking the time to be here. We look forward to hearing from you. There are many issues that are facing military families today, and we welcome your very frank assessments of the strengths and the weaknesses of the systems that are supporting the military families, as well as, obviously, any recommendations that you might make to help us.

We will begin by hearing the opening statements. Following that, there will be some questions.

Ms. Casey, again, thank you for being here, and we will be honored to have you start us off this afternoon.

STATEMENT OF SHEILA L. CASEY, WIFE OF GENERAL GEORGE W. CASEY, JR., USA, CHIEF OF STAFF, UNITED STATES ARMY

Ms. CASEY. Mr. Chairman, Senator Graham, and distinguished members of this subcommittee, thank you for the opportunity to share with you my perspectives and my personal experience as an Army spouse for almost 4 decades. I am also the mother of a soldier and a long-time Army volunteer.

I began my Army experience when I married George 39 years ago, and like all other Army spouses, I have experienced the ups and downs of military life. I have moved quite a bit—23 times, in fact—and I have seen my husband deploy overseas several times, once for 32 months to Iraq. All the while I have balanced raising two sons and also having a career of my own.

Over the last 2 years, I have had the opportunity and privilege of traveling with George all over with the United States Army, meeting with family members, soldiers, wounded warriors, parents, surviving spouses, and their families and children.

I am amazed at what military families and spouses are doing on a daily basis. Their self-sacrifice and their dedication are awe-inspiring. But I will tell you that in talking with them, I have grown increasingly concerned. Army families are stretched, and they are stressed. I have often referred to them as the most brittle part of the force.

What I am starting to see as I go around speaking with them is that families are so stressed that everything is becoming an issue. Things that never seemed to be an issue before are now becoming a big deal.

I am also seeing signs of a force under immense strain, and this concerns me greatly. These signs, these indicators include cases of domestic violence, child neglect, as well as increases in suicides, alcohol abuse, and cases of PTSD.

We are also seeing slight upticks in our divorce rates, and I say slight because what I hear from people is they don't have time to get divorced.

I am also concerned about the family unit, specifically keeping them together. I am worried especially about our young, newly married Army families. Because with repeated deployments bearing down on them, these young families don't have enough time together to build strong bonds. They are particularly vulnerable to being stressed by the war.

Actually, what really keeps me awake at night are our children. The cumulative effects of repeated deployments by their parents, coupled with the stress of daily life in a military family, is having an effect on them. That worries me.

I was up at Fort Drum, and I will never forget this young woman who stood, and through her sobs, she talked about her fears that her two small children would not know their father, who spent so much time deployed. She was particularly concerned about the inability for them to attach to him emotionally with his military serv-

ice that keeps him in and out of their lives. Quite frankly, the only thing I could do was hold her as she cried.

It is important to recognize that what families are dealing with are the cumulative effects of nearly 8 years of war. Because it is cumulative, the negative effects are not easily reversed. My concern is that we are going to see these things appear again later, when families have the time to really reintegrate.

My sense is that more services and support will be needed as dwell time increases. We need to be ready for it because if we don't stay ahead and in front of these indicators, we won't be able to react fast enough.

I would also like to share with you the three things that I hear from Army families everywhere I go. The first is the lack of access to quality medical care and mental healthcare. The lack of the ability to get appointments, concerns from providers who, because of the cost-prohibitive reimbursement rates, are not taking TRICARE patients.

There is a lack of mental healthcare professionals in on-post facilities, but also in the outlying communities. Many have to drive distances to find care, and waiting periods for appointments are long.

Second, there is a widespread concern about the access to quality education for our children and our spouses. Initiatives like the Interstate Compact, which is signed by many of the States that you represent here, and the post-September 11 GI bill are helping improve access to education. But there are still concerns out there about many of the school districts that Army families live in and the problems faced by our high school students as they transfer from school to school.

Third is the issue of spouse employment. Some Army spouses are having difficulty finding jobs. Some others find it a challenge to transfer their jobs as they move from post to post. Those in professions requiring licensing are faced with certification tests and fees each time they move. It is an added stressor on the family unit.

Mr. Chairman, the Army has certainly come a long way over the years in the level and quality of family support. Over the last 4 decades, I have seen family support evolve from a sort of informal alliance of spouses helping other spouses to a fully-regulated support network made up of family readiness groups, family readiness support assistance, and soldier and family assistance centers.

When George and I came into the Army, childcare centers were nurseries. Now we have state-of-the-art childcare centers. Army community services in the 1970s was nothing more than a lending closet. Now it is a full-service organization that deals with family advocacy issues, financial readiness support, pre- and post-deployment programs, as well as a myriad of educational programs that help families acclimate to Army life.

I have witnessed a culture change with regard to spouses working outside of the home. While I have managed to maintain my career during most of George's time in the Army, it has not always been easy. In the early days, spouses were highly discouraged from working outside of the home.

Mr. Chairman, when George was a youngster and moving from post to post with his brothers and sisters, they would throw the

five of them in the back of the station wagon and move to another post. They would be complaining about not wanting to leave where they have been. His mother would say to them, "Make the best of it." Today, Army families are sacrificing too much. We can no longer ask them to just make the best of it.

The continued commitment to this All-Volunteer Force is just too important to our Nation to leave it to that. It is important that we continue our investment in our military families.

Mr. Chairman, members of the committee, thank you very much, and thank you for your continued support to the Army and especially to our Army families.

Senator BEN NELSON. Thank you, Ms. Casey.

Ms. Mancini?

STATEMENT OF JENNIFER A. MANCINI, WIFE OF CHIEF PETTY OFFICER STEVEN F. MANCINI, USN

Ms. MANCINI. Chairman Nelson, Senator Graham, and members of the subcommittee, thank you for this great honor and opportunity to talk about Navy family issues close to my heart.

My name is Jennifer Mancini. I have stood by my husband for 17 years with three children, proudly watching him rise through the ranks, becoming a Chief Petty Officer, supporting him as he pulled away from the pier time and time again on amphibious ships and an aircraft carrier, presenting him his newborn babies at his homecomings and seeing the pride beam across his face, and praying for his safe return from his deployment where he patrolled the waterways in Iraq.

It has been my privilege to serve as an ombudsman for 7 years with fleet Navy commands and 3 years with expeditionary commands. Currently, I serve as force ombudsman for 32,000 naval expeditionary combat sailors and their families.

Navy expeditionary warriors stand shoulder-to-shoulder with Army, Marines, and National Guard serving in Iraq and Afghanistan at the tip of the spear. We face enduring stressful operations, fatigue, lack of decompression, and hyper-vigilance. Some sailors return home with physical wounds. Some sailors return home with invisible wounds, and some don't return at all.

Our commands deserve funding for combat-focused family readiness programs, including paid positions for our burned-out ombudsmen, for embedded mental health professionals, and for Navy Fleet and Family Support Programs designed specifically to address multiple deployments. This funding will maintain and enhance an already extraordinary force.

Families tell me they are frustrated and concerned with budget cutbacks. They wonder if their sailor will receive adequate training and supplies required to support the mission. Ombudsmen serve 10 to 20 hours a week, not a month, and sometimes more. We are tired and need relief and funding for paid positions. These concerns directly impact whether a spouse will encourage his or her sailor to reenlist.

As the first ombudsman for Riverine Squadron One, I experienced an incredible lack of training and support from fleet Navy, due to their lack of understanding for brown water sailors and expeditionary capabilities. Our families were shocked to see battle

gear coming home to their living rooms. The unknown was daunting because our sailors were not on ships, did not have the same operational tempo (OPTEMPO), and our deployments were on land.

Spouses of explosive ordnance disposal (EOD) sailors also experience unique stress. A group of EOD ombudsmen and I recently created the EOD mobile dive and salvage unit “battle book” to specifically address how to support and empower EOD families. This is a living document that will be passed forward with lessons learned from ombudsman to ombudsman.

In closing, I offer this quote from one of our spouses. After the loss of several of her husband’s friends, he called her from Iraq stating, “I am alone and unafraid.” After the call, she thought, “I am alone and very afraid.” This emphasizes what my testimony is about and why I am here.

Thank you for this incredible opportunity to speak with you about my Navy career and subjects close to my heart. I look forward to your questions.

Senator BEN NELSON. Thank you, Ms. Mancini. Thank you very much.

Ms. Smith?

STATEMENT OF COLLEEN K. SMITH, WIFE OF COLONEL ANDREW H. SMITH, USMC, COMMANDING OFFICER, MARINE BARRACKS, WASHINGTON, DC

Ms. SMITH. Chairman Nelson, Senator Graham, and distinguished members of the subcommittee, it is my pleasure to appear before you today to discuss issues that are near and dear to me, the families of our brave men and women in uniform.

By way of introduction, I am Colleen Smith, wife of Colonel Andrew Smith, United States Marine Corps.

Today, I would like to talk to you about several issues that are important to me—one, maintaining a healthy family life for our spouses and our children while our Marines are deployed; two, access to quality medical care; and three, the vital importance of on-base housing.

Drew and I have been married for 14 years. In that time he has deployed numerous times, and I have lived in 10 different homes. Our four children, ranging from ages 13 to 7, have all attended multiple schools. Our oldest, Victoria, who is in seventh grade, has already attended five different schools.

At one point, Drew missed three Christmases in 4 years and all of our birthdays and anniversaries in that time period. Through these experiences, I feel confident that I can speak with you today about the needs of our Marine Corps families.

The frequent overseas deployments that we have all experienced since 2001 seem to have become routine. What is not routine, however, are the challenges faced by the spouse and children who remain behind. As I mentioned, Drew spent considerable time deployed in recent years, as well as 3 years on recruiting. This has had a huge impact on our children.

However, answering questions like, “What will we do if something happens to Dad?” will never become routine. Nor is it routine to watch your children cry and fight not to let go of their father

as he prepares to deploy. While I have been through this multiple times, I am not a professional child psychologist. I am just trying to be the best mom I can be.

Access to professional counselors through the DOD healthcare system is a necessity for our children and our spouses. Dealing with the emotional toll of this ongoing conflict is essential if we are going to maintain healthy families.

It is important to note that it is not just our children that need this kind of quality counseling. I wrote a note of condolence to a friend whose husband was killed by a suicide improvised explosive device. The sudden loss of her husband left her with the reality that is often thought about, but rarely discussed, "the death of my spouse."

In this case, my friend was left with her four children, the same ages as mine. It is difficult to think that, at one point, it could have just as easily been my husband. Despite my sadness for her loss, I still needed to maintain my composure for my children.

This scenario highlights the need for greater access to counseling services for spouses as well. We all know how nice it is to hear "it is going to be all right" at the end of a long day. However, we often don't have someone there to tell us that. Only if we are in a healthy state of mind ourselves can we ensure a healthy, normal outlook for our children.

Additionally, this kind of counseling needs to be available for the spouses and children of our wounded marines as well as the ones we have lost. We have done a great job as a Nation in reaching out to our servicemembers to increase awareness of PTSD, depression, or other conditions. Now is the time to expand this benefit to our family members as well.

We need to establish a program making counseling available outside of base hospitals. We envision qualified personnel on our base or duty station who you could call and simply say, "My son is having nightmares since his dad is deployed," and they would see him without having to go through multiple layers of medical referrals.

To that end, childcare is a significant issue for the mental health of the parent who remains behind. More childcare should be available and at low or no cost to our families. A respite care type program for a spouse whose marine is deployed and has no one around to help would be a tremendous benefit.

As an example, free childcare at base gyms and fitness centers with the idea that exercise can improve attitude, increases well-being, and offers socialization. Many spouses would like to participate in fitness classes or other activities, but do not due to the lack of availability, cost, and limitations associated with childcare.

Hand-in-hand with access to quality counseling for our children and spouses is the ever-pressing need for quality healthcare. While we appreciate the urgent needs of our deployed forces, we, too, have pressing healthcare needs at home.

As you can imagine, with four children, I have made my fair share of doctors' visits. As those of you with children understand, it isn't always for a single problem. Yet I have seen signs in providers' offices that state "15 minutes per appointment" or "only one issue will be discussed per appointment."

It is unacceptable to think that a mother would have to bring her child back to a second appointment should they have a sore knee and a fever on the same day. It is unacceptable that mothers are resorting to emergency room appointments for simple matters such as strep throat or an ear infection due to limited availability of the same-day appointments.

The system needs to be more in-tune with the competing demands on the time of the spouse who is forced to be a single parent while their loved one is deployed.

Lastly, I would like to touch on the importance of on-base housing. Ample and quality housing must be available for marines of all ranks. While it is understood that the military bases will not have the housing capacity to support all personnel assigned, having the opportunity to live on base is important and for my family has been the desired option.

On-base housing affords a degree of security, comfort, and stability that cannot be replicated in the civilian market. Simply stated, the community of military families cannot be underestimated. Regardless of whether one is a junior enlisted marine or a field grade officer, I believe servicemembers and their families are better able to handle the rigor of military life because of the shared bond and network of support.

Allow me to emphasize one point. The support a spouse receives from other spouses is, in a word, invaluable. Whether it is a hug when you know your friend's husband is in a hotspot and marines are being wounded or killed, or sitting in the emergency room with them when their children are sick or injured, or watching their children while they are attending to other spouses and family members within their unit. This shared bond and support network is the foundation upon which military spouses build and sustain their service.

The spirit of mutual support, of shared burden, of affection and commitment for a fellow spouse is something that is woven throughout each day, each separation, each social gathering, each hardship, and each triumph. Living in base housing gives us a sense of normalcy, a place where our children grow up around other children going through similar difficulties with multiple deployments, injuries to their friends' fathers, and the like. It is a trusted community where we have access to childcare centers, schools, libraries, and playgrounds in an enclosed neighborhood.

In closing, I would like to reiterate that these are just three examples of areas where we can work to improve the health of our Marine Corps families. In the past 14 years, I have seen significant improvements in many of these areas, such as improved base housing, the establishment of the Professional Family Readiness Officer Program in every Marine Corps unit, and the ever-increasing awareness of the toll frequent deployments have on our families.

However, I firmly believe more can be done, and I ask for your kind consideration to the thoughts I have presented before you today.

Thank you.

Senator BEN NELSON. Thank you.

Ms. Davis?

**STATEMENT OF PATRICIA DAVIS, WIFE OF CHIEF MASTER
SERGEANT JAMES E. DAVIS, USAF, COMMAND MASTER
CHIEF SERGEANT, 316TH WING, ANDREWS AIR FORCE BASE**

Ms. DAVIS. Mr. Chairman, Ranking Member Graham, members of the subcommittee, thank you for this opportunity to come before you on behalf of Air Force spouses whose loved ones faithfully and unselfishly serve our Nation.

My name is Patricia Davis. I am the spouse of an Active Duty member, a mother of two young boys, and a retired Air Force veteran of 22 years of service. As such, I am in a unique position of having experienced both sides of the military family dynamic.

I recognize the strides that have been made to support the military family. However, I find that there are many spouses who seem unaware of what support programs are available during their spouse's deployment and unaware of where to turn when in need of such assistance.

Direct communication with civilian spouses prior to deployment is necessary. Currently, family member's attendance at predeployment briefings is optional, and in most cases, spouses do not attend. I believe if spouses are put in touch with those who provide firsthand support to them before the member departs, they are less likely to feel isolated and more inclined to seek support and counseling during the deployment when it is needed.

I know support for the military working spouse can be challenging. Obtaining reliable and affordable childcare for children under 5 years of age is an obstacle for many. Junior enlisted spouses are more likely than any other group to be unable to work due to this reason. Many spouses who do work cannot utilize family support services because they are offered during the hours that they work. Flexibility in these support programs is key.

According to the January 2009 Quadrennial Quality of Life Review, 59 percent of military spouses are employed or are seeking employment. Finding employment after a military move is very difficult. Many times military spouses are denied employment benefits because they voluntarily left their previous job due to military orders.

There is no standard or State policy, so ability to receive unemployment benefits vary depending on the State. I believe a military spouse's clause should be added to each State's unemployment guidelines to ensure military spouses who leave their job because of military orders should be allowed to receive the unemployment benefits they are entitled to. So many military families rely on two incomes, and in a time of transition, such as permanent change of station (PCS) moves, withholding monetary benefits isn't the best way to serve our military families.

As a mother, I am deeply concerned about the quality of education my children receive. Military moves are especially stressful times for the family, and moving to new schools can be very difficult for our children.

This past school year, my children were in the third and fifth grade. This is the third school they have attended since beginning their academic careers. Increasingly, I see military families paying to send their children to private schools due to the lack of quality

education in the area they are assigned to, or they are deciding to home school instead.

To have our children in one area with quality blue ribbon schools and then be reassigned to a location where the schools are rated below average is distressing to families. Our kids' education should not have to suffer because of military obligations. The creation of a school voucher program should be considered.

Also, a school liaison office should be available at every Air Force installation if not already available. The school liaison office would be an advocate for military children and a bridge between the military family and local schools.

I applaud the Air Force for its commitment to finding new ways to support our military families. There are so many programs that are working and working well. The military family is truly the backbone of the Air Force. I am proud to say I served 22 years in the Air Force, and I am just as proud to say that I know the Air Force is committed to creating and sustaining healthy, well adjusted, and successful families. Go, Air Force.

Thank you.

Senator BEN NELSON. Thank you, Ms. Davis.

Ms. Moakler, it is good to have you back. We appreciate your being here.

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

Ms. MOAKLER. Thank you, Senator Nelson.

Good afternoon, Chairman Nelson, Senator Graham, and other distinguished members of the subcommittee.

I would like to take this time to thank you for introducing and supporting the resolution that makes 2009 the Year of the Military Family. We really, really appreciate that.

Senator Akaka, thank you for your kind words on the 40th birthday of the NMFA.

Today, I will talk with you about military families, our Nation's families. These families serve and sacrifice alongside their servicemembers. Some families are experiencing third or fourth deployments. Children are growing up with a parent who has been in and out of their lives to Iraq, Afghanistan, and numerous training locations for months at a time.

They may spend time in the local child development center or youth program. They may have had a chance to talk to a Military OneSource counselor if they are having trouble dealing with deployment. They could even have attended one of our Operation Purple camps. We need to know how our military children are handling deployment and what lies ahead for them.

Our seasoned military spouses have been there, done that. They think they know the drill, but each deployment is different—a new baby, a difficult adolescent, a sick parent. Maybe they find they are just not as resilient as before. Our spouses need to know about different resources or programs with each deployment.

While once they could juggle it all, they now realize that talking to a counselor may help. Will they be able to find that counselor when they need one?

Some families are new to the military. Fresh from basic training, they need to find out about resources and programs that are available to them in language they understand, be it Spanish or Twitter. Financial training programs can teach them why shopping at the commissary can make their paychecks go further, and why payday lenders can stop their career in its tracks.

Spouse career advancement programs can provide training and skills to help a new spouse find a portable career. Engage these young families, and they will become active members of our military community.

Some families support deployed members of the Guard and Reserve. They depend on the support services that you have provided and they have come to expect through their States and regions. The joint family assistance centers, subsidized childcare during deployments, access to TRICARE providers and mental health counselors when they are far from the flagpole. Greater access for families to the Yellow Ribbon program could help them learn how to bring their servicemember all the way home from the horrors of war and become a whole family again.

Some families have had to change their plans. When their servicemember is severely wounded, ill, or injured, many of them have to quit their jobs to journey to the side of their loved one to become part of the care team. How can we support these caregivers so they can support their servicemember? How do we help these families transition to a life that wasn't in their plans?

Some families lose a family member forever. How do we help them with their grief? What else can we do to help ensure their financial well-being for the long term?

Some families have children affected by disabilities. How can we best support them? How can we help them transition as they move from installation to installation, from Active Duty to retirement?

Our association recognizes and appreciates the many resources and programs that support our military families during this time of war. The need will not go away the day the war ends. We believe that it is imperative that these programs be included in the regular budget process.

We hope the Military Family Readiness Council mandated by this body 2 years ago will help identify best practices and programs and help eliminate overlapping or redundant programs. In our written statement, we have identified other ways to assist military families, and I will be glad to expand on those suggestions should you have questions.

In military families, one size does not fit all, but they are united in their sacrifices and support of their servicemembers and our Nation. We ask you to help the Nation sustain and support them.

Thank you.

[The prepared statement of Ms. Moakler follows:]

PREPARED STATEMENT BY KATHLEEN B. MOAKLER

Chairman Nelson and distinguished members of this subcommittee, the National Military Family Association would like to thank you for the opportunity to present testimony on the quality of life of military families—the Nation's families. You recognize the sacrifices made by today's servicemembers and their families by focusing on the many elements of their quality of life package: access to quality health care, robust military pay and benefits, support for families dealing with deployment, and

special care for the families of the wounded, ill, and injured and those who have made the greatest sacrifice.

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

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

I. FAMILY READINESS

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

We appreciate provisions in the National Defense Authorization Acts (NDAA) of the past several years that recognized many of these important issues. The increased access to resources and programs provided by the Joint Family Support Assistance Program, now offered in all states and territories, allows families to receive added help when they need it during all cycles of deployment. The Military Family Readiness Council held its first informal meeting in December. We feel this will be an effective tool in identifying programs that work and in helping to eliminate overlapping or redundant programs as the Council reviews existing resources for military families. Our Association is proud to represent military families as a member of the Council.

Child Care

The Services—and families—continue to tell us more child care is needed to fill the ever growing demand, including hourly, drop-in, respite, and after-hour child care. We've heard stories like this:

Child care facilities on base are beyond compare—for spouses and military members who work nine to five. In our increasingly service-oriented economy, the job I have has me working until at least seven most days, and usually as late as midnight 1 to 2 days a week. When my husband deploys or has a stint on second shift, I run out of options quickly. I have been unable to get another, more conventional job in the 2 years I have been in this area . . . there are minimum requirements as to what shifts I need to work to maintain full-time employment at my current workplace, and I cannot have those waived for an entire deployment.

Innovative strategies are needed to address the non-availability of after-hour child care (before 6 a.m. and after 6 p.m.) and respite care. We applaud the partnership between the Services and the National Association of Child Care Resource and Referral Agencies that provides subsidized childcare to families who cannot access installation based child development centers. Families often find it difficult to obtain affordable, quality care especially during hard-to-fill hours and on weekends. Both the Navy and the Air Force have programs that provide 24/7 care. These innovative programs must be expanded to provide care to more families at the same high standard as the Services' traditional child development programs. The Army, as part of the funding attached to its Army Family Covenant, has rolled out more space for respite care for families of deployed soldiers. Respite care is needed across the board for the families of the deployed and the wounded, ill, and injured. We are pleased that the Services have rolled out more respite care for special needs families, but since the programs are new we are unsure of the impact it will have on families.

At our Operation Purple Healing Adventures camp for families of the wounded, ill and injured, we were told there is a tremendous need for access to adequate child care on or near military treatment facilities. Families need the availability of child care in order to attend medical appointments, especially mental health appointments. Our Association encourages the creation of drop-in child care for medical appointments on the Department of Defense (DOD) or Department of Veterans Affairs

(VA) premises or partnerships with other organizations to provide this valuable service.

Our Association urges Congress to ensure resources are available to meet the child care needs of military families to include hourly, drop-in and increased respite care for families of deployed servicemembers and the wounded, ill, and injured.

Working with Youth

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

Our Association is working to meet this pressing need through our Operation Purple summer camps. Unique in its ability to reach out and gather military children of different age groups, Services, and components, Operation Purple provides a safe and fun environment in which military children feel immediately supported and understood. Last year, with the support of private donors, we achieved our goal of sending 10,000 military children to camp. We also were successful in expanding the camp experience to families of the wounded and bereaved. This year, we expect to maintain those numbers by offering 95 weeks of camp in 37 States and territories, as well as conducting several pilot family reintegration retreats in the National Parks.

Through our Operation Purple camps, our Association has begun to identify the cumulative effects multiple deployments are having on the emotional growth and well being of military children and the challenges posed to the relationship between deployed parent, caregiver, and children in this stressful environment. Understanding a need for qualitative analysis of this information, we contracted with the RAND Corporation in 2007 to conduct a pilot study aimed at the current functioning and wellness of military children attending Operation Purple camps and assessing the potential benefits of the OPC program in this environment of multiple and extended deployments. The results of the pilot study were published last spring and confirmed much of what we have heard from individual families. They also highlighted gaps in our current knowledge, including how family relationships are affected by deployment and reintegration. The study looked at differences in child and caregiver experiences based on Service component, such as how life is different during deployment for families from the Active component compared to those in the Guard or Reserve.

In May 2008, we embarked on phase two of the project—a longitudinal study on the experience of 1,507 families, which is a much larger and more diverse sample than included in our pilot study. RAND is following these families for 1 year, and interviewing the nondeployed caregiver/parent and one child per family between 11 and 17 years of age at three time points over that year. Recruitment of participants has been extremely successful because families are eager to share their experiences. RAND is currently gathering information from these families for the 6 month follow-up survey. Preliminary findings from the first round of surveys provide additional support for the pilot study results and identify new areas to investigate. This includes examining the relationship between the total months of deployment that a family experiences and its association with non-deployed caregiver’s mental health and child’s well-being at school and at home. In addition, RAND is assessing the impact of reintegration on the families and how this varies by a servicemember’s rank and Service component.

This study will provide valuable data to inform the future creation and implementation of services for children and families. More specifically, we hope this study will provide more detailed and clearer understanding of the impact of multiple and extended deployments on military children and their families. We expect to present the final study results in spring 2010.

Dwell Time

Reintegrating the servicemember back into the family is a critical transition for many military families. Unfortunately, high operation tempo and multiple training assignments have prevented many servicemembers from this needed “dwell time”. Military families tell us they do not have enough time to fully reintegrate as a fam-

ily before the servicemember redeploys. We also hear from family members about their frustration of sending their servicemembers back into theater when they haven't had enough time to recover mentally or physically from the previous deployment.

Legislation so far introduced to address this issue would track dwell time at the unit level, not by servicemember. To preserve the physical and mental well-being of the military family unit, all servicemembers need time at home.

Military Expansion of FMLA

Our Association appreciates the work that the Department of Labor did on behalf of military families when they crafted the regulations for the expansion of the Family and Medical Leave Act included in the 2008 NDAA. However, we were disappointed that leave allowing family members to take care of issues arising out of the deployment was not extended to Active Duty families. Active Duty families are struggling with the same deployment issues that their Reserve component counterparts are—the law should reflect that.

National Guard and Reserve

Our Association would like to thank Congress for authorizing many provisions that affect our Reserve component families, who have sacrificed greatly in support of our Nation. We continue to ask Congress to fully fund these programs so vital to the quality of life of our National Guard and Reserve families.

The National Military Family Association has long realized the unique challenges our Reserve component families face and their need for additional support. This need was highlighted in the final report from the Commission on the National Guard and Reserves, which confirmed what we had always asserted: "Reserve component family members face special challenges because they are often at a considerable distance from military facilities and lack the on-base infrastructure and assistance available to Active Duty families." While citing a robust volunteer network as crucial, the report also stated that family readiness suffers when there are too few paid staff professionals supporting the volunteers.

Our Association would also like to thank Congress for the provisions which allowed for the implementation of the Yellow Ribbon Reintegration program which is so crucial to the well-being of our Reserve component families. We urge Congress to make the funding for this program permanent. We also believe that family members should be paid a travel allowance to attend these important reintegration programs. Furthermore, DOD and service providers need to move away from the one-size-fits-all approach to reintegration which does not work for all the Reserve components due to the specific nature of each mission and the varying length of deployments.

Our Association asks Congress to fully fund the Yellow Ribbon Reintegration program and other provisions affecting our Reserve component families and to move away from the one-size-fits-all approach to reintegration.

Military Housing

Privatized housing is a welcome change for military families and we are pleased the NDAA for Fiscal Year 2009 called for an annual report that addresses the best practices for executing privatized housing contracts. With our depressed economy, increased oversight is critical to ensure timely completion of these important projects. Project delays negatively impact the quality of life of our families.

Commanders must be held accountable for the quality of housing and customer service in privatized communities. Housing areas remain the responsibility of the installation commander even when managed by a private company. Services members who are wounded and must move to a handicap accessible home or break their lease provisions due to short-notice PCS orders should not be penalized. Servicemembers should not languish on wait lists while civilians occupy housing. While privatization contracts permit other nonmilitary occupants for vacant units, commanders must ensure that privatized housing is first and foremost meeting the needs of the Active Duty population of the installation. In some cases, this will require modification or renegotiation of contracts. On an aesthetic and health care note, our Association asks that a minimum number of nonsmoking quarters be designated at each installation. Nonsmokers, especially in multi-family dwellings, are being forced to live with second-hand smoke in far too many cases. Our Association has received complaints from families who are suffering health consequences of living with a neighbor's smoking habit. This is unacceptable.

Our Association feels there needs to be a review of BAH standards. While families who live on the installation are better off, families living off the installation are forced to absorb more out-of-pocket expenses in order to live in a home that will meet their needs. BAH standards are based on an outdated concept of what would

constitute a reasonable dwelling. For example, in order to receive BAH for a single family dwelling a servicemember must be an E9. However, if that same servicemember lived in military housing, he or she would likely have a single family home at the rank of E6 or E7. BAH standards should mirror the type of dwelling a servicemember would occupy if government quarters were available.

Commissaries and Exchanges

The commissary is a key element of the total compensation package for servicemembers and retirees and is valued by them, their families, and survivors. Not only do our surveys indicate that military families consider the commissary one of their most important benefits, during this economic downturn, many families are returning to the commissary to help them reduce their grocery budget. In addition to providing average savings of more than 30 percent over local supermarkets, commissaries provide an important tie to the military community. Commissary shoppers get more than groceries at the commissary. They gain an opportunity to connect with other military family members and to get information on installation programs and activities through bulletin boards and installation publications. Finally, commissary shoppers receive nutrition information and education through commissary promotions and educational campaigns contributing to the overall health of the entire beneficiary population.

Our Association appreciates the provision included in the NDAA for Fiscal Year 2009 allowing the use of proceeds from surcharges collected at remote case lot sales for Reserve component members to help defray the cost of those case lot sales. This inclusion helps family members, not located near an installation partake in the valuable commissary benefit.

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

The military exchange system serves as a community hub, in addition to providing valuable cost savings to members of the military community. Equally important is the fact that exchange system profits are reinvested in important Morale, Welfare, and Recreation (MWR) programs, resulting in quality of life improvements for the entire community. We believe that every effort must be made to ensure that this important benefit and the MWR revenue is preserved, especially as facilities are down-sized or closed overseas. Exchanges must also continue to be responsive to the needs of deployed servicemembers in combat zones and have the right mix of goods at the right prices for the full range of beneficiaries.

Flexible Spending Accounts

Flexible Spending Accounts have done a great deal to help Federal employees and corporate civilian employees defray out-of-pocket costs for both their health care and dependent care needs. Our Association believes this important program should be extended to military servicemembers, and urges Congress to work with DOD to accomplish this much needed change. It is imperative that we include Active Duty and Selected Reserve members in this cost saving benefit. This benefit would put more money into our families' pockets and help defray rising health care and child care costs.

Our Association requests that a flexible spending account benefit be extended to military servicemembers.

Financial Readiness

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

Military banks and credit unions must continue to develop alternatives to payday loans. Small dollar, short-term loan products through reputable lenders are needed to pull families away from predatory lenders. We encourage DOD to continue to educate military servicemembers and their families aware of the need to improve their money management skills and avoid high cost credit cards and other lenders. DOD must continue to monitor high cost, low value financial products targeted at military families.

Family Care Plans and Custody Concerns

As the war has progressed, we hear from servicemembers about custody concerns. A frequent scenario is that the servicemember, as part of his/her family care plan, places his/her children in the care of a noncustodial parent or other family member. The noncustodial parent chooses the time of deployment as a time to sue for a change in custodial status, often citing abandonment by the servicemember as a reason for change. We know that protections for the custodial parent can be improved by changes to the Servicemembers' Civil Relief Act, but wonder if there is any other relief that might come under the jurisdiction of this subcommittee to address the needs of these servicemembers. The American Bar Association is trying to address this problem as well and is tracking the state initiatives that are addressing this issue. We are unsure if better education of the servicemember on protecting his/her custodial rights might be the answer or if it falls completely in the realm of a state issue. We suggest you consider directing DOD to conduct a study on how prevalent this problem is for servicemembers and what solutions might be implemented.

We have heard from single parent and dual military families about the expenses incurred when they have to relocate their children to another location when they are activated for deployment. This issue was raised within the Army Family Action Plan process. Servicemembers requiring activation of Family Care Plans are not compensated for the travel of dependents and shipment of the dependent's household goods. Some items such as infant equipment, computers and toys are necessary for the emotional and physical well-being of the children in their new environment during an already stressful time. Implementation of the Family Care Plan should not create additional financial hardship and emotional stress on the servicemember and family.

We recommend that DOD conduct a study on how the deployment affects custody arrangements for servicemembers and how these arrangements can be protected. We also recommend that changes be made to the DOD Joint Travel Regulations to provide for travel and shipment of household goods to fulfill the needs of a deploying servicemember's Family Care Plan.

II. FAMILY HEALTH

Family readiness calls for access to quality health care and mental health services. Families need to know the various elements of their military health system (MHS) are coordinated and working as a synergistic system. Our Association is concerned the DOD military health care system may not have all the resources it needs to meet both the military medical readiness mission and provide access to health care for all beneficiaries. It must be funded sufficiently, so the direct care system of military treatment facilities (MTF) and the purchased care segment of civilian providers can work in tandem to meet the responsibilities given under the TRICARE contracts, meet readiness needs, and ensure access for all military beneficiaries.

*Military Health System**Improving Access to Care*

In an interview with syndicated Military Update columnist Tom Philpott in December 2008, MG (Dr.) Elder Granger, deputy director of TRICARE, gave the MHS an overall grade of "C-plus or B-minus". His discussion focused on access issues in the direct care system—our military hospitals and clinics—reinforcing what our Association has observed for years. We have consistently heard from families that their greatest health care challenge has been getting timely care from their local military hospital or clinic. In previous testimony before this subcommittee we have noted the failure of MTFs to meet TRICARE Prime access standards and to be held accountable in the same way as the TRICARE contractors are for meeting those standards in the purchased care arena.

In discussions with families the main issues are: access to their Primary Care Managers (PCM); getting appointments; getting someone to answer the phone at central appointments; having appointments available when they finally got through to central appointments; after hours care; getting a referral for specialty care; being able to see the same provider or PCM; and having appointments available 60, 90, and 120 days out in our MTFs. Families familiar with how the MHS referral system works seem better able to navigate the system. Those families who are unfamiliar experienced delays in receiving treatment or decide to give up on the referral process and never obtain a specialty appointment.

Case management for military beneficiaries with special needs is not consistent across the MHS, whether within the MTFs or in the purchased care arena. Thus, military families end up managing their own care. The shortage of available health

care providers only adds to the dilemma. Beneficiaries try to obtain an appointment and then find themselves getting partial health care within the MTF, while other health care is referred out into the purchased care network. Meanwhile, the coordination of the military family's care is being done by a non-synergistic health care system. Incongruence in the case management process becomes more apparent when military family members transfer from one TRICARE region to another and is further exasperated when a special needs family member is involved. Each TRICARE Managed Care Contractor has created different case management processes. There needs to be a seamless transition and a warm handoff between TRICARE regions for these families and the establishment of a universal case management process across the MHS.

Our wounded, ill, and injured servicemembers, veterans, and their families are assigned case managers. In fact, there are many different case managers: Federal Recovery Coordinators (FRC), Recovery Care Coordinators, each branch of Service, TBI care coordinators, VA liaisons, etc. The goal is for a seamless transition of care between and within the two governmental agencies: DOD and the VA. However, with so many to choose from, families often wonder which one is the "right" case manager. We often hear from families, some who have long since been medically retired with a 100 percent disability rating or others with less than 1 year out from date-of-injury, who have not yet been assigned a FRC. We need to look at whether the multiple, layered case managers have streamlined the process, or have only aggravated it. Our Association still finds these families alone trying to navigate a variety of complex health care systems trying to find the right combination of care. Many qualify for and use Medicare, VA, DOD's TRICARE direct and purchased care, private health insurance, and State agencies. Does this population really need all of these different systems of receiving health care? Why can't the process be streamlined?

TRICARE

While Congress temporarily forestalled increases over the past 2 years, we believe DOD officials will continue to support large increased retiree enrollment fees for TRICARE Prime combined with a tiered system of enrollment fees, the institution of a TRICARE standard enrollment fee and increased TRICARE Standard deductibles. Two reports, the Task Force on the Future of the Military Health Care and The Tenth Quadrennial Review of Military Compensation Volume II, recently recommended the same.

We acknowledge the annual Prime enrollment fee has not increased in more than 10 years and that it may be reasonable to have a mechanism to increase fees. With this in mind, we have presented an alternative to DOD's proposal should Congress deem some cost increase necessary. The most important feature of our proposal is that any fee increase be no greater than the percentage increase in the retiree cost-of-living adjustment (COLA). If DOD thought \$230/\$460 was a fair fee for all in 1995, then it would appear that raising the fees simply by the percentage increase in retiree pay is also fair. We also suggest it would be reasonable to adjust the TRICARE Standard deductibles by tying increases to the percentage of the retiree annual COLA. We stand ready to provide more information on this issue if needed.

Support for Special Needs Families

We applaud Congress and DOD's desire to create a robust health care and educational service for special needs children. But, these robust services do not follow them when they retire. We encourage the Services to allow these military families the opportunity to have their final duty station be in an area of their choice. We suggest the Extended Care Health Option (ECHO) be extended for 1 year after retirement for those already enrolled in ECHO prior to retirement.

There was discussion last year by Congress and military families regarding the ECHO program. The NDAA for Fiscal Year 2009 included a provision to increase the cap on certain benefits under the ECHO program to \$36,000 per year for training, rehabilitation, special education, assistive technology devices, institutional care and under certain circumstances, transportation to and from institutions or facilities, because certain beneficiaries bump up against it. The ECHO program was originally designed to allow military families with special needs to receive additional services to offset their lack of eligibility for State or federally provided services impacted by frequent moves. We suggest that before making any more adjustments to the ECHO program, Congress should direct DOD to certify if the ECHO program is working as it was originally designed and has been effective in addressing the needs of this population. We need to make the right fixes so we can be assured we apply the correct solutions.

National Guard and Reserve Member Family Health Care

National Guard and Reserve families need increased education about their health care benefits. We also believe that paying a stipend to a mobilized National Guard or Reserve member for their family's coverage under their employer-sponsored insurance plan may prove to be more cost-effective for the government than subsidizing 72 percent of the costs of TRICARE Reserve Select for National Guard or Reserve members not on active duty.

TRICARE Reimbursement

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

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

We have heard the main reason for the VA not providing health care and psychological health care services is because they cannot be reimbursed for care rendered to a family member. However, the VA is a qualified TRICARE provider. This allows the VA to bill for services rendered in their facilities to a TRICARE beneficiary. There may be a way to bill other health insurance companies as well. The VA needs to look at the possibility for other methods of payments.

Pharmacy

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

We appreciate the inclusion of Federal pricing for the TRICARE retail pharmacies in the NDAA for Fiscal Year 2008. However, we need to examine its effect on the cost of medications for both beneficiaries and DOD. Also, we will need to see how this potentially impacts the overall negotiation of future drug prices by Medicare and civilian private insurance programs.

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

National Health Care Proposal

Our Association is cautious about current rhetoric by the administration and Congress regarding the establishment of a national health care insurance program. As the 111th Congress takes up a national health care insurance proposal, we request consideration of how this legislation will also impact TRICARE, military families' access to health care, and especially recruitment and retention of our servicemembers at a time of war.

DOD Must Look for Savings

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

- requiring the Comptroller General to audit MTFs on a random basis until all have been examined for their ability to provide quality health care in a cost-effective manner;
- creating an oversight committee, similar in nature to the Medicare Payment Advisory Commission, which provides oversight to the Medicare pro-

gram and makes annual recommendations to Congress. The Task Force on the Future of Military Health Care often stated it was unable to address certain issues not within their charter or the timeframe in which they were commissioned to examine the issues. This Commission would have the time to examine every issue in an unbiased manner; and

- establishing a Unified “Joint” Medical Command structure, which was recommended by the Defense Health Board in 2006.

Our Association does not support the recommendation of the Task Force on the Future of Military Health Care to carve out one regional TRICARE contractor to provide both the pharmacy and health care benefit. We agree a link between pharmacy and disease management is necessary, but feel this pilot would only further erode DOD’s ability to maximize potential savings through TMOP. We were also disappointed to find no mention of disease management or a requirement for coordination between the pharmacy contractor and Managed Care Support Contractors in the Request for Proposals for the new TRICARE pharmacy contract. The ability certainly exists for them to share information bidirectionally and should be established.

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

Our Association suggests this subcommittee DOD reassess the resource sharing program used prior to the implementation of the T-Nex contracts and take the steps necessary to ensure Military Treatment Facilities (MTF) meet access standards with high quality health care providers.

We also suggest this subcommittee direct the Department to make case management services more consistent across the direct and purchased care segments of the MHS.

Our Association recommends a 1 year transitional Active Duty ECHO benefit for the family members of servicemembers who retire.

We believe tying increases in TRICARE enrollment fees to the percentage increase in the Retiree COLA is a fair way to increase beneficiary cost shares should Congress deem an increase necessary.

We oppose DOD’s proposal to institute a TRICARE Standard enrollment fee and believe Congress should reject this proposal because it changes beneficiaries’ entitlement to health care under TRICARE Standard to just another insurance plan.

Our Association strongly believes an enrollment fee for TFL is not appropriate.

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

Behavioral Health Care

Our Nation must help returning servicemembers and their families cope with the aftermaths of war. DOD, VA, and State agencies must partner in order to address behavioral health issues early in the process and provide transitional mental health programs. Partnering will also capture the National Guard and Reserve member population, who often straddle these agencies’ health care systems.

Full Spectrum of Care

As the war continues, families’ need for a full spectrum of behavioral health services—from preventative care to stress reduction techniques, to individual or family counseling, to medical mental health services—continues to grow. The military offers a variety of psychological health services, both preventative and treatment, across many agencies and programs. However, as servicemembers and families experience numerous lengthy and dangerous deployments, we believe the need for confidential, preventative psychological health services will continue to rise. It will also remain high for some time even after military operations scale down.

Access to Behavioral Health Care

Our Association is concerned about the overall shortage of psychological health providers in TRICARE’s direct and purchased care network. DOD’s Task Force on Mental Health stated timely access to the proper psychological health provider remains one of the greatest barriers to quality mental health services for servicemembers and their families. While families are pleased more psychological health providers are available in theater to assist their servicemembers, they are disappointed with the resulting limited access to providers at home. Families are reporting increased difficulty in obtaining appointments with social workers, psychologists, and psychiatrists at their MTFs and clinics. The military fuels the short-

age by deploying some of its child and adolescent psychology providers to combat zones. Providers remaining at home report they are overwhelmed by treating Active Duty members and are unable to fit family members into their schedules. This can lead to compassion fatigue, creating burnout and exacerbating the provider shortage problem.

We have seen an increase in the number of psychological health providers joining the purchased care side of the TRICARE network. However, the access standard is 7 days. We hear from military families after accessing the psychological health provider list on the contractor's Web sites that the provider is full and no longer taking patients. The list must be up-to-date in order to handle real time demands by families. We need to continue to recruit more psychological health providers to join the TRICARE network and we need to make sure we specifically add those in specialty behavioral health care areas, such as child and adolescence psychology and psychiatrists.

Families must be included in mental health counseling and treatment programs for servicemembers. Family members are a key component to a servicemember's psychological well-being. We recommend an extended outreach program to servicemembers, veterans, and their families of available psychological health resources, such as DOD, VA, and State agencies. Families want to be able to access care with a psychological health provider who understands or is sympathetic to the issues they face.

Frequent and lengthy deployments create a sharp need in psychological health services by family members and servicemembers as they get ready to deploy and after their return. There is also an increase in demand in the wake of natural disasters, such as hurricanes and fires. We need to maintain a flexible pool of psychological health providers who can increase or decrease rapidly in numbers depending on demand on the MHS side. Currently, Military Family Life Consultants and Military OneSource counseling are providing this type of service for military families on the family support side. We need to make the Services, along with military family members, more aware of resources along the continuum. We need the flexibility of support in both the MHS and family support arenas.

Availability of Treatment

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

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

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

- using alternative treatment methods, such as telemental health;
- modifying licensing requirements in order to remove geographic practice barriers that prevent psychological health providers from participating in telemental health services outside of a VA facility; and
- educating civilian network psychological health providers about our military culture as the VA incorporates Project Hero.

National Guard and Reserve Members

The National Military Family Association is especially concerned about fewer mental health care services available for the families of returning National Guard and Reserve members as well as servicemembers who leave the military following the end of their enlistment. They are eligible for TRICARE Reserve Select, but as we know, National Guard and Reserve members are often located in rural areas

where there may be no mental health providers available. Policy makers need to address the distance issues that families face in linking with military mental health resources and obtaining appropriate care. Isolated National Guard and Reserve families do not have the benefit of the safety net of services provided by MTFs and installation family support programs. Families want to be able to access care with a provider who understands or is sympathetic to the issues they face. We recommend the use of alternative treatment methods, such as telemental health; increasing mental health reimbursement rates for rural areas; modifying licensing requirements in order to remove geographic practice barriers that prevent mental health providers from participating in telemental health services; and educating civilian network mental health providers about our military culture.

Wounded, Ill, and Injured Families

When designing support for the wounded, ill, and injured in today's conflict, our Association believes the government, especially DOD, VA, and State agencies, must take a more inclusive view of military and veterans' families. Those who have the responsibility to care for the wounded servicemember must also consider the needs of the spouse, children, parents of single servicemembers, siblings, and other caregivers. Family members are an integral part of the health care team and recovery process.

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

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

The Defense Health Board has recommended DOD include military families in its mental health studies. We agree. We encourage Congress to direct DOD to include families in its Psychological Health Support survey; perform a pre and post-deployment mental health screening on family members (similar to the PDHA and PDHRA currently being done for servicemembers); and sponsor a longitudinal study, similar to DOD's Millennium Cohort Study, in order to get a better understanding of the long-term effects of war on our military families.

Children

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

The impact of the wounded, ill, and injured on children is often overlooked and underestimated. Military children experience a metaphorical death of the parent

they once knew and must make many adjustments as their parent recovers. Many families relocate to be near the treating Military Treatment Facility (MTF) or the VA Polytrauma Center in order to make the rehabilitation process more successful. As the spouse focuses on the rehabilitation and recovery, older children take on new roles. They may become the caregivers for other siblings, as well as for the wounded parent. Many spouses send their children to stay with neighbors or extended family members, as they tend to their wounded, ill, and injured spouse. Children get shuffled from place to place until they can be reunited with their parents. Once reunited, they must adapt to the parent's new injury and living with the "new normal."

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

Caregivers

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

Education

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

The families of servicemembers and veterans must be educated about the effects of mTBI and PTSD in order to help accurately diagnose and treat the servicemember/veteran's condition. These families are on the "sharp end of the spear" and are more likely to pick up on changes attributed to either condition and relay this information to their health care providers.

Reintegration programs

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

Successful return and reunion programs will require attention over the long term, as well as a strong partnership at all levels between the various mental health arms of DOD, VA, and State agencies.

DOD and VA need to provide family and individual counseling to address these unique issues. Opportunities for the entire family and for the couple to reconnect and bond must also be provided. Our Association has recognized this need and is piloting two family retreats in the National Parks to promote family reintegration following deployment.

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

We encourage Congress to request DOD to include families in its Psychological Health Support survey; perform a pre and post-deployment mental health screening on family members (similar to the PDHA and PDHRA currently being done for servicemembers); and sponsor a longitudinal study, similar to DOD's Millennium Cohort Study, in order to get a better understanding of the long-term effects of war on our military families.

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

mental health providers from participating in telemental health services; and educating civilian network mental health providers about our military culture.

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

Wounded Servicemembers Have Wounded Families

Our Association asserts that behind every wounded servicemember and veteran is a wounded family. It is our belief the government, especially the DOD and VA, must take a more inclusive view of military and veterans' families. Those who have the responsibility to care for the wounded, ill, and injured servicemember must also consider the needs of the spouse, children, parents of single servicemembers and their siblings, and the caregivers. We appreciate the inclusion in the NDAA for Fiscal Year 2008 Wounded Warrior provision for health care services to be provided by the DOD and VA for family members. DOD and VA need to think proactively as a team and one system, rather than separately; and addressing problems and implementing initiatives upstream while the servicemember is still on Active Duty status.

Reintegration programs become a key ingredient in the family's success. In the spring of 2008, our Association held a focus group composed of wounded servicemembers and their families to learn more about issues affecting them. Families find themselves having to redefine their roles following the injury of the servicemember. They must learn how to parent and become a spouse/lover with an injury. Each member needs to understand the unique aspects the injury brings to the family unit. Parenting from a wheelchair brings a whole new challenge, especially when dealing with teenagers. Parents need opportunities to get together with other parents who are in similar situations and share their experiences and successful coping methods. Our Association believes we need to focus on treating the whole family with programs offering skill based training for coping, intervention, resiliency, and overcoming adversities. Injury interrupts the normal cycle of deployment and the reintegration process. We must provide opportunities for the entire family and for the couple to reconnect and bond, especially during the rehabilitation and recovery phases. We piloted a Operation Purple Healing Adventures camp to help wounded servicemembers and their families learn to play again as a family and plan one more in the summer of 2009.

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

Transitioning for the Wounded and Their Families

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

Transition of health care coverage for our wounded, ill, and injured and their family members is a concern of our Association. These servicemembers and families desperately need a health care bridge as they deal with the after effects of the injury and possible reduction in their family income. We have created two proposals. Servicemembers who are medically retired and their families should be treated as active duty for TRICARE fee and eligibility purposes for 3 years following medical retirement. This proposal will allow the family not to pay premiums and be eligible for certain programs offered to active duty, such as ECHO for 3 years. Following that period, they would pay TRICARE premiums at the rate for retirees. Servicemembers medically discharged from Service and their family members should be allowed to continue for 1 year as active duty for TRICARE and then start the Continued Health Care Benefit Program (CHCBP) if needed.

Caregivers

Caregivers need to be recognized for the important role they play in the care of their loved one. The VA has made a strong effort in supporting veterans' caregivers. The DOD should follow suit and expand their definition. Caregivers of the severely

wounded, ill, and injured services members have a long road ahead of them. In order to perform their job well, they must be given the skills to be successful. This will require the caregiver to be trained through a standardized, certified program, and appropriately compensated for the care they provide. The time to implement these programs is while the servicemember is still on Active Duty status.

Our Association proposes that new types of financial compensation be established for caregivers of injured servicemembers and veterans that could begin while the hospitalized servicemember is still on active duty and continue throughout the transition to care under the VA. This compensation should recognize the types of medical and non-medical care services provided by the caregiver, travel to appointments and coordinating with providers, and the severity of injury. It should also take into account the changing levels of service provided by the caregiver as the veteran's condition improves or diminishes or needs for medical treatment changes. These needs would have to be assessed quickly with little time delay in order to provide the correct amount of compensation. The caregiver should be paid directly for their services, but the compensation should be linked to training and certification paid for by the VA and transferrable to employment in the civilian sector if the care is no longer needed by the servicemember. Our Association looks forward to discussing details of implementing such a plan with members of this subcommittee.

Consideration should also be given to creating innovative ways to meet the health care and insurance needs of the caregiver, with an option to include their family. Perhaps, caregivers of severely injured servicemembers or veterans can be given the option of buying health insurance through the Federal Employees Health Benefit Program or through enrollment in CHAMPVA. A mechanism should also be established to assist caregivers who are forced out of the work force to save for their retirements, for example, through the Federal Thrift Savings Plan.

There must be a provision for transition for the caregiver if the caregiver's services are no longer needed, chooses to no longer participate, or is asked by the veteran to no longer provide services. The caregiver should still be able to maintain health care coverage for 1 year. Compensation would discontinue following the end of services/care provided by the caregiver.

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

Relocation Allowance

Active Duty servicemembers and their spouses qualify through the DOD for military orders to move their household goods (known as a Permanent Change of Station (PCS)) when they leave the military Service. Medically retired servicemembers are given a final PCS move. Medically retired married servicemembers are allowed to move their family; however, medically retired single servicemembers only qualify for moving their own personal goods.

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

The decision on where to relocate for optimum care should be made with the FRC (case manager), the servicemember's medical physician, the servicemember, and the caregiver. All aspects of care for the medically retired servicemember and their caregiver shall be considered. These include a holistic examination of the medically retired servicemember, the caregiver, and the caregiver's family for, but not limited to, their needs and opportunities for health care, employment, transportation, and education. The priority for the relocation should be where the best quality of serv-

ices is readily available for the medically retired servicemember and his/her caregiver.

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

Medical Power of Attorney

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

Provide transitioning wounded, ill, and injured servicemembers and their families a bridge of extended Active Duty TRICARE eligibility for 3 years, comparable to the benefit for surviving spouses.

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

DOD should require each deploying servicemember to execute a Medical Power of Attorney and a Living Will.

Servicemembers medically discharged from service and their family members shall be allowed to continue for 1 year as Active Duty for TRICARE and then start the Continued Health Care Benefit Program (CHCBP) if needed.

Senior Oversight Committee

Our Association is appreciative of the provision in the NDAA for Fiscal Year 2009 continuing the DOD/VA Senior Oversight Committee (SOC) for an additional year. We understand a permanent structure is in the process of being established and manned. We urge Congress to put a mechanism in place to continue to monitor DOD and VA's partnership initiatives for our wounded, ill, and injured servicemembers and their families, while this organization is being created.

The National Military Family Association encourages the Armed Services Committee along with the Veterans' Affairs Committee to talk on these important issues. We can no longer be content on focusing on each agency separately because this population moves too frequently between the two agencies, especially our wounded, ill, and injured servicemembers and their families.

We would like to thank you again for the opportunity to provide information on the health care needs for the servicemembers, veterans, and their families. Military families support the Nation's military missions. The least their country can do is make sure servicemembers, veterans, and their families have consistent access to high quality mental health care in the DOD, VA, and within network civilian health care systems. Wounded servicemembers and veterans have wounded families. The caregiver must be supported by providing access to quality health care and mental health services, and assistance in navigating the health care systems. The system should provide coordination of care with DOD, VA, and State agencies working together to create a seamless transition. We ask Congress to assist in meeting that responsibility.

III. FAMILY TRANSITIONS

Our Association will promote policies and access to programs providing training and support for families during the many transitions they experience.

Survivors

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

We ask that the Active Duty TRICARE dental benefit be extended to surviving children to mirror the Active Duty TRICARE medical benefit to which they are now eligible. We also ask that eligibility be expanded to those Reserve component family members who had not been enrolled in the Active Duty TRICARE dental benefit prior to the servicemember's death.

Our Association recommends that surviving children be allowed to remain in the TRICARE dental program until they age out of TRICARE eligibility and that eligibility be expanded to those Reserve component survivors who had not been enrolled

prior to the servicemember's death.. We also recommend that grief counseling be more readily available to survivors.

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

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

We appreciate the establishment of a special survivor indemnity allowance as a first step in the process to eliminate the DIC offset to SBP.

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

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

Spouse Employment, Unemployment

Our Association appreciates the expansion of the Military Spouse Career Advancement Accounts. We look forward to the rollout and full implementation of the expanded program and hope that the definition of "portable careers" is broad enough to support the diverse military spouse population. To further spouse employment opportunities, we recommend an expansion to the Workforce Opportunity Tax Credit for employers who hire spouses of Active Duty and Reserve component servicemembers, and to provide tax credits to military spouses to offset the expense in obtaining career licenses and certifications when servicemembers are relocated to a new duty station within a different state.

Our Association appreciates the 2008 Executive Order of Noncompetitive Appointment of Certain Military Spouses, but we are concerned that this will only assist a limited number of military spouses. We are also concerned this Executive Order has not yet been made effective. Many noncompetitive positions are temporary or term positions that will not afford the military spouse the opportunity to continue in Federal service when they move to a new duty station. Military spouses seek Federal employment due to the job stability and opportunities for employment as they move from one location to another.

Our Association urges Congress recognize the value of military spouses by expanding the military spouse hiring preference beyond the DOD to the entire Federal Government.

Families on the Move

Our Association is concerned about the timely implementation of the Defense Personal Property Program, formerly titled "Families First." Worldwide rollout is still incomplete and it is unclear if customer satisfaction surveys are incorporated into the carrier ranking process. Full Replacement Value has been rolled out, but is handled differently by each carrier. Families are confused about how and where to file claims. Congressional oversight is needed to press for implementation of this program and deliver the best possible service to our families.

Our Association is grateful for the addition of the weight allowance for spousal professional materials. We ask that Congress broaden the language to require the Service Secretaries to implement this much needed benefit.

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

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

Our Association requests that Congress ease the burden of military PCS moves on military families by pressing for the full implementation of the Defense Personal Property Program and by authorizing the shipment of a second vehicle for families assigned to an overseas location on accompanied tours.

Education of Military Children

While our Association remains appreciative for the additional funding you provide to civilian school districts educating large numbers of military children, DOD Impact Aid still remains underfunded. We urge Congress to increase funding for schools educating large numbers of military children to \$60 million for fiscal year 2010. We also encourage you to make the additional funding for school districts experiencing growth available to all school districts experiencing significant enrollment increases and not just to those districts meeting the current 20 percent enrollment threshold. The arrival of several hundred military students can be financially devastating to any school district, regardless of how many of those students the district already serves. This supplement to Impact Aid is vital to school districts that have shouldered the burden of ensuring military children receive a quality education despite the stresses of military life.

As increased numbers of military families move into new communities due to Global Rebasing and BRAC, their housing needs are being met further and further away from the installation. Thus, military children may be attending school in districts whose familiarity with the military lifestyle may be limited. Educating large numbers of military children will put an added burden on schools already hard-pressed to meet the needs of their current populations. With over 70,000 military families returning to the United States, at the same time the Army is moving over one third of its soldiers within the U.S., we urge Congress to authorize an increase in this level of funding until BRAC and Global Rebasing moves are completed.

Although it does not fall under the purview of this Subcommittee, we thank Congress for passing the Higher Education Opportunity Act of 2008, which contained many new provisions affecting military families. Chief among them was a provision to expand in-State tuition eligibility for military servicemembers and their families. Under this provision, colleges and universities receiving Federal funding under the act will be required to offer in-State tuition rates for Active Duty servicemembers and their families and provide continuity of in-State rates if the servicemember receives orders for an assignment out of state. However, family members have to be currently enrolled in order to be eligible for continuity of in-State tuition. Our Association is concerned that this would preclude a senior in high school from receiving in-State tuition rates if his or her family PCS's prior to matriculation. We urge Congress to amend this provision.

Our Association congratulates the DOD Office of Personnel and Readiness and the Council of State Governments (CSG) for drafting the Interstate Compact on Educational Opportunity for Military Children and for spearheading the adoption of this important legislation. Designed to alleviate many of the transition issues facing military children, the Compact has now been adopted in 20 States. In addition, Hawaii has a Compact bill awaiting their Governor's signature, and 11 other States are working active legislation this year. With 10 States needed to enact the Compact, the first meeting of the Interstate Commission on Educational Opportunity for

Military Children met in October 2008. Our Association is pleased to have been a member of both the Advisory Group and Drafting Team, and has been working actively to support the adoption of this Compact, which will greatly enhance the quality of life of our military children and families.

We ask Congress to increase the DOD supplement to Impact Aid to \$60 million to help districts better meet the additional demands caused by large numbers of military children, deployment-related issues, and the effects of military programs and policies. We also ask Congress to allow all school districts experiencing a significant growth in their military student population due to BRAC, Global Rebasing, or installation housing changes to be eligible for the additional funding currently available only to districts with an enrollment of at least 20 percent military children.

Spouse Education

Since 2004, our Association has been fortunate to sponsor our Joanne Holbrook Patton Military Spouse Scholarship Program, with the generosity of donors who wish to help military families. In 2007, we published *Education and the Military Spouse: The Long Road to Success*, based on spouse scholarship applicant survey responses, identifying education issues and barriers specific to military spouses. The entire report may be found at www.nmfa.org/education.

The survey found military spouses, like their servicemembers and the military as a whole, value education and set education goals for themselves. Yet, military spouses often feel their options are limited. Deployments, the shortage of affordable and quality child care, frequent moves, the lack of educational benefits and tuition assistance for tuition are discouraging. For military spouses, the total cost of obtaining a degree can be significantly higher than the cost for civilian students. The unique circumstances that accompany the military lifestyle have significant negative impacts upon a spouse's ability to remain continuously enrolled in an educational program. Military spouses often take longer than the expected time to complete their degrees. More than one-third of those surveyed have been working toward their goal for 5 years or more. The report offers recommendations for solutions that Congress could provide:

- Ensuring installation education centers have the funding necessary to support spouse education programs and initiatives,
- Providing additional child care funding to support child care needs of military spouse-scholars,
- Helping to defray additional costs incurred by military spouses who ultimately spend more than civilian counterparts to obtain a degree.

Our Association wishes to thank Congress for passing the Post-September 11 G.I. Bill for servicemembers and for including transferability of the benefit to spouses and children. We will continue to monitor the implementation of this benefit, and hope to see the regulations posted soon.

Military Families—Our Nation's Families

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

Senator BEN NELSON. Thank you, Ms. Moakler.

We will do a 5-minute question round. Ranking Member Graham has another engagement in a little bit so we will ask him to go first.

Senator GRAHAM. Thank you, Mr. Chairman. I appreciate that courtesy.

Starting with Ms. Casey and going across the panel, give a grade to TRICARE from an A to an F.

Ms. CASEY. Boy, that is a tough one. I would say C minus.

Senator GRAHAM. Ma'am?

Ms. MANCINI. From my personal experience, a B.

Ms. SMITH. I would have to agree with Ms. Casey—C, C minus.

Ms. DAVIS. I would have to say B.

Ms. MOAKLER. I have a two-parter. Quality of care, B. Access to care, C minus.

Senator GRAHAM. That is great. Everybody kind of agreed on that?

We are trying to get more providers. But the cost of military healthcare in the budget is exploding like it is throughout the private sector, and we are just going to have to get our hands around this and find a system that can provide better quality and have more providers. That is tough because of the reimbursements. We will just keep doing the best we can.

The voucher idea, that is the first I have heard of that, actually. Ms. Davis, that was the vouchers when you move from one school. Starting with Ms. Casey, do you agree that would be a good idea?

Ms. CASEY. Yes, actually, I hear that a lot when I go because people are concerned about the quality of the schools, where they are necessarily bused off base to outlying schools, what ones they end up in. I have been asked that question also, if we couldn't have vouchers where then you would have a choice.

Senator GRAHAM. Ms. Mancini?

Ms. MANCINI. Yes. I agree completely. I think that would be a great idea to be able to allow these families to have an adequate school for their children.

Senator GRAHAM. Ms. Smith?

Ms. SMITH. I agree. Our children, we live here on Capitol Hill, and our four children go to a private school.

Senator GRAHAM. On the mental health side, we got the message. It is just a capacity problem. We are trying. There are just not that many people available. It is a problem. The ones in the mental health professions in the military are being worn out. They deploy, too.

We are going to try to come up with a new program to home grow some mental health professionals, to get some people who are in the military to make a career change. We got the message. It is just a capacity problem, and it is just hard to fill these slots.

I want you to know that the committee is working on that. Through the Wounded Warrior program, we have learned, that is a big problem, providing mental health services, and now to the families themselves.

Ms. Casey, you mentioned something about spouses who are licensed professionals or needing licensing to work. Is there any reciprocity program that DOD has if you move from one State to the other because you are a DOD family member you can get reciprocity?

Ms. CASEY. No. But I do know that the Department of Labor has a pilot program going right now where up to \$3,000 can be covered. We found we have that with lawyers, with some teachers, with some—

Senator GRAHAM. Nurses.

Ms. CASEY.—medical personnel that when they move, and some of them, they have to take tests.

Senator GRAHAM. Mr. Chairman, that is something maybe the committee could look at. It would make it easier for spouses who

move to get jobs not to have to go through the qualifications as long as they are overall qualified.

Thank you for your service. We got the message. On-base housing, we are looking at privatizing housing because of money. I do understand the value of on-base housing. You have Guard and Reserve members who are far away from a military base, and trying to get them services is its own unique challenge.

Thank you very much. It has been very helpful, very educational, and the committee will, from your testimony, I think, look at some new idea that would not have come about if you hadn't been here.

Thanks.

Senator BEN NELSON. Thank you, Mr. Graham.

There was a recent op-ed piece in the Washington Post where the wife of an Army officer wrote, "Too many military families are quietly coming apart at the seams." That seems to be consistent with what you all are saying today, that the stress that your families are feeling is, in fact, adversely affecting the families.

No matter what we try to do, it is not enough. You need more support, particularly in the area of mental healthcare providers, both for the military members as well as for the family members. As Senator Graham indicated, trying to get those skilled, trained individuals is a challenge for us, and we are working at it.

Do you think that, overall, the military is listening? When you have the support groups come and talk to you, do you have a feeling that you are being listened to? Hopefully, you feel like you are being listened to here, but do you feel like you are being listened to internally within the military?

Ms. Casey, you have a direct line to the chief.

Ms. CASEY. Yes, part of the problem is they are talking to me. I have to tell you that when I meet with these families, they are very candid. They tell you exactly what is on their mind and exactly what they need. Quite frankly, we are pedaling as fast as we can.

Some of these things can be dealt with more quickly than others. We are very grateful for the amount of money that has been given to us for family programs. Now we just need to make sure it is all out of the supplemental and into the base budget so we can continue with these programs.

But some of them take time, and they not only take time, but some of the things we are doing now have to be evaluated and we need to make sure that they are hitting the right people they are supposed to be hitting. There is a lot of work to be done.

Senator BEN NELSON. Do the rest of you feel that your concerns are being listened to and hopefully responded to, even maybe inadequately, but you feel that they are being responded to?

Ms. SMITH. I feel that establishment of the Professional Family Readiness Officer Program at each base has helped tremendously.

Senator BEN NELSON. Do others feel the same way?

Ms. DAVIS. It is definitely helping, but I think there is more need for more family-type counseling, not just for the military member because as we are seeing the suicide rates rise, and it is not always so much what happened in the area of deployment. It is when you come home and have the stresses that the family went through

while you were gone and then the added stress the wife is adding that she has been stressed.

I think there should definitely be family counseling, and I think the availability of that and, to take the stigma out of the word “counseling” because military personnel family know that sometimes if a military member is in counseling, that can affect job opportunities and continual stigmas that go along with that.

I definitely think counseling, but it should be more along the lines of family, especially including the children, because our children are the ones that we are really missing sometimes with this counseling.

Senator BEN NELSON. There is no question about that. It sort of leads me to the next question where families are often the first line of defense to recognize or deal with potential suicide or PTSD. Do you get any help to be able to detect that condition when reuniting with your servicemember, your family member when he comes home?

Ms. SMITH. I know the Marine Corps, under homecoming brief, will give you information on signs and warnings.

Ms. DAVIS. Absolutely. There are reintegration briefings. Again, but my concern is that the spouses aren’t always attending those.

Senator BEN NELSON. On the other side as well. I understand both sides.

Ms. DAVIS. Yes. Yes. I think our family support centers are doing a wonderful job of having programs available to spouses, letting them know what to expect when the member comes back. We all go through the honeymoon period, and then life sets in.

Yes, I think that there is support there for them.

Senator BEN NELSON. Good. That is critically important. I am glad that you are getting some help in that area.

In your experience about military dependents, you said that you thought the quality of care was a B, access was, am I right, a C and a C minus. Is that true for you individually as the spouse, or does that apply to your children, your family members? Or is there any difference between the quality of care that you might get and your family might get?

Ms. CASEY. I don’t see a difference in that. I mean, we have always said that once you get past the gatekeeper and you can get into the system, the quality of care is wonderful. It is getting in there that is the issue.

Senator BEN NELSON. Is the access a problem for the spouse as well as the children or more so for the children or the spouse?

Ms. CASEY. It is worse—at least in the Army. It is worse for the family members than it is for the Active Duty personnel because we also have doctors who are deployed. You don’t have full staffs necessarily at hospitals. They are doing the best they can. So people are being forced to go outside.

Some of the major hospitals don’t have the personnel to even see family members.

Ms. MOAKLER. Senator Nelson?

Senator BEN NELSON. Yes.

Ms. MOAKLER. We find that sometimes the military treatment facilities are rationing care because it is more expensive for them to send families out into the network. That is what we hear from fam-

ilies, that it is harder for them to sometimes get appointments. They would call and say there wouldn't be another appointment available until 2 weeks from now, but they never offer the family member the choice of going to one of the network providers where they could get an appointment sooner.

Senator BEN NELSON. I see.

Ms. MOAKLER. There is an education piece to our families. It shouldn't be, but they need to know to ask the right questions about what the access standards are.

Senator BEN NELSON. I understand.

Senator Chambliss.

Senator CHAMBLISS. Thank you, Mr. Chairman.

Let me say to all of you, first of all, how much we appreciate your service. We understand that a commitment to the military is a family commitment, and without great support from spouses, as well as children, our men and women would not be able to do the great job they do. We just say thank you for what you do.

I have had the privilege of meeting with spouses at our installations both within Georgia as well as overseas on a number of occasions. It is kind of interesting to occasionally have a male show up at a spouses meeting, but it is important that we don't forget that there are a lot of females out there in service, too.

Ms. Davis, you obviously have been there. Your idea about a voucher program I think is unique. There is no reason, Ms. Smith, you ought to be required to fund private school for your children because schools in Washington, DC are inadequate. Yet I think it is pretty generally known that that is the case, and I think, Mr. Chairman, we might ought to look at some sort of pilot program for the military.

Perhaps Washington, DC where we have some experience already with a voucher program, and we have a school system that has actually promoted that, that might be a good place to start.

But before we really move on to new programs, we always like to make sure that the things that we have done are working and that we are seeing some real progress in certain areas. That is why I appreciate Senator Graham's comment about TRICARE, and your responses are pretty interesting.

I will have to say that seems to be an improvement over what I have heard in years past. So I hope that is the case.

Let me ask you about another program that is kind of different from different States. But we have 13 installations in my State, and we have a program that provides reciprocity with other States regarding high school graduates and whether or not they have to take the Georgia history exam, which has been a problem. But I think we are working through that.

The other thing that we have done is we grant exemption from out-of-State tuition to all military children who graduate from State high schools. Can you all tell me how that is working across the country?

Ms. Casey, you first.

Ms. CASEY. I am not sure how many States have actually signed on to that. But one of the things that has occurred over time is the fact that if you, like my husband, had been in four different high schools, you would have needed four different State history classes.

A lot of States have gotten away from doing that. If you have had it in one, you don't have to do it.

The Military Child Education Coalition has done great work with that as well, helping children transfer and transfer credits. We are finding great success with the in-State tuition with colleges for spouses and for family members. In some States, that if the servicemember leaves that State and you are in the middle of college in that State, sometimes then all of a sudden you become an out-of-State resident. Not all States have done that, but I think a good number of them have.

Kathy, do you have the stats on that?

Ms. MOAKLER. With recent legislation within the past 2 years, it required State universities that accepted Federal funds to provide in-State tuition for military servicemembers and their family members. So that has taken care of the problem at State institutions for our military families.

The Interstate Compact, which addresses transitioning needs of our children, such as the need to take State history in each high school that they attend, availability of spaces on the yearbook staff or on sports teams, or availability for special classes, beginning age for kindergarten enrollment or first grade enrollment, all of these things are being addressed in the Interstate Compact.

Last year, it was approved by 10 States. Now we are up to about 20 States or so. There will be a commission that will be looking at reciprocities between the States on how they can handle these things, and the States that have already joined the compact will be able to take part in how those things are agreed upon.

Senator CHAMBLISS. If there is something with respect to those Interstate Compacts that you think we need to deal with legislatively, I wish you would give us some recommendations there.

Because I know it is a problem in my State.

Ms. MOAKLER. It is up to the States right now, and DOD has a State liaison office that is working with all the different States as the legislation comes up before their State legislatures. We have been working with them, and other agencies have been testifying before the State legislatures when these come up.

Senator CHAMBLISS. Thank you, Mr. Chairman.

Senator BEN NELSON. Senator Chambliss, one thought occurred to me. We always want to be careful about a lot of preemption coming from Washington on State laws. But what about a sense of the Senate resolution urging the States to take this up, and maybe that will be more than a subtle nudge to the States to consider this within their own State borders and their own State schools.

Would that be helpful?

Ms. MOAKLER. That would be very helpful.

Senator BEN NELSON. Well, let us consider that.

Senator CHAMBLISS. Sign me up.

Senator BEN NELSON. Okay. Thank you.

Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman.

I look upon all of you on this panel as a tremendous source of strength of our military leaders. I want to thank you very much for what you have done for military families over the years. I am sure

each of you bring different experiences, but they are all built upon the foundation of caring for our military families.

As military spouses and advocates in the military community, I would like to ask each of you the following question. In your opinion, what is the number-one issue or area of concern for our military families? Ms. Casey?

Ms. CASEY. I think I have to stick with medical, both medical care and mental healthcare. As our families are quietly or not so quietly coming apart at the seams, the mental healthcare piece is very, very important right now.

I think it is probably so important, because we realize, the Services realize that there is a lack of mental healthcare professionals in the United States, not just within the military, which makes this job of finding that much harder, I would probably say that I hear that everywhere.

Senator AKAKA. Ms. Mancini?

Ms. MANCINI. In my experience, it would have to be OPTEMPO, along with the mental health. Several of our sailors come home, and they go straight to training. The downtime is very minimal. They don't have enough time to even reconnect, reintegrate with their family, much less take off their boots, and they are going again.

Mental health would definitely benefit us. It would benefit our families, our spouses, and to take that stigma off of it. Maybe it could be offered continually pre-, post-, and during deployment. Take the stigma away and have everyone go see a mental healthcare provider so that you can't pinpoint someone and then there are no repercussions from that.

Senator AKAKA. Thank you.

Ms. Smith?

Ms. SMITH. I agree. I think OPTEMPO right now is so high. I know in my personal situation, my husband had come home. That day, we were excited, his homecoming, and found out that same day he was turning around and leaving again in just a few short months.

Our families are tired. I think that counseling would help tremendously.

Senator AKAKA. Ms. Davis?

Ms. DAVIS. Yes, I agree. OPTEMPO definitely is the number-one area of concern, and a big one from what I am seeing—again, I have younger children as well—is education. Education is huge because, again, like Ms. Smith, I have been funding education for our two children as well. Whereas, if I go to another base, I may not need to because we came from locations where there were blue ribbon schools. We are in a location now where the schools are not really rated very high.

We are up and down with funding, and of course, that affects families' incomes. You are funding school for your children in one location, but in another location you are not. OPTEMPO, by far, is the number one, but I think education is creeping up there as well because of the amount of PCS moves.

Senator AKAKA. Yes, Ms. Moakler?

Ms. MOAKLER. I think that something that touches on everything that the spouses said at this panel, sustained funding and support

for our programs and resources that are out there. So we can keep supporting our families.

Senator AKAKA. Ms. Moakler, many military families in Hawaii have benefited from the ongoing privatized housing efforts at our installations. I believe military housing directly impacts the quality of life of our military families. Therefore, we must closely monitor the implementation and operation of privatized housing.

What is your assessment, Ms. Moakler, of the overall impact of privatized housing on the quality of life for our military families?

Ms. MOAKLER. As someone who in 28 years of my husband's service in the Army lived in quarters, as we say, for 24 of those years, I understand how important housing on the installation is to our military families, to their morale and to their spirit.

We hear from families in our association how pleased they are with the privatized housing, where there is the availability of more new housing, where existing housing has been rehabbed to bring it up from a 1950s-style house to something in the 21st century, with new appliances, outlets where you can plug in your computers and your TVs without having to worry if everything is going to blow up.

There have been great, great strides. That said, there are some installations where we are not moving quite as quickly as we might in bringing all the housing up to that standard. We would also like to see a greater involvement of the installation commander with the privatized housing contractor when military families can't get problems resolved with the contractor.

Senator AKAKA. Before my time expires, I would like to ask this question, Ms. Moakler. I am a strong advocate for financial literacy. I sponsor annual legislation designating April as financial literacy month to highlight the need for increased financial literacy.

Financial education helps our military families be better able to make informed financial decisions and deal more effectively with difficult financial situations. DOD has several programs in place to support financial readiness. How would you assess the success of DOD's financial readiness efforts?

Ms. MOAKLER. I think that the many prongs that they have been following to help military families, both with supporting the elimination of payday lenders, which was huge and, more importantly, making more opportunities for military families to learn how to be better financial managers through the availability and the support centers of financial counselors. The financial counselors can also be made available through the defense credit unions and military banks and the Military Saves program.

It all encourages families to be more aware of their financial responsibilities, and this is directly tied to readiness because when a family feels more financially secure, then the servicemember can go off and serve in a combat area without worry.

Senator AKAKA. Thank you very much, Mr. Chairman. My time has expired.

Senator BEN NELSON. Thank you, Senator Akaka.

Senator Burriss.

Senator BURRIS. Thank you, Mr. Chairman.

I would like to also add my comments to these distinguished family members whose spouses and Ms. Davis have served our

country so valiantly and so gallantly. I think Admiral Mullen had it very right when, as Chairman of the Joint Chiefs of Staff, he said, "Our future is guaranteed from a national standpoint if we take care of our people."

I agree with the Admiral. I can think of no more important issue facing the Services than taking care of our families. With that in mind, Ms. Casey, I just heard you say that if you take your children to the doctor—or was it Ms. Mancini, that you can only get one appointment?

Oh, it was Ms. Smith. You said it. If your child has some other type of illness, the doctor is only going to see one illness? Why is that?

Ms. SMITH. Because they say there is not enough time to discuss more than one issue at a time.

Senator BURRIS. Is there a specific base or city where this is taking place?

Ms. SMITH. You see the signs up in hospitals—or doctors' offices throughout the military.

Ms. MANCINI. For the Navy, in Norfolk, when you call, they tell you that. "What is your symptom?"

Senator BURRIS. If you have a sick child, you probably don't even know what the symptom is. I mean, I have two grandchildren, and one is 1 year old, and the other is 4 years old. You can't tell what is wrong with them sometimes.

You have some young children. One of you all has young children. I think you, Ms. Davis?

Ms. DAVIS. Yes.

Senator BURRIS. Ms. Davis, let me ask you this. I notice, and I don't want to sound like I am sexist on this, but your husband also is in the military, right?

Ms. DAVIS. Yes. Yes, he is.

Senator BURRIS. Were any of you other ladies in the military yourselves? Now, do you think if a male were here testifying that he is the home person and the female is deployed, is he experiencing the same thing that you all would be experiencing? Since we have now got so many females in the military, I mean, I would assume that that is also taking place.

But, have you heard any comments from males who stayed back as to how are they coping because you have this situation where the mother can better cope with the children than the father can. Have we heard anything in that regard?

Ms. CASEY. I think it varies on individuals and their coping mechanisms.

Senator BURRIS. Have you heard of any experience like that from a male? How would your husband—were you ever deployed, Ms. Davis?

Ms. DAVIS. I have not been deployed. My husband has taken care of the children when I have been on temporary duty (TDY). I had to go TDY for 6 weeks, and I had a 4-month old and a 2-year old, and my husband obviously was left with two very young children.

Again, coping mechanisms are the key because in my house, and I am sure every other house, I am not a single parent in my house. There are two parents. Obviously, he was very active in child rearing, and I wouldn't say he had any issues other than issues I

would have had, other than trying to understand how a female does it all. [Laughter.]

Senator BURRIS. That is a major issue. That is where I am going.

Ms. DAVIS. Right.

Senator BURRIS. You all have that natural ability—am I wrong? An instinct that is sort of inherent. I think about my trying to handle my two children, I couldn't do it the way my wife did. No way I could have done that.

Ms. DAVIS. I do feel, though, the issues and concerns we have brought forth today would be the exact same issues because they have to deal with the exact same offices. They have TRICARE issues. Any need that I have as an Active Duty spouse or a dependent spouse, so to speak, my husband as a dependent would have the same issue.

We would have to call and make an appointment and be told, "I am sorry there are no appointments for 2 weeks." Or "I am sorry we can only see this one issue because we have five doctors deployed."

I can't imagine any issues being any different other than the standpoint it is a male you are speaking to, and I couldn't obviously give you a male perspective.

Senator BURRIS. Now, Ms. Davis, were you ever stationed at Scott Air Force Base?

Ms. DAVIS. No, I have not. But I have been at Offutt. I was at Offutt for almost 11 years.

Senator BURRIS. I was at Scott Air Force Base a few weeks back, and they had the dedication of a high school, and the military was very involved. Scott is a major command Air Force center, and they were building a new high school. There was, naturally, Federal Impact Aid funds that come to those schools because of the military families that are stationed there.

Ms. DAVIS. Absolutely.

Senator BURRIS. Now you mentioned the fact of vouchers that would be an answer to that.

Ms. DAVIS. Yes.

Senator BURRIS. I am trying to reconcile the voucher situation with a situation where there are Impact Aid Funds being paid to a school district because of the military children that are attending those schools. How would you reconcile that?

Ms. DAVIS. In my particular situation because of where we are currently assigned, the local schools are not rated very highly. A big portion of the military personnel either home school or they are actually paying to send their children to school.

If I am living in whatever county as an Active Duty member and the schools in that particular county are not very adequate to the standards I would like for my child, I believe that a voucher program would allow me to be able to take my children outside of that district because schools are districted of some sort.

But I can't, as far as the impact on the schools and funding—

Senator BURRIS. Now are you in a military environment?

Ms. DAVIS. Yes.

Senator BURRIS. So, therefore, the other military students are going to that same school?

Ms. DAVIS. Yes. Obviously, yes.

Senator BURRIS. There are some Impact Aid Funds coming in for that school?

Ms. DAVIS. Absolutely, yes.

Senator BURRIS. So you are saying Impact Aid Funds along with the voucher funds?

Ms. MOAKLER. If I could address this, Senator Burris, please? Taking the voucher program separately because there is an installation in that area, a military installation that impacts that school district's ability to raise taxes, they, along with other schools that have military children in them or other schools that are near a military installation, other school districts that might have an Indian reservation in them, other schools that might have some other kind of Federal entity within that school district are eligible for what is known as "Impact Aid."

It comes from the Department of Education, and it is dependent upon how many children are supported by that Federal installation, be they military, be they Indians on the reservation, be they children of those Federal employees, that school district then receives a certain amount of money for those children. It is a fairly involved process.

Senator BURRIS. I am familiar with the process. I am trying to get a comparison here whether or not we would be also, if you are in that environment where Impact Aid is received because there are military children and then you are also asking for vouchers not to send your child to that school, but you want to send your child to another school, I am trying to figure out how you reconcile that?

Ms. MOAKLER. Well, traditionally, we have not equated Impact Aid with tuition. Impact Aid is not tuition.

Senator BURRIS. No, because what you are saying is you want to send your child to a religious school or some other type of special school, and not send them to the school where the Impact Aid is supposed to be calculated based on so many military families being in that community.

Ms. MOAKLER. But it is to offset the taxes that they are——

Senator BURRIS. Yes, I know what it is for.

Ms. MOAKLER. I know what you are asking. I mean, I don't know what the answer to that question is, but I know exactly what you are asking. What happens if we then give vouchers, what happens to that Impact Aid money?

Senator BURRIS. That is correct, yes.

Ms. MOAKLER. I don't know the answer to that.

Senator BURRIS. Mr. Chairman, that is an issue that——

Senator BEN NELSON. Senator Burris, I think that is something maybe we can talk about within the committee and see if we can come to a resolution because you raise an interesting question.

Senator BURRIS. Mr. Chairman, I do have to go to preside over the Senate. So I take leave.

Senator BEN NELSON. I appreciate it. Thank you.

I have to ask Ms. Davis, what years were you at Offutt?

Ms. DAVIS. I am going to tell my age. Let us see, I was there from 1988 to 1999.

Senator BEN NELSON. 1999. Well, I was Governor during most of that time.

Ms. DAVIS. Yes, you were. Yes, you were.

Senator BEN NELSON. I hope you were able to have good schools within that district.

Ms. DAVIS. I did not have any children, sir. I did not. But actually, there were some awesome schools in Offutt. So, yes, there was.

Senator BEN NELSON. All right. I thank you. I want the record to reflect they have good schools. [Laughter.]

Thank you. Thank you all for coming here today and expressing very sincerely and openly your concerns and experiences. It is essentially what we have to have in order to be able to try to help in areas where help is required.

It is encouraging to know that some things are working, but discouraging that some things aren't working as well as we would like them to. But at least we are aware and we will do what we can to try to rectify some of these challenges.

The OPTEMPO is something that we have always hoped would take care of itself. It hasn't to date. But I know there are efforts underway to try to get more dwell time, and we are going to continue to work, to do everything we possibly can, including expanding end strength, to try to get to that.

Thank you very, very much. We appreciate it. God bless you, and God bless your families. [Pause.]

For our second panel, we are pleased to have Arthur J. Myers, the Principal Director and the acting Deputy Under Secretary of Defense for Military Community and Family Policy.

Kathleen Marin, Director, Installation Services, Office of the Assistant Chief of Staff for Installation Management, United States Army.

Terri J. Rau, Ph.D., Deputy Director for Research, Development, and Performance Measurement, Navy Installations Command, United States Navy.

Major General Timothy R. Larsen, USMC (Ret.), Director of Personnel, Family Readiness Division, Manpower and Reserve Affairs Department, United States Marine Corps.

Eliza G. Nesmith, Chief Airman and Family Services Division, United States Air Force.

We are eager to hear the various departments' and services' family support programs and initiatives, including how each plans to resource these programs.

With that, let me first call on Mr. Myers to begin the panel's opening statements.

**STATEMENT OF ARTHUR J. MYERS, PRINCIPAL DIRECTOR
AND ACTING DEPUTY UNDER SECRETARY OF DEFENSE FOR
MILITARY COMMUNITY AND FAMILY POLICY, DEPARTMENT
OF DEFENSE**

Mr. MYERS. Thank you, sir.

Chairman Nelson, the Secretary of Defense and all the men and women of the Armed Forces, as well as their families, thank you for your support.

We are very appreciative that you are holding this hearing on family support issues. It is our opportunity to tell you about our many initiatives and validate our need for continued authorization of funds.

One of our biggest successes is Military OneSource. This service is well known for its individually tailored services and its availability any time, any place, which is particularly helpful for those who are geographically isolated from installation support.

As a result of the Senate's insight into the special needs of this population who are separated from installation support, we established a joint family assistance program in 15 States and then extended the service to all States and territories. We have also implemented a program of face-to-face nonmedical counseling for military families experiencing normal stress of multiple deployments and reunions.

Additionally, we have placed military family life consultants in schools selected by the military departments to provide consultation, education, training and workshops to faculty, parents, and children to help cope with deployments. This pilot program was offered at six schools in Europe and at Fort Hood and at Fort Campbell in the United States.

We are also assisting spouses to develop portable careers by offering Military Spouse Career Advancement Accounts. A total of up to \$6,000 per spouse is available for credentialing and licensure. This initiative began in March, and already 15,000 military spouse profiles have been received. About 45 percent of those spouses are seeking careers in health professions.

Our financial readiness campaign focuses on empowering servicemembers and their families with the tools and information they need to meet their financial goals. We want to place them on the path to financial freedom. Also, our youth program and DOD schools encourage financial literacy at a very early age.

We are ready to accept the challenge to meet the emerging needs of our military members and their families. We know there is always more to be done to meet their many requirements. I would like to highlight some areas for your consideration.

Several years ago, Congress granted temporary authority for minor military construction of child development centers that allowed us to accelerate childcare capacity and increase spaces by 15,000 on a rapid basis. To meet our goals for childcare and to keep our members fit to fight and win, we require similar authority for fitness centers and family centers and for childcare for children through 12 years of age.

We need to extend the authority, which ends this fiscal year, through fiscal year 2012 and also increase the projected threshold to \$15 million. In addition, we need to eliminate barriers to our partnerships with military providers of childcare, such as relief from the Service Contract Act.

Thank you again for your strong support of the military members and their families. I will be happy to respond to any of your questions.

[The prepared statement of Mr. Myers follows:]

PREPARED STATEMENT BY ARTHUR J. MYERS

The Department of Defense (DOD) has made family support a high priority in recognition of the crucial role families play in supporting servicemembers on the battlefield, a concept that has resounded during these times of multiple deployments. To ensure continuity in program delivery, the Department increased the fiscal year 2010 Defense-wide baseline by shifting \$234 million from the Overseas Contingency

Operations funding to the baseline. The total fiscal year 2010 Defense-wide Family Assistance budget request is \$472 million to fund programs such as child care expansion, outreach to Guard and Reserve, non-medical counseling, financial education and training and access to training and certification opportunities for spouses. These programs are lifelines of support for military members and their families who are stationed around the globe. The purpose of my statement today is to describe our many successes and build a record that supports authorization of funds and programs needed for family support. Our military leaders stand with me in this important endeavor to reiterate the inextricable link between investments in quality of life programs and readiness of soldiers, sailors, airmen, and marines. It is clear, at a time of increased deployment and demand on our servicemembers and their families, there is need for consistent, commensurate family support.

Improvements to military quality of life are framed by the past with a view toward the future. Today, the Department has a wide range of quality of life policies, services and programs to address personal and family issues. Initiatives address the nexus of work life and personal/family life; all are concerned with key organizational goals related to recruitment, retention, morale and mission readiness.

CHILD CARE

The Department considers care for children of military members to be a key work force issue with a direct impact on the effectiveness and readiness of the force. Though the Department has a strong commitment to child care and youth programs, some components still have unmet demand for child care. Efforts are ongoing to address an estimated shortage of approximately 37,000 child care spaces needed for Active Duty, Guard, and Reserve families. The fiscal year 2010 Defense-wide budget includes \$60 million to expand child care in civilian communities for public-private ventures. Plans to build this capacity involve utilizing a myriad of delivery systems to include existing child care facilities, schools, recreation and after-school programs, and home-based care programs. We will aid in the recruitment of private sector licensed child care providers at locations where child care needs are identified, such as locations from which Guard or Reserve units are being deployed. The Department will ensure the level of quality is comparable to that offered on-installation by implementing an assistance plan geared to the specific needs of the community. We will utilize existing State and local resources, supplementing when needed, to raise the quality of care.

Increased child care capacity requires a high-quality, well-trained workforce. We need to eliminate barriers to hiring practices key to expanding our partnerships with community providers of child care. The Department has exercised a robust construction program to accelerate child care capacity and increase spaces by over 15,000 on a rapid basis. The temporary program to use minor military construction (MILCON) authority for the construction of child development centers provided a means to increase the availability of quality, affordable child care for servicemembers and their families. I thank you for your strong support.

The Department has initiated outreach to universities and nonprofits for the purpose of developing recruitment and retention programs and to strengthen existing partnerships. These strategic efforts will enhance DOD's capacity to recruit and retain talented professionals in Child Development, Youth Development, Counseling, Family Support, & Financial Management. In addition, outreach efforts designed to increase the number of students completing internships and pursuing professional careers are also under development. The Department is working with campus-based partnerships to identify promising or best practices, develop training programs, create campus-based seminars, colloquia, workshops, and distance learning and to provide research on the impact and quality of programs.

The Department continues to lead the Nation with 98 percent of DOD Child Development Centers accredited by the National Academy of Early Childhood Programs, as compared to 8–10 percent of civilian child care centers. To be accredited, early childhood programs voluntarily undergo a comprehensive self-study and an external, professional review. Criteria are aimed at providing a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children. Additionally, a report released by the National Association of Child Care Resources and Referral Agencies in March 2009 rated the DOD child care system oversight and standards as the top ranking among all 50 states and the District of Columbia with a score of 131 out of 150 points, 20 points ahead of its nearest competitors (District of Columbia, Oklahoma, and Tennessee).

YOUTH PROGRAMS

DOD promotes positive youth development by designing programs to recognize the achievements of youth and by developing partnerships with other youth-serving organizations like the Boys & Girls Clubs of America and 4-H that offer a variety of resources. Programs prepare pre-teens and teenagers to meet the challenges of military life, adolescence, and adulthood. Recognizing that developing good financial habits needs to start earlier, we launched the Military Youth Financial Readiness Campaign as part of the Military Saves Week in 2008. In 2008, we had over 5,000 youth participants and this year that number grew to more than 7,000.

This month, DOD launched a new Web site, Military Youth on the Move, <http://apps.mhf.dod.mil/myom>, to replace Military Teens on the Move. This site is an easy to use resource that reaches out to youth with creative ways to cope with issues that arise in the face of a move, such as transitioning to a new school, saying goodbye to friends, and getting involved in a new community. The Web site is divided into three target audiences: elementary school, middle school, and high school. Users simply click on their age group to get started. Once inside the site, users search different topics that pertain to both military youth in particular and youth in general. Moving once or repeatedly has a significant impact on our youth. Military Youth on the Move helps to make the transition as smooth as possible by giving them a safe place for information and advice.

To support military youth impacted by deployment, Operation: Military Kids (OMK), collaborated with the Joint Family Support Assistance Program in 15 pilot States. 4-H/Army Youth Development Project Youth Program Specialist staff assigned to support OMK trained 26,543 community members at Ready, Set, Go community events, informed 16,267 partners and decisionmakers at Informational Briefings, trained 1,270 youth at Speak Out for Military Kids events, presented 2,264 Hero Packs to military youth, engaged 289 nonmilitary youth, involved 1,946 military youth and 399 nonmilitary youth, 1,835 family members and 387 community members at Mobile Technology Lab events, and involved 7,872 military youth in other youth program events.

DOD provided funds to OMK states for the expansion of OMK camping opportunities that advance the accomplishment of national OMK goals, support the Joint Family Support Assistance Program and enhance the effective implementation of OMK elements to reach more military youth. Thirty eight states with current OMK grants and the District of Columbia will be eligible to apply for supplemental OMK Camp funding in the amount of \$50,000. Because of larger military populations, the following 10 States will be eligible for an additional \$35,000 (total of \$85,000): California, Texas, North Carolina, Virginia, Georgia, Florida, Washington, South Carolina, Hawaii, and Kentucky. Summer Camps are defined as weekend events, special focus camps (computer, conservation, leadership, etc.), day camps, school break retreats, or residential experiences of varying lengths organized and operated by OMK. The outcomes for military youth include opportunities, in a camp setting, to ease the stress associated with the deployment of a parent and to form a support network of military peers. The outcomes for parents include opportunities for youth to attend a no cost camping experience with other military youth impacted by deployment throughout their State and/or neighboring States.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

A key quality of life issue is the education of military children. Servicemembers often make decisions about assignments based on the availability of quality educational opportunities for their children. The Department of Defense Education Activity (DODEA) provides quality pre-kindergarten through 12th grade educational opportunities and services to military dependents around the globe, who would otherwise not have access to U.S.-accredited public education. Of the approximately 1.2 million military school-age children, DODEA educates nearly 85,000 in 192 schools in 12 foreign countries, 7 States, Guam, and Puerto Rico with 8,700 educators. The excellent ratio of educators to students (1:10 overall) contributes to the quality individual attention and education afforded throughout the DODEA system. DODEA also operates a tuition reimbursement program for military assigned overseas without a DODEA school. Through the Educational Partnership Initiative and new technologies, DODEA can expand its reach to the approximately 92 percent of military students who do not attend DODEA Schools.

The ongoing relocation of thousands of military students through force structure changes has created an urgent need and responsibility to enrich and expand partnerships with military-connected communities to ensure the best possible educational opportunities for military children. DODEA works collaboratively with the Secretary of Education to ease the transition of military students, to use DODEA

funds to share experience with local educational agencies (LEAs) who educate military students, and to provide programs such as distance learning and teacher training to LEAs with military students undergoing transition from force structure changes. DODEA is developing a new approach to provide a fully accredited virtual school program for grades 9–12 for eligible students. Beginning in school year 2009–2010, DODEA plans to increase course offerings within the existing distance learning program to implement a comprehensive accredited virtual high school by school year 2010–2011. A middle and upper elementary program is also planned for delivery in subsequent years.

Many of the school facilities within DODEA have exceeded the life expectancy and do not meet today's educational standards. Schools are currently operating within structures that were erected in the 1930s through the 1960s. These aged buildings were either built for other purposes (i.e., barracks, administration buildings) or were constructed prior to major technological advances for the kindergarten to high school learning environment. Independent condition assessments indicate that it is more cost effective to replace these buildings than to upgrade or modernize them. Many are due for replacement in the next 10 years. Continued support of the DODEA effort is needed and appreciated. This supports the Department's force management quality of life and retention goals of attracting and retaining the highest quality personnel.

DODEA continues to make significant improvements to facilities due to gains in the facilities sustainment, restoration, and modernization (FSRM) budget. In fiscal year 2009 DODEA, will meet the Department standard for FSRM with obligations of \$86 million; of this amount sustainment funding is \$72.6 million. The fiscal year 2010 DODEA FSRM budget is currently \$93.7 million with \$73.8 million allocated to sustainment. Both these figures are vast improvements over fiscal year 2008 and previous years. In fiscal year 2008 the sustainment budget was \$55.8 million. The current and projected budget will allow DODEA to target high-cost, priority repairs on roofs; heating, ventilation, and air conditioning; other critical systems that may be failing; and improvements to support technology requirements in the classrooms. Complimenting the O&M increase in FSRM is the increase to the DODEA MILCON program. The fiscal year 2009 DODEA MILCON budget is \$102 million and the fiscal year 2010 budget is programmed for \$208 million, a major increase from the previous DODEA MILCON budgets of approximately \$45 million a year. This increase is attributed to Department recognition and support of DODEA requirements. In the future, DODEA plans to replace three to four schools a year as well as meet new requirements.

New information today can make educational programs that were developed and implemented yesterday obsolete. To that end, DODEA is conducting a multi-phased comprehensive program evaluation process to review the current status of its educational programs to develop recommendations to increase the impact of those programs as well as increase accountability and student achievement. Some programs can be modified to make them more effective, while others may have to be discontinued. The entire DODEA staff will continually assess data and review research to meet the needs of students to show continuous gains in student achievement.

The process of program evaluation follows the steps of planning, implementing, evaluating, reviewing, and refining. We look to you for your support in continuing this effort. This effort includes an assessment program that will align DODEA's assessment of student achievement in accordance with state; administrative and teacher professional development programs to support data-driven differentiated instruction; and a comprehensive grade 9–12 Virtual School program by school year 2010/2011. This is a significant commitment to ensure the children of our uniformed servicemembers are receiving the best education possible.

Many military installations have school liaison officers to advise military parents of school-aged children on educational issues and needs and to assist in solving education-related problems. School liaison officers are helping to identify barriers to academic success and develop solutions, promote parental involvement, develop and coordinate partnerships in education and provide parents with the tools they need to overcome obstacles to education that stem from the military lifestyle. The School liaison officer acts as an advocate and communication link between the installation and the surrounding school districts to "level the playing field" for transitioning military children and youth. The purpose of the program is to provide a link between military families on- and off-installation schools to assist them with those unique problems facing military children, i.e., PCS moves, deployments, varying graduation and records transfer requirements, differences in curriculum and schedules between stateside and overseas schools, and DOD schools and civilian schools. Their mission is to mobilize and utilize community resources to reduce the impact of the mobile military lifestyle on children/youth, implement predictable support

services that assist children/youth with relocations, life transitions and achievement of academic success, and provide access for parents, children, youth, schools, commanders, and communities to a wide range of resources to facilitate school transitions.

EXCEPTIONAL FAMILY MEMBER PROGRAM

Through the military medical departments, at no charge to families, DOD provides early intervention services, from birth until 3 years of age, to infants and toddlers who are developmentally delayed or at high risk for a developmental delay and who (but for age) are eligible to attend a DOD school. The DOD schools provide specially designed instruction, support, and services to children with educational disabilities, who are 3 years of age and until they are 21 years of age. The DOD schools provide a full continuum of programs to meet the needs of children with disabilities in our military families. During the last 6 years, the DOD schools have focused on children with moderate to severe disabilities by purchasing new equipment and assistive technology devices and providing professional development for all special education personnel. The intent is for consistency in curriculum and instruction as families move from one DOD school to another. In response to the increased incidence of children with autism in our DOD schools, the DOD school system hired autism consultants to help design the curriculum and interventions for students with autism.

The Department publishes an annual directory to assist the medical and educational assignment coordinators to identify those military communities outside the continental United States with pre-established programs or services for children with special needs, including those with more serious needs, such as those with intellectual impairments, autism or physical disabilities such as blindness.

Recently, the Department embarked on a joint Service campaign to raise awareness of the Exceptional Family Member Program, the issues that these families face, and the resources available to address their needs.

INTERSTATE COMPACT

The mobile military lifestyle creates tough challenges for children who attend, on average, six to nine different school systems from kindergarten to 12th grade. To help overcome these issues, the Department is working with the states to implement the Interstate Compact on Educational Opportunity for Military Children. A variety of Federal, State, and local officials as well as national stakeholder organizations helped develop this interstate agreement whose goal is to replace the widely varying treatment of transitioning military students with a comprehensive approach that provides a uniform policy on eligibility, enrollment, placement, and graduation in every State that chooses to join.

Eleven States—Arizona, Colorado, Connecticut, Delaware, Florida, Kansas, Kentucky, Michigan, Missouri, North Carolina, and Oklahoma—adopted the compact in 2008. This was sufficient to activate the Compact and establish the Commission to finalize implementing rules and provide operational oversight. Although it is still fairly early in 2009, Alabama, Alaska, Indiana, Iowa, Maryland, Mississippi, Texas, Virginia, and Washington have joined the Compact bringing the total number of member States to 20 and covering approximately 64 percent of military children. In addition, legislation is being actively considered in 12 States.

VOLUNTARY EDUCATION: THE FIRST JOINT SERVICE GRADUATION CEREMONY IN IRAQ

Personal development is so ingrained in our culture that, even in a war zone, military personnel strive to continue their educational pursuits and personal improvement. To meet those needs, there are two full service Joint Education Centers operating in Iraq at Camp Victory and Camp Balad, with plans to open six more in the near future. Seven days a week, servicemembers may participate in traditional (instructor-led) on-the-ground classes, through Central Texas College, University of Maryland University College and Embry-Riddle Aeronautical, or via distance learning education. The centers also provide an extensive testing program, improvement courses, and Leader Skill Enhancement Instruction Courses.

On 17 May 2009, beneath the United States flag in the rotunda of the Al Faw Palace in Baghdad, a Graduation Commencement Ceremony was conducted in Iraq—a first for any combat zone. This was the conclusion of a long journey for many of the servicemembers pursuing their educational goals. The degrees conferred represented all levels of mastery—associate, baccalaureate, and masters.

All servicemembers deployed to Iraq who graduated in the 2008–2009 college year were invited to participate. Of the 130 identified as graduates, only 79 could participate in the ceremony due to operational reasons.

A tangible demonstration of the importance the military places on education, the graduation ceremony epitomized self improvement as a critical component of the warrior ethos. The warrior-scholars demonstrated their desire to pursue intellectual knowledge that will be applied in their job and to the military mission in Iraq.

FITNESS

All of the military Services continue to expand and provide innovative fitness programs that sustain a physically fit, healthy force in our military communities and for deployed men and women around the world. Long-term plans will modernize the fitness infrastructure beginning with the Services' request for 10 fitness center MILCON projects in fiscal year 2009 and another 71 fitness centers programmed through fiscal year 2014. The inclusion of fitness facilities in the minor MILCON authority would serve as a boost to facilitate future construction. Installation fitness facilities are one of the most important facilities on base for troops to release stress after returning from combat, combat obesity, and remain physically and mentally fit. Also, more and more, our installation fitness centers are becoming "family friendly." Many installation fitness centers are carving out space for supervised child care to assist parents who otherwise could not work out because of lack of available child care. Programming is being expanded to include older children/youth in classes to help foster a healthier lifestyle and combat obesity. The key initiative is ensuring our military members and their families are fit!

MWR OUTREACH

To promote a healthy lifestyle and expand the military MWR benefit to Active Duty, Guard, and Reserve and their families who do not have access to installation MWR programs, we have contracted with the Armed Services YMCA to offer free YMCA family memberships at local, participating YMCAs to families of deployed Guard and Reserve Personnel, Active Duty servicemembers and their families assigned to Independent Duty locations, any relocated spouse of a deployed Active Duty servicemember and a limited number of families assigned to the Joint Base locations. In just 7 months we funded over 15,000 memberships which include over 27,000 family members. Feedback has been overwhelmingly positive with comments such as "with four children in tow, exercise would be impossible without child watch at the YMCA—thank you for finding military spouses/families worth it to use funds in this way" and "I have lost 30 pounds in just a couple of months since coming to the YMCA; I absolutely love it!" We are expanding our marketing efforts to reach more families who meet the eligibility requirements.

We also created a DOD MWR Online Library with library resources in print, electronic and downloadable format for entertainment, learning or solace, available for free from Military OneSource, virtually anytime, anywhere. Resources include auto, home and small engine repair, Career Library, Peterson's Life Long learning, Tumblebooks for kids, NetLibrary audio and e-books just to name a few. The online library is also available through the Military Services Portal. Again customer feedback has been excellent with comments such "You guys hit a home run with offering these books—great for the long plane rides to and from deployment—thank you for the great benefit!" and "Great job—love the free stuff." Supplemental funding has allowed us to renew these on-line resources for another year.

COMMUNICATION SERVICES IN COMBAT AREAS

The ability to communicate with family and friends is the number one factor in being able to cope with longer and more frequent deployments. Servicemembers have free access to the non-secure military Internet by using their military e-mail address, including aboard ships. They also have free Internet access at 794 MWR Internet Cafes in Iraq and Afghanistan with 9,107 computers and 4,015 VOIP phones (with call rates of less than 4 cents a minute). To enhance MWR provided services, the Exchanges provide personal information services for a usage fee for this customer convenience. Back home, computers and Internet service located in our family support centers, recreation centers, libraries, and youth centers help ensure families can connect.

Additionally, the Exchanges contract for telephone services in combat zones, operating 72 calling centers with 1,536 phones in Iraq, Afghanistan, and Kuwait, plus calling centers on-board ships in theater. Rates are 45 cents per minute afloat and 15 cents per minute ashore. The Exchanges are in compliance with the DOD policy and the law, which require that contracts for telephone service be awarded through competitive procedures and include options to minimize costs to individual users. Where feasible, the contracts provide the flexibility to use a variety of phone cards.

MilitaryHOMEFRONT (www.militaryhomefront.dod.mil) is the DOD library of official information about quality of life programs for helping professionals and military families. The Homefront provides access to information about benefits, entitlements and programs available to military members and their families including policies, reports, and directives on topics from child care to relocation, special needs to voluntary education, morale welfare and recreation to combat stress. MilitaryHOMEFRONT provides a searchable directory of educational programs and services and state-specific resources as well as hundreds of Autism and general disability resources. Parents who have children with autism can communicate directly with each other using HOMEFRONTConnections, a DOD social networking site available on MilitaryHOMEFRONT.

Further, DOD uses MilitaryHOMEFRONT to develop tools, accessible through both the Military OneSource and MilitaryHOMEFRONT Web sites, to assist families—including the very popular “Plan My Move” and “Military Installations.” Military Installations, an on-line directory within the Web site, provides access to points of contact for 56 activities on installations worldwide, including the commissary, exchanges, MWR programs, child development centers and the military health care facilities.

MILITARY ONESOURCE OUTREACH CENTER

Six years of deployments and multiple deployments have prompted DOD to rethink methods and strategies to deliver family support. Two major issues drove the development of the new delivery system: 1) how do we meet the needs of the National Guard and Reserve families and those geographically dispersed, and 2) how can we meet the needs of commanders for surge support surrounding deployments.

Primary among those responses was the opening of the Military OneSource Center, designed to provide Active Duty and Guard and Reserve Commanders the vehicles for surge support during deployments. The Military OneSource Center, along with the Military OneSource 24/7/365 call center and web-site, provide the scaffolding for our outreach and support.

1. Military OneSource.com and Call Center

Launched in 2002, Military OneSource provides support services 24/7/365 to Active Duty, National Guard, and Reserve component servicemembers and their families worldwide. This backbone of the Military OneSource Center provides toll-free confidential telephonic support and a Web site that provide interactive tools, educational materials, discussion boards, links to military and community resources, and tax filing services, among other services. Testimony to its usefulness is the fact that over 600,000 tax returns were prepared through Military OneSource this tax season, at no charge to servicemembers.

2. Outreach Counseling

Outreach Counseling offers servicemembers and families with confidential, short term, situational, problem-solving assistance, instrumental for coping with normal reactions to the stressful situations created by deployments, family separations and reintegration.

Military OneSource offers confidential face-to-face, telephonic, and on-line counseling up to twelve sessions. Telephonic and on-line counseling sessions are new and beginning to grow.

The Military and Family Life Consultant (MFLC) program provides professional, confidential, and flexible service delivery on a 30- to 90-day rotational basis on military installations to meet surge support requirements and to support Guard and Reserve events.

3. Financial Counseling

Additionally, financial counseling is available, through both Military OneSource and the MFLC program, to assist with the financial concerns of military members and their families during all stages of the deployment cycle. The Military OneSource Center has been highly successful in making these services available worldwide.

Financial Readiness Installation Roadshows: Installation workshops are delivered on demand that include information about budgeting, mortgage and foreclosure, debt reduction, saving and investing, identity theft and retirement planning.

Twenty-three road shows have been conducted since November 2008; over 20 additional events are scheduled in 2009.

4. *Military Spouse Career Advancement Accounts*

To jump start portable careers in health services, education, information technology, and financial services, DOD will provide up to \$6,000 per spouse to assist spouses in developing portable careers in fields such as nursing, teaching, real estate, and banking. This, in turn, supports families in attaining their aspirations and goals that may be interrupted as a result of the mobile military lifestyle.

5. *Outreach support to the National Guard and Reserve—Joint Family Support Assistance Program*

A continuum of support and services for National Guard and Reserve members and their families during pre-deployment, deployment, post-deployment, reunion and reintegration. Services have reached 364,000 servicemembers and families over the last year. It is a support service multiplier by broadening the network of resources beyond those that exist on installations. This program also supports the Yellow Ribbon Reintegration Program 30–60–90 day events during post-deployment.

6. *Wounded Warrior Resource Call Center*

Embedded in the Military OneSource Call Center, this feature provides servicemembers who have become wounded, ill, or injured, as well as their families and their primary caregivers, with a single point of contact for referral to Services' resources. Assistance is provided with reporting deficiencies in covered military facilities, obtaining health care services, receiving benefits information and any other difficulties encountered.

COMMISSARIES AND EXCHANGES

The commissary and exchange programs are vital to mission accomplishment and, as components of the military compensation system, are important contributors to morale and readiness. The Defense Commissary Agency (DeCA) operates 254 commissaries around the world providing groceries and household products to military personnel, retirees, and their families at cost plus a 5 percent surcharge to fund commissary construction and equipment. Savings exceed 30 percent compared to commercial prices; savings that contribute nearly \$3,400 per year in disposable income for a family of four that does all of its grocery shopping at the commissary. Sales exceed \$5.8 billion; operations are funded by appropriations of \$1.3 billion. DeCA met or exceeded all performance goals in fiscal year 2008 and is performing equally well in 2009, with year-to-date sales above target. DeCA is bringing the commissary benefit to Guard and Reserve personnel who don't live near a commissary through their 208 on-site sales at Guard and Reserve locations. The three exchange systems—the Army and Air Force Exchange System (AAFES), the Navy Exchange System Command and the Marine Corps Exchange—operate over 3,700 retail outlets at 300 military installations, in 89 contingency operations, and aboard 161 ships. The exchanges sell a wide range of goods and services and distribute about 70 percent of their profits to support MWR programs. Savings exceed 20 percent, not including sales tax savings. Soon, AAFES will deploy new mobile exchanges specially outfitted to serve Guard and Reserve units together with DeCA. In combat areas, the exchanges provide 129 retail operations ranging from exchanges to imprest funds, 228 name brand fast food outlets, 600 service concessions, and telephone services that minimize costs for deployed members to call home. The exchanges had sales of \$11.9 billion in fiscal year 2008 with profits of \$523 million and project sales of \$13 billion in fiscal year 2009.

The Department will continue to make family support a high priority. As the needs of servicemembers and their families evolve, the Department stands ready to improve the quality of life of its greatest resource—people.

In conclusion, thank you for your support of the dedicated men and women who chose the highest calling of public service in defense of our Nation. We share a passion for improving the quality of life of our soldiers, sailors, airmen, and marines and their families.

Senator BEN NELSON. Thank you, Mr. Myers.
Ms. Marin?

STATEMENT OF KATHLEEN MARIN, DIRECTOR, INSTALLATION SERVICES, OFFICE OF THE ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT, UNITED STATES ARMY

Ms. MARIN. Mr. Chairman, I am honored to appear here today to share how the Army is enhancing programs to restore our soldiers' and families' sense of balance.

Never before in history have we asked so much of our Army families. They make incredible sacrifices, as we have heard here today. They remain steadfast in support of their soldiers, but families are showing the stress of nearly 8 years at war.

The Army recognizes that soldier readiness and family readiness are inextricably linked, and that is why we have doubled our investment in base funding for family programs from 2007 to 2010. The Army's request for fiscal year 2010 soldier and family programs is \$1.726 billion. Continuing predictable funding is crucial to sustain and preserve the All-Volunteer Force.

We are investing the Nation's resources wisely. We are focusing on areas to promote readiness and resilience, reducing the turbulence and stress that comes with military life. Our primary focus areas have been to standardize services across the Army, close gaps in underfunded programs, and to enhance and adapt services to meet the constantly evolving requirements associated with multiple deployments and frequent relocations.

For example, we are augmenting the Office of the Secretary of Defense program of military family life consultants due to such a high demand. As a way to reach out to geographically dispersed soldiers and families, we have expanded the National Guard's model Yellow Ribbon Reintegration program, and we have established our own Army OneSource.

We are expanding education and employment opportunities for family members and better serving the unique needs of the families of our fallen and wounded. We have provided them places to connect and be connected with others going through the same experiences. We are providing for the fundamental safety and security of our military children by building more child and youth centers, increasing available hours, as well as offering specialized activities to combat stress, isolation, and loneliness.

We have reduced program fees, provide free childcare for spouses who must now fill both parenting roles, and we provide support to those in geographically dispersed locations by subsidizing high-quality local childcare. We are continuing to fund respite care for those with exceptional family members, and we are easing the burdens created by frequent military moves, ensuring our youth receive credit for academic achievement from school to school and State to State.

We are keenly aware of the unique stressors facing our soldiers and their families today. In fact, new challenges are constantly emerging. While we don't have all the answers, we are working on how to assess the relevance and the impact of the full spectrum of our programs.

One way we measure effectiveness is by surveying on a regular basis to seek the opinions of our soldiers and families and assess their satisfaction and, most importantly, to monitor their adaptation to the unique challenges of Army life. These measurements as-

sist us in matching the capabilities of our programs to the expectations of our soldiers and families, keeping the Army strong, ready, and resilient.

Thank you, sir, for the opportunity to speak to you today, and thank you for all you do for our soldiers and families. I stand ready to answer your questions.

[The prepared statement of Ms. Marin follows:]

PREPARED STATEMENT BY KATHLEEN MARIN

Mr. Chairman and members of the subcommittee, I am honored to appear before you to share the progress we are making in the mission of providing our soldiers and their families a quality-of-life commensurate with the quality of their service. Never before in the history of our Army have we asked so much of our families. They make incredible sacrifices, and while remaining steadfast in support of their soldiers, families are showing the stress of 7 years at war. In response, the Army continues to enhance programs and services to enable soldiers and families to become resilient and ready to address the challenges of deployment and separation.

As Director of Installation Services, I am responsible for Army housing, environmental programs, privatization initiatives, and support to soldiers and families. I feel particularly privileged to be entrusted with guiding and overseeing the Soldier Family Action Plan, which brings to life the Army's deep, authentic commitment to provide a supportive environment for those who are sacrificing so greatly for our Nation.

In her "First Lady's Message to Families," commenting on the people she had met on the campaign trail, Michelle Obama remarked, "I particularly cherished my visits with military families all across the country . . . and if there's one thing I learned, it's that when our service men and women go to war, their families go with them." She has learned what this subcommittee and the Army have known for a very long time. They are serving side by side with our soldiers, enduring their hardships, and providing the unconditional love and support that truly make our Army strong.

My statement focuses on a few of the programs we have in place for Active and Reserve component soldiers and families in the arenas of Support to Families, Child, Youth & School Services, Community Support, Support for Single Soldiers, Recreation Programs, Support to Deployed Soldiers, and Measuring Success.

SUPPORT TO FAMILIES

In a February 27, 2009, speech to marines at Camp Lejeune, President Obama referenced his wife's commitment to military families: "My wife Michelle has learned firsthand about the unique burden that your families endure every day. I want you to know this: military families are a top priority for Michelle and me, and they will be a top priority for my administration." Families have been, and will continue to be, a top priority for the Army.

Fiscal Year 2010 Budget Request

The Army has doubled its investment in base funding from fiscal year 2007 to 2010. The Army's request for fiscal year 2010 soldier and family programs is \$1.726 billion. This increase will sustain funding for the family programs in the out years.

From fiscal year 2009 to 2010, the funding for Family Programs increased by \$168 million. This funding does not include Overseas Contingency Operations funds. The Army leadership is committed to enhancing quality of support to soldiers and families across the Army and has funded enduring requirements in the Base Budget. This funding provides programs and services to Reserve component soldiers and families 24/7; resources the Reserve Component Yellow Ribbon program; resources child care services and youth development programs to the DOD standard of 80 percent and 35 percent of demand, respectively; and funds Survivors Outreach Services, a standardized program for family members of the fallen for all components that includes benefits advisors, additional financial counselors, and support coordinators to provide specialized services to survivors for as long as they need them. Additionally, the funding also supports Family Readiness Support Assistants to support the volunteer Family Readiness Group (FRG) leaders down to the battalion level in fiscal year 2010 and out as well as voluntary education and tuition assistance.

The Army Family Covenant

Recognizing that the strength of our Army comes from the strength of our Army families, the Army leadership unveiled the Army Family Covenant in October 2007. The Covenant institutionalizes the Army's commitment to provide soldiers and fami-

lies—Active, Guard, and Reserve—a quality of life equal to their level of commitment and service and recognizes the important sacrifices they make every day to defend the Nation. The Covenant compels the Army to improve soldier and family readiness by standardizing soldier and family programs and services, increasing accessibility to health care, improving soldier and family housing, ensuring excellence in schools and child and youth services, and expanding education and employment opportunities for family members.

The Army Family Covenant is in its second year, and the commitment is enduring. The Soldier and Family Action Plan provides the roadmap to review and strengthen existing programs and services. Although there is much work to do, the Army has made significant progress in improving soldier and family programs; health care; housing; child, youth, and school services; recreation; education; and employment opportunities. We have closed the staffing gaps in Army Community Service, and we are systematically evaluating family programs through surveys, feedback, and focus groups in order to calibrate services to address customer needs.

The Army Family Covenant continues a legacy of service and support to soldiers and families. It reflects a continuum of Army dedication to sustain and partner with soldiers and their families to build an environment where they can prosper and realize their potential, all essential in sustaining an All-Volunteer Force.

The Army Family Action Plan

The Army recently celebrated the 25th Anniversary of the creation of the Army Family Action Plan (AFAP). On August 15, 1983, Army Chief of Staff General John A. Wickham published a groundbreaking white paper *The Army Family*, which identified the need for the Army to increase support to its Families. General Wickham asserted that a healthy family environment allows soldiers to concentrate more fully on their mission. The Army was in transition in 1983, moving its programs from those which supported an organization composed mostly of draftees and short-term enlistees, to an all-volunteer, professional force, more than half of which is married. General Wickham set a new vision and course for Army Families that carries on to this day.

Created in 1980 through focus groups, AFAP was fully developed with the first official AFAP Conference in July 1983. Its mission is to help Army leaders address the needs and concerns of the Army Family from a grass roots perspective. The program uses Army family representatives from around the world to identify issues that will improve the standard of living for soldiers and families. This feedback to leaders provides a way for policy change to become a tangible end-product for the Army family. It addresses quality-of-life issues for soldiers, retirees, Department of Army civilian employees, and their family members, and now includes Warriors in Transition (WT) and Survivors of Fallen Soldiers. The Army remains committed to AFAP as a means for soldiers and families to let the Army know what works, what doesn't, and what they think will fix it.

During AFAP's 25 years, 651 issues have been worked by the Army. Of those: 84 are active, 5 have been combined with other active issues; 442 have been completed; and 120 have been determined to be unattainable. AFAP issues have resulted in 110 legislative changes, 155 changes to Department of Defense (DOD) or Army policies; and 177 new or improved programs or services. Over 60 percent of AFAP issues impact all Services. The majority AFAP issues are related to force support (32 percent), followed by medical (21 percent), relocation (20 percent), family support (17 percent), and youth (10 percent).

As a result of congressional legislation passed in 2008, three of the most critical active AFAP issues were successfully resolved: Distribution of the Montgomery G.I. Bill Benefits to Family Members, Paternity Permissive Temporary Duty, and In-State College Tuition. Thank you for hearing and supporting our families' issues by passing this legislation.

Quality of life and support to soldiers and families will remain a primary focus through AFAP and the Army Family Covenant. AFAP will continue to support the Army family as emerging quality-of-life issues are brought to the Army leadership for resolution. AFAP will continue to be the "Voice of the Army Family," taking on issues such as increasing support for Warriors in Transition and Survivors of the Fallen, refining Soldier Family Action Plan (SFAP) tasks, and reaching out to geographically dispersed soldiers and families.

Army OneSource

Army OneSource (AOS) is the centerpiece of the Army's efforts to integrate family programs and services. It is the Army's outreach to geographically dispersed soldiers and families through technology and people (Community Support Coordinators). The web portal technology brings the latest information to soldiers and families, wher-

ever they reside. It establishes a comprehensive multi-component approach for community support and services for Active, Guard, and Reserve soldiers, families, and employers throughout the entire deployment cycle. Soldiers and families can connect to support services by personal touch (telephone or office visit) and the World Wide Web (www.armyonesource.com).

AOS is an Army asset integrator. It ensures families—regardless of where they live or how they are related to soldiers—have access to support before, during, and after deployment.

Survivor Outreach Services

Survivor Outreach Services (SOS) provides a standardized, multi-agency, decentralized approach to improving support for Survivors of Fallen Soldiers in communities closest to where families live. The program standardizes services for survivors and provides trained experts in benefits counseling, financial counseling, grief counseling, and casualty assistance. The SOS process also places emphasis on the soldier's responsibility to prepare, prior to deployment, for the possibility of death. This preparation involves the soldier, the soldier's spouse, children, and extended family. The loss of life in combat operations is a reality we must address because readiness includes being prepared for that possibility. SOS supports soldier and family readiness during and after the painful and devastating experience of the loss of a loved one.

SOS provides support to Casualty Assistance Officers to ensure families receive the most current information on benefits and entitlements and have access to long-term financial and emotional support. Legal support for survivors includes estate planning, will preparation, probate planning, and assistance in preparing estate-related tax documents.

Service delivery strategies include a variety of modalities such as Web-based accessibility, outreach, face-to-face, and group services. SOS is available 24/7 with foreign language and special needs accommodation capabilities. Services are offered at stateside, overseas, and geographically dispersed locations.

Family Readiness Groups and Family Readiness Support Assistants:

The Family Readiness Group (FRG) is a commander's program that includes unit soldiers, civilian employees, family members (immediate and extended), and volunteers. FRGs are critical to maintaining the strength, morale, and information chain for soldiers, families, and commands, and are vital to the morale and support of soldiers and families before, during, and after deployments.

FRGs provide mutual support and assistance and function as communication mechanisms, bringing accurate information to families from commands, and serving as an informal chain of concern to bring issues back up to commands. Structured by the needs of the unit, some FRGs are large, active, and all encompassing, while others are small, tailored only to the immediate requirements of a nondeployed unit.

We recognized volunteer FRG leaders were overwhelmed with responsibilities. The Family Readiness Support Assistants (FRSA) are one way to mitigate the stress. FRSA provide administrative and logistical support to volunteer FRG leaders and lend consistency to the unit FRG and rear detachment team. Primary missions of FRSAs are coordination of training for rear detachment commanders (RDC) and FRG leaders, maintaining the critical communication link between RDCs and FRG leaders, and ensuring the responsiveness of established community resources. The FRSA position is primarily designed to relieve the administrative burden placed on the volunteer FRG leaders.

There are 1,029 FRSAs—located in deployable Active, Guard, and Reserve battalions—who are paid employees and components of the commander's Unit Family Readiness Program. As members of the brigade or battalion commander's staff, FRSAs coordinate FRG activities within units and update commanders on program status and services available to soldiers and their families. FRSAs link family members with other Army support agencies and programs.

FRSAs assist with the preparation of pre-deployment and redeployment activities, schedule, and coordinate family readiness or unit-sponsored training, assist in development and distribution of unit newsletters, coordinate video teleconferences for families and deployed soldiers, and serve as links between garrison community agencies and units. FRSAs utilize AOS to gather information of value to the FRG leaders. The FRSA position remains in place even when the unit is not deployed, providing continuity in a world climate that requires units to participate in multiple deployments.

Virtual Family Readiness Groups

The Virtual Family Readiness Groups (vFRGs) provide all of the functionality of traditional FRGs in an ad hoc, online setting to meet the needs of geographically

dispersed families. The vFRG is a web-based system to conduct two-way communication between units, family members, and soldiers in theater.

The vFRG links the deployed soldier, family, FRG leader, unit and RDCs, and other family readiness personnel on their own controlled-access web portal to facilitate the exchange of information and provide a sense of community, using technology to automate manual processes and provide enhanced services and communications. Unit commanders are responsible for maintaining vFRG content and user access. A new and innovative component of AOS is the eArmy Family Messaging System. The messaging system is a state-of-the-art multimedia tool for commanders to instantaneously communicate with soldiers and families by broadcasting a message through various communication devices to help fulfill their family readiness mission. To date, the Army has established approximately 2,000 vFRGs.

Soldier and Family Assistance Centers

The Army developed Soldier and Family Assistance Centers (SFACs) at installations with Warrior Transition Units (WTUs). Centers provide a safe haven where Warriors in Transition and DOD civilians and their families can gather for mutual support and camaraderie to aid physical, spiritual, and mental healing. Services include transition support, financial counseling, child care and education counseling. SFACs act as a conduit for other Federal, State, local, and nongovernmental agencies.

CHILD, YOUTH, AND SCHOOL SERVICES

Our Child, Youth, and School (CYS) programs are a key component of the Army Family Covenant because they reduce the conflict between mission readiness and parental responsibility.

Garrison Child Development Centers and Family Child Care Homes have extended their operating hours to better accommodate the current high operating tempo. We have extended hours to cover weekends, evenings, and even 24/7 services and crisis care where necessary.

Soldiers who work an extended duty day are not charged for the extra child care hours. Families of deployed soldiers receive child care discounts and 16 hours of free respite child care per month per child. The respite care is also available for FRG and FRSA personnel, Families of deployed, Exceptional Family Members, Warriors in Transition Families, and Survivor Families. This respite gives parents time to tend to personal needs or take breaks from the everyday stresses of parenting. Our families are grateful for this well-deserved service.

Families of our Warriors in Transition are especially vulnerable and we provide child care for them during medical appointments and support group meetings. Army Families of Fallen Soldiers receive child care during the bereavement period and special consideration thereafter.

When soldier parents are absent, many children no longer have transportation that allows them to participate in after school programs and sports. The Army Family Covenant has enabled us to add more bus routes and transportation options to assist children in accessing these vital activities.

We are grateful for your support of our Child and Youth Construction Program which will significantly reduce our child care shortfall. Our Military Construction Program reflects this commitment: 42 Child Care Centers funded in fiscal years 2008 and 2009 with an additional 11 centers programmed for fiscal years 2010 through 2014. In addition, we have used the temporary authority provided under the National Defense Authorization Act for 44 Child Care Centers in fiscal year 2008 and 4 in fiscal year 2009 with Operations and Maintenance dollars. Thank you for your support that enables the Army to rapidly meet installation child care requirements.

We are attentive to the need to ensure the health, safety, and well-being of the children in our care and take great pride in the fact that in fiscal year 2008 all of our eligible Child Development Centers and Army School Age Programs were nationally accredited. This is a milestone representing the culmination of years of hard work which addresses quality as well as quantity.

Initiatives used to transform the military child care system into a model for the Nation can be implemented in civilian communities to improve the quality of care for all children. In a report released on November 24, 2008, "Making Quality Child Care Possible: Lessons Learned," from the National Association of Child Care Resource and Referral Agencies (NACCRRA) military partnerships examined lessons learned from the military child care system that could be applied in the private sector. The report concludes that many of the basic initiatives implemented by the military can significantly improve the quality of child care in civilian communities across the Nation. These initiatives include establishment of basic child care health

and safety standards, routine inspections and oversight, and training and incentives for child caregivers.

Longer and multiple deployments are increasing the stress on our families, and the support they need includes strengthening the connection with folks who teach and monitor our children every day in school settings. In the last year, we have added 40 more school liaison officers, which now total 140 throughout the Army, and increased the number of school districts to 380 that have signed a memorandum of understanding to help minimize academic disruptions for transferring military students. We have also expanded training to help school officials understand challenges faced by military students.

The Army is partnering with outside agencies on the following initiatives:

- DOD Interstate Compact on Educational Opportunity for Military Children (effective 2008) addresses the educational transition issues of children of military families. The purpose of the Compact is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.
- DOD and Department of Education Memorandum of Agreement (signed June 2008) creates a formal partnership between the two Departments to provide a comprehensive and cohesive structure for collaboration between two Federal agencies as well as with local, State, and other relevant entities.
- DOD Education Activity Partnership Branch initiative is dedicated to promoting quality education for every military child regardless of their location or how often their family moves.

I would like to emphasize that our CYS Services is a force multiplier that helps reduce lost duty time, impacts soldiers' decisions to remain in the Army, and sends a message that we care about our families. The Army considers these programs critical to mission readiness—our investment contributes to productivity and retention today as well as productive citizens in the future.

COMMUNITY SUPPORT

The Army Community Covenant: soldiers and families are integral members of the communities in which they live. The Army Community Covenant, a companion initiative of the Army Family Covenant, is a commitment of support at the state and local level by individuals, organizations, and government agencies to Active, Guard, and Reserve soldiers and families. It is designed to develop and foster effective state and community partnerships with the Army to sustain and improve soldier and family quality of life.

There are many communities, organizations, and civic and business leaders across the country already supporting soldiers and families through a number of programs and initiatives. The Community Covenant recognizes that effort and advances initiatives like the Interstate Compact on Education Opportunity for Military Children, which replaces inconsistent treatment of transitioning military students with a unified, comprehensive approach that provides consistent policy in every State. Homes for Our Troops builds new homes or adapts existing homes to meet handicapped accessibility requirements for Warriors in Transition. These are just two of over 1,500 best practices highlighted on the Army Community Covenant Web site (www.communitycovenant.army.mil).

Since the Community Covenant's inception on April 17, 2008, there have been 102 covenant signing ceremonies in 37 States that included 22 Governors, 39 Members of Congress, 103 State legislators, and 269 Mayors.

SUPPORT FOR SINGLE SOLDIERS

While steadily increasing focus on family issues in recent years, the Army has not lost sight of the 44 percent of the force that is not married—our single soldiers.

Better Opportunities for Single Soldiers

The mission of the Better Opportunities for Single Soldiers (BOSS) program is to enhance the morale and welfare of single soldiers, increase retention, and sustain combat readiness. BOSS is the collective voice of single soldiers through the chain of command. The program also serves as a tool for commanders to gauge the morale of single soldiers regarding quality-of-life issues. BOSS also sponsors a variety of activities before, during, and after deployment to maintain the morale of single soldiers affected by increased operational tempo and deployment stress.

The BOSS program is facilitated through its three core components aimed at maintaining a balanced life: leisure and recreation, community service, and quality of life. BOSS affords soldiers the opportunity to assist in planning and execution of

recreational activities for single soldiers and provides direction for soldiers interested in performing military and civilian community service-related projects. Community service projects provide soldiers valuable experience, skills, and a sense of community pride and ownership. In fiscal year 2007, 22 garrison BOSS programs received the President's Volunteer Service Award for efforts representing over 150,574 volunteer hours.

The BOSS program also serves as a tool to address many of the issues and concerns that our Army faces today. The program gives the Army the ability to tackle tough issues through peer-to-peer leadership. Single soldiers assist the chain of command in dealing with suicide prevention, sexual assault, and sexual harassment issues that single soldiers living in barracks might experience.

RECREATION PROGRAMS

Soldier and Community Recreation dramatically improved service to soldiers and their families by standardizing and increasing the quality of fitness center equipment and Wounded Warriors sports programs, for both garrisons and deployed forces in Iraq and Afghanistan.

Warrior Adventure Quest

The Warrior Adventure Quest (WAQ) delivers high adventure recreation activities to help soldiers transition to "new normal" and reduce the potential for high risk behaviors that are counterproductive to unit cohesion. It combines existing high adventure, high adrenaline activities with battlemind to assist in mitigating the cumulative effects of sustained operations while mentally preparing soldiers to reintegrate and begin focused training for the next requirement. This integrated process involves Office of the Surgeon General, the Substance Abuse Program, Suicide Prevention, Combat Readiness Center, Chaplains, the National Guard, Reserves, and Morale, Welfare and Recreation (MWR).

Warrior in Transition Sports Program

The Warrior in Transition Sports Program provides active-duty soldiers who have life-altering injuries an opportunity to compete in state and national level sporting events by paying for their athletic attire, registration fees, transportation, lodging, and per diem. Physically impaired soldiers can apply for select competitions at which they believe they would be competitive. Selection is based on the soldier's prior experience and participation at local and regional competitions. Soldiers must qualify to compete in a State or national level sport competition for permanently physically impaired athletes.

Inclusive Recreation for Warrior in Transition Training

We have partnered with DOD, in conjunction with the Pennsylvania State University Outreach Programs, to provide 12 "Inclusive Recreation for Wounded Warrior" training sessions over the next 3 years. This training is a 4-day course designed to train staff who are recreation programmers/managers to successfully integrate Active Duty Warrior in Transition (WT) into existing MWR Recreation programs and services. This involves the ability to recognize the unique needs and characteristics of WT who have sustained war-related injuries and be able to respond to their needs. Students will also develop an "Inclusion Action Plan" to implement upon return to their installations and will be able to apply the knowledge learned in this course to successfully meet the recreational needs of Active Duty WT. A byproduct of this course is the ability to integrate retirees and exceptional family members who may also have a disability. A total of 60 recreation staff from all Services (20 from Army) has been trained since the program's inception in January 2009.

To support the Army Family Covenant, recreation programs such as bowling, golf, and libraries continue to offer opportunities to soldiers and their families. Army bowling centers are soldier and family entertainment centers, which offer a multitude of amusement options including glow bowling, party rooms, video arcades, billiards, and Strike Zone snack bar operations. Bowling centers provide discount bowling to soldiers and families affected by extended deployments. Bowling managers are being trained to coach adaptive needs bowling to better serve Warriors in Transition and others with adaptive needs. The Army Golf Program provides high quality sports and leisure activities for the soldiers and families and supports the MWR "First Choice" service standard.

SUPPORT TO DEPLOYED SOLDIERS

MWR supports America's Army wherever it serves. We maintain MWR facilities at 58 sites in Iraq, Afghanistan, Kuwait, and Bosnia. Tens of thousands of deployed soldiers have received portable pocket fitness kits that can be used at any time and

any place. Popular with soldiers, these kits contribute to their overall well-being as well as to the Army's warfighting capability.

Recreation facilities include theaters, electronic games stations, traditional board games, ping-pong, and paperback book libraries that also offer preloaded audio books. Fitness facilities include pools, self-powered aerobic machines, cardiovascular and strength training equipment, and assorted free weight equipment.

MWR programs help soldiers maintain physical fitness, alleviate combat stress, and foster readiness, as mission accomplishment is directly linked to soldiers' confidence that their families are safe and capable of carrying on during their absence until they return home from deployment.

Soldiers can take advantage of rest and recuperation programs offered at the Edelweiss Lodge and Resort, Hale Koa Hotel, and Shades of Green, which provide discounted guest room and food and beverage packages for servicemembers and their sponsored guests during mid-tour leave or upon return from either Afghanistan or Iraq.

MEASURING SUCCESS

We listened to our customers when they told us in 2007 that they did not necessarily want more programs, they wanted standardized programs that they could count on regardless of where they lived. Utilizing that feedback, SFAP to support family programs and services, health care, housing CYS Services, education, and employment opportunities.

While we have come a long way in designing the future of family programs, we fully appreciate and recognize that we still have much to do. In response to customer feedback, we are evaluating our programs and services utilizing a standardized disciplined methodology for capturing customer comments and using those responses to recalibrate and refine both the delivery and receipt of programs and services. Through a three-tiered feedback process, we gather the individual, constituent group, and corporate input to implement recommendations.

Feedback on SFAP outcomes are collected through forums such as the aforementioned AFAP. The SFAP Senior Review Group and the Soldier Family Readiness Board of Directors, co-chaired by the Secretary of the Army and Chief of Staff of the Army, provide senior leader guidance and direction for SFAP implementation. We are also closely monitoring results from several soldier and family surveys to determine the effectiveness of the Army Family Covenant. We are particularly interested in soldier and family satisfaction with the military way of life and their adaptation strategies to the challenges of Army life.

CONCLUSION

Under the Army Family Covenant, the Army is implementing aggressive improvements to a broad range of family-oriented, quality of life programs and services to address the dynamic needs of soldiers and their families. These improvements are focused on improving post-combat support to mitigate the accumulated effects of conflict and to equip and empower the soldiers and families of our expeditionary Army . . . the strength of the Nation.

We have invested the Nation's resources wisely, focusing on our soldiers and families in areas that enable readiness and resilience, while reducing the turbulence and stress that come with military life. Continuing predictable funding is crucial to sustain and preserve the All-Volunteer Force.

While we are moving in the right direction with the Army Family Covenant, we know there is much more to achieve. The Army remains determined to provide a strong, supportive environment where soldiers and their families can thrive. With your support of our fiscal year 2010 budget request, we will move closer to fulfilling our commitment to provide soldiers and families a quality of life commensurate with their level of service and sacrifice to the Nation.

Thank you for the privilege of appearing before you today. I look forward to your questions.

Senator BEN NELSON. Thank you very much.
Dr. Rau?

STATEMENT OF TERRI J. RAU, PH.D., DEPUTY DIRECTOR FOR RESEARCH AND DEVELOPMENT AND PERFORMANCE MEASUREMENT, NAVY INSTALLATIONS COMMAND, UNITED STATES NAVY

Dr. RAU. Chairman Nelson, it is my honor to testify today on Navy family readiness programs and initiatives. Thank you for your leadership and attention to this vital issue and for your continued support to our sailors and families.

Navy family readiness programs include Navy fleet and family support programs, child and youth programs, and emergency preparedness and community alliance. Navy family readiness has been afforded the highest visibility, advocacy, and priority in recent years.

The Navy's commitment to family readiness has resulted in increased capability for both Navy fleet and family support programs and child and youth programs. In practical terms, this has resulted in increased individual and group services for family members, including clinical counseling services, proactive outreach, and increased childcare capacity.

Emergency preparedness and community alliance provides preparedness and coordinated family support during natural or man-made emergencies or noncombatant evacuation and repatriation events.

This year marks the 30th anniversary of the establishment of Navy Fleet and Family Support Centers. We support individual and family resiliency and adaptation to military life by providing 12 core programs and services in 3 functional areas—deployment readiness, career support and retention, and crisis response.

As we have increased capability, we have become increasingly focused on prevention and, when necessary, early identification and assistance before more significant problems develop that require command, medical, or legal intervention. Services are delivered from 81 sites worldwide.

Child development and youth programs help families balance the competing demands of mission readiness and family responsibilities. The Navy provides high-quality childcare, youth development, and school transition for 120,000 children from 4 weeks to 18 years of age.

Our current capacity meets 72 percent of potential need, with a 6-month placement time, except in fleet concentration areas where placement times can be longer. To attain the DOD capacity goal of 80 percent of potential need, the Navy's expansion plan is adding approximately 7,000 new childcare spaces through several initiatives.

Increasing our response capability to reach geographically dispersed family members of our active and Reserve component remains on the forefront of our efforts. Our primary focus remains to deliver the highest quality services at the right time and in the right place.

Thank you for this opportunity and for your leadership and focus on this important issue.

[The prepared statement of Dr. Rau follows:]

PREPARED STATEMENT BY TERRI J. RAU, PH.D.

Chairman Nelson, Senator Graham and distinguished members of the committee, it is my distinct honor to appear before you and I welcome the opportunity to testify today on Navy family readiness programs and initiatives. I thank you for your leadership and attention to this vital issue and for your continued support to our sailors and families.

I am a clinical psychologist by training and have worked for the past 20 years providing assistance to individuals and families. I have had the privilege of working for Navy Fleet and Family Support Programs (FFSPs) since 1997.

BACKGROUND

Since 2005, Navy Family Readiness program management, implementation, execution and programming have been aligned within Commander, Navy Installations Command (CNIC). This alignment has resulted in increased effectiveness, flexibility and responsiveness in program management and service delivery from the headquarters to the installation level and has ensured that program development, and resourcing decisions are not divorced from the practical realities of delivering ground-level support and responding to the challenges faced by Navy families who are coping with increased operational tempo, nontraditional duty assignments, and sustained overseas contingency operations.

Within CNIC, Navy Family Readiness programs consist of Navy FFSPs, Child and Youth Programs and Emergency Preparedness and Community Alliance Programs, the latter of which provides preparedness and coordinated family support during natural or manmade emergencies or noncombatant evacuation and repatriation events. Our preparedness and ability to respond to Navy families during emergencies through our support to Family Assistance Centers and focused assessment and case management has increased significantly since the Gulf Coast hurricanes in 2005.

Since the establishment of CNIC in the fall of 2003, Navy Family Readiness programs have been afforded the highest visibility, advocacy and priority. In fact, the Navy's commitment to family readiness has resulted in increased capability for both Navy FFSPs and Child Development and Youth Programs. In practical terms, this has resulted in increased services to family members, increased individual assistance and consultation, more varied educational programs, more proactive outreach, delivery of family support services in locations most conducive to family member engagement and increased child care capacity.

FLEET AND FAMILY SUPPORT PROGRAMS

This year marks the 30th anniversary of the establishment of Navy Family Service Centers (now called Fleet and Family Support Centers). FFSPs support individual and family readiness and adaptation to life in the Navy and include emergency preparedness and response, crisis intervention and response, personal and family wellness education and counseling, military and personal career development, financial education and counseling, spouse employment, and deployment support for sailors and their family members. Programs and services are currently delivered from 81 sites worldwide, with 58 of those sites delivering a full portfolio of programs and services.

Navy FFSP is organized into three subfunctional areas: Deployment Readiness, Career Support and Retention, and Crisis Response. Across all three subfunctions, services include information and referral, individual clinical and nonclinical consultation and educational classes and workshops.

Deployment Readiness includes services provided in the areas of deployment support, ombudsmen coordination, relocation assistance, and life skills education. Deployment Readiness has always been and remains the area of highest priority for Navy family support. Deployment support focuses on practical preparation, emotional aspects of separation, supporting children during deployment, maintaining communication and closeness during deployment, and homecoming and successful reintegration of the sailor into the family and community. Planned for 2010 is development and delivery of an electronic deployment toolkit/sea bag for school administrators and staff to better equip them in working with children of deployed sailors.

As the nature of Navy deployment has changed, so have our deployment support services. We now understand that family deployment preparedness is not a predictable, cyclical process but a daily state to be maintained. For example, Fleet and Family Support Centers now provide outreach calls, assessment and recurring support to families of sailors on Individual Augmentee (IA) and Global War on Terror Support Assignments (GSA) serving in Iraq, Afghanistan and other locations in sup-

port of Overseas Contingency Operations. Efforts to better reach remotely located families impacted by these nontraditional duty assignments have included use of information technology to provide virtual family discussion groups and workshops, publication of a monthly electronic newsletter and of Family, Sailor and Command IA Handbooks.

Command Ombudsmen are trained volunteers who serve as a vital two-way communication link between command leadership and family members. Ombudsmen provide personalized support and guidance to families in adapting to the challenges of a mobile military lifestyle and extended operations necessary to meet the Navy's maritime strategy. There are currently over 2,200 registered Navy Family Ombudsmen. Fleet and Family Support Centers provide training, consultation, coordination and support to Ombudsmen.

Navy Fleet and Family Support Centers also support the development and sustainment of Family Readiness Groups. These groups enhance preparedness by providing an informal and less structured opportunity for family members to meet on a regular basis for camaraderie, companionship and support. They plan family activities during deployments, mentor new family members and assist families in times of crisis.

Career Support and Retention includes services provided in the areas of Personal Financial Management, Transition Assistance, and Family Employment Readiness. Managing money in today's economy can be challenging. The Navy's Personal Financial Management (PFM) program provides a collaborative and comprehensive approach to education and counseling that emphasizes a proactive, career lifecycle approach to behavior modification. Services include individualized assistance that fosters financial responsibility and accountability with primary emphasis on financial independence, sound money management, debt avoidance, and long-term financial stability. Personal financial fitness services are delivered by a network of Accredited Financial Counselors and educators at the Fleet and Family Support Centers, and Command Financial Specialists, with collaboration from partner organizations. Increased partnerships between Fleet and Family Support Centers and Child Development and Youth Programs at the installation level have increased youth education regarding financial fitness. The Navy PFM program was recognized as a Financial Education Program of the Year by the Association of Financial Counseling, Planning, and Education in 2006, and received recognition as an Exemplary Employer Initiative by the Personal Finance Employee Education Foundation in 2008. More than 9,996 family members received financial education services during 2008, which represented a 100 percent increase over 2007.

Leaving the Navy is not just a matter of changing jobs; it's a total lifestyle change. Civilian life and the military life can seem like two different worlds, especially if a sailor's entire working career has been in the Navy. Fleet and Family Support Centers host the U.S. Department of Labor sponsored Transition Assistance Program (TAP) Employment Workshop. Sailors who are planning to leave the Navy or retire are encouraged to take advantage of all the services offered through the Centers at no cost. Similar services in the private sector would cost hundreds of dollars. TAP employment workshops are designed to provide sailors with the basic knowledge and skills necessary to plan and execute a successful job search. Department of Labor instructors conduct the 3-day TAP workshops, focusing on subjects such as skills identification, post-military goals and ambitions, conducting job searches, writing a resume, preparing for an interview and dressing for success in a new career. The core TAP curriculum also includes presentations by the Department of Veterans Affairs on VA benefits and information on disability transition assistance.

Local FFSP professionals provide additional employment assistance and resources. These services often include individual counseling; job fairs, search libraries and access to employment listings; automated tools and personal assistance for preparing resumes, cover letters and Federal job applications; and guidance in preparing for interviews.

The Navy recognizes that moving every few years creates career challenges for military spouses. The Family Employment Readiness Program addresses those challenges in workshops and through individualized assistance. We provide assistance with self-directed job search through an employment resource center, information and referral services, career development and coaching, staff assisted job search, and much more. Workshops and seminars are routinely provided and create a framework for further educational exploration in areas such as: Resume Writing, Effective Job Search Strategies, Interviewing Techniques, Federal Employment Opportunities, Entrepreneur Business Opportunities, Personal Skills Assessment, and Financing Career Change. During 2008, nearly 2,900 Navy spouses were awarded scholarships at 6 Navy pilot locations through joint Department of Defense (DOD)/

Department of Labor Career Advancement Account (CAA) partnerships. The CAA program has now been expanded worldwide. Our staff conducted over 3,000 employer education events to market military spouses as solutions to hiring needs. Notably, 49 percent of our Navy Child and Youth Programs professional workforce are military spouses, which affords them mobile career opportunities. More than 2,490 spouses voluntarily reported securing employment as a result of program efforts.

Crisis Response includes programs and services provided in the areas of clinical counseling, family violence prevention, case management and victim advocacy, new parent support and sexual assault prevention and response.

From the beginning, Fleet and Family Support Centers have offered clinical counseling services, which is unique to the Department of the Navy. Clinical counseling is provided by independently licensed mental health professionals, some of whom have additional training and experience providing counseling services to children. Counseling services are brief and solution-focused in response to commonly occurring life experiences such as marital discord, parent-child conflict, or occupational/school issues. The intent of these services is early identification and prevention of more significant conditions or problems, thereby promoting improved quality of life and increased resilience in individuals and families.

Navy Fleet and Family Support Centers are also actively engaged in support of Navy Operational Stress Control (OSC) initiatives. OSC is a line owned and led program supported by Navy medicine. The goal of OSC is to promote psychological health, reduce stigma associated with seeking psychological services and improve overall resilience in our sailors and their families. OSC provides practical decision-making tools for sailors, leaders, and families so they can identify stress responses and mitigate problems before they become disruptive. In collaboration with the Navy line and medicine, we have launched a family awareness effort by incorporating OSC concepts into existing family support programs and services whenever possible. We are also working with Chaplains delivering OSC briefs to sailors awaiting IA/GSA deployments and are participating in the development of formal OSC curriculum to be delivered at key nodes of training throughout the sailor's career.

FFSP facilitates Navy suicide prevention initiatives by coordinating with Chaplains to provide annual suicide prevention training to sailors and by providing suicide awareness and prevention programs to families and communities. When someone seeking counseling at the Fleet and Family Support Center is assessed to be clinically depressed or suicidal, they are referred to the local Medical Treatment Facility or to community mental health providers through TRICARE.

The Family Advocacy Program (FAP) provides safety assessment and planning, clinical assessment, case management, victim advocacy, and intervention to military families referred for alleged child abuse/neglect or domestic abuse. The primary goals of FAP are prevention, victim safety and support, rehabilitative intervention, offender accountability and provision of a consistent and appropriate response to allegations of family maltreatment. The location of FAP prevention and intervention services within Navy Fleet and Family Support Centers is unique to the Department of the Navy and provides an effective continuum of care whereby common stresses associated with family violence risk can be identified and addressed in a more holistic, less stigmatizing manner. Maintaining abuse-free and adaptive family relationships is critical to Navy mission readiness, maintenance of good order and discipline, and quality of service for our sailors and their families.

The New Parent Support Home Visitation Program provides voluntary home visitation services for over-burdened expectant and new parents. Home visiting services are available for new parents of children age 0 to 3. Single parents and parents with a deployed member are automatically screened as eligible for home visitation. The New Parent Support Program has a demonstrated, positive impact in the prevention of child maltreatment. New Parent Support personnel also coordinate closely with Navy medicine in delivery of special primary prevention initiatives such as reducing infant deaths from shaking and unsafe sleeping practices.

Navy FFSPs work in collaboration with the Navy Safe Harbor Program to support family members of the wounded, ill, and injured. We provide information, resources and referral, relocation assistance, financial counseling, clinical counseling, and transition assistance.

We work closely with the Navy Reserve Forces Family Support Coordinator and the five regional Family Support Administrators. Together we facilitate the connection of Reserve families to each other, to supportive military and community resources, and we improve community awareness of military families' experiences and needs. The primary focus of our efforts supports families living apart from military installations. The Family Support Administrators liaison with their assigned Navy Operational Support Center staffs to ensure families are supported by Navy and

other services' family support programs, including the Joint Family Support Assistance Programs.

CHILD DEVELOPMENT AND YOUTH PROGRAMS

The Child Development and Youth Programs help families balance the competing demands of mission readiness and family responsibilities. The Navy provides high quality child care, youth development, and school transition services for 120,780 children from 4 weeks to 18 years of age. We currently operate 128 Child Development Centers, 3,000 Child Development Homes, 86 School-Age Care programs, and 103 Youth Centers. Our programs continue to be ranked amongst the highest in the Nation for quality and oversight.

The DOD goal is to achieve child care capacity for 80 percent of potential need which is sufficient capacity to place children from waiting lists within 3 months after care is requested. Our current capacity meets 72 percent of the potential need with a 6-month placement time, except in fleet concentration areas where placement time can be longer.

The availability of child care remains a top issue among our single parents and dual-career families. To attain the DOD goal, the Navy's expansion plan is adding approximately 7,000 new child care spaces. This expansion includes construction of 26 new child development centers (including facilities open 24/7), the conversion of existing pre-school age spaces into infant spaces to meet the greatest demand, commercial contracts in communities throughout the United States, and expanding military certified home care. Combined, these initiatives will reduce the waiting time for child care to 3 months or less Navy-wide with first priority given to single parents.

Several of these expansion projects have utilized the temporary National Defense Authorization Act authority that increased the Department's minor construction threshold authority for child development centers.

Our continuing expansion initiatives are not only meeting the needs of our families living on or near our installations but also those living and working throughout the United States, including Reserve members. Our contract programs "Military Child Care in Your Neighborhood" and "Mission Youth Outreach" provide subsidized child and youth services from commercial programs that meet community quality standards. We continue to work with communities, assisting them with raising the quality of their standards.

Another area of expansion is our new contract program that provides subsidized, quality respite care to our families with severe special needs. This new program certifies qualified community and military providers to care for children that are not easily accommodated within existing programs.

Support to our children with deployed members continues and includes our new "Give Parents a Break" program and the use of Child and Youth Behavior Consultants imbedded in our programs. These consultants provide a resource to observe and train our professionals on interventions to assist children and their families having challenges during deployments.

We have also launched a new Navy-wide School Liaison Officer program which is designed to assist Navy families and local school districts with the dependent education issues arising from frequent moves and deployments.

SUMMARY AND CONCLUSION

Increasing our response capability to reach geographically dispersed family members of our Active and Reserve components remain at the forefront of our efforts. We will continue our efforts, within our budgetary constraints, to provide resources and services to IA/GSA families, families of wounded, ill, or injured, and our ombudsmen network that supports them. We will continue to explore creative solutions to overcome impediments to full utilization of technology solutions that equip us to maintain unfettered communications with families. Our primary focus remains on delivering the best services at the right time and in the right place.

As we continue to address the needs of sailors and their families, our guiding principles continue to:

- Target our resources to the most critical requirements, focusing on our fleet and family readiness, resilience, and quality of life;
- Aggressively identify opportunities to eliminate redundancies, under-utilized services, and outdated standards of practice;
- Ensure consistent quality of service and performance standards across all of our installations; and
- Refine, strengthen, align, and integrate our family support planning capabilities and processes to ensure optimized results.

Senator BEN NELSON. Thank you.
General Larsen?

**STATEMENT OF MAJ. GEN. TIMOTHY R. LARSEN, USMC (RET.),
DIRECTOR, PERSONAL AND FAMILY READINESS DIVISION,
MANPOWER AND RESERVE AFFAIRS DEPARTMENT, UNITED
STATES MARINE CORPS**

General LARSEN. Senator Nelson, thank you very much for the opportunity today to come and appear before the subcommittee and report on family support programs within the Marine Corps. It is really a great opportunity. Also, it helps us focus on the things we need to do and highlight some of the gaps that we have or areas where we need to refocus ourselves.

First, I would like to say thanks to the panel that spoke before us. They did a great job, and it is really eye opening to listen to their feedback on the services and the programs that we provide. I think that they did a tremendous job, and it will help us very much.

As far as the Marine Corps is concerned, we are in the second year of a multi-year program to change our programs and to reshape them and recast them. We did that at the guidance of the Commandant of the Marine Corps. At his direction, we did a series of functionality assessments to assess where we are on the programs, and then we went out and conducted a series of surveys across the Marine Corps and asked them what they thought about the programs that we had.

We found out in a lot of cases we are missing the target. The things that we thought we were doing or the programs that we had in place sometimes weren't meeting the needs of the people that we are trying to help.

The changes that we have put in place have been well received. There is a lot more work to do, and we have to get started on it. Basically, this past year, we have completely changed four of the fundamental programs we have for family support: the Marine Corps family teambuilding, unit family readiness, the Exceptional Family Member Program (EFMP), and the School Liaison Program.

This year, we are going to first do a baseline assessment of all of our current programs and how they are being funded and what we think they need as we go forward so we can determine where we are, and then we are going to do a needs assessment of those programs and other programs at the installations to see where we go and what we need to do.

We have found out that a lot of the things that we have done in the past have been focused on the installations. An installation-based program is not necessarily what we need to do as we go forward. We need more community-based programs to get those people that are not assigned to installations that are across the country in a lot of different locations.

We also want to make sure that the programs that we have support the operational commander and meet the needs of the marines and their families. We are doing this largely because there is an expectation not only on the part of the leadership of the Marine Corps, but on the part of the individual marine and his family that they deserve a quality of life that supports their commitment to the

country and their commitment to the Marine Corps and the mission that they are undergoing.

We feel that we are obligated from our perspective to make sure that those families, their needs are taken care of. I wish I could have had the opportunity to answer a lot of the questions that were asked before. I am sure we will. Thank you very much.

[The prepared statement of General Larsen follows:]

PREPARED STATEMENT BY MAJ. GEN. TIMOTHY R. LARSEN, USMC, (RET.)

Chairman Nelson, Ranking Member Graham, and distinguished members of the Personnel Subcommittee, thank you for the opportunity to report on the quality of life and well-being of our marines and their families and the status of our family support programs offered through Marine Corps Community Services (MCCS).

MARINE CORPS FAMILY

Today, the Marine Corps Family is comprised of many elements in and outside the traditional nuclear family definition. The expanded nature of family today means that they are often greatly dispersed from military installations and support mechanisms. The family is more than those who hold dependent identification cards. The parents of our marines—particularly those under the age of 30 and part of the Millennial Generation have joined our definition of family and within our commitment of care.

For Active Duty families within the nuclear definition, we have just over 94,000 spouses and 110,077 children. Marines are also caring for parents and other dependents totaling over 500, bringing our entire family population to nearly 205,000. This does not include the over 100,000 retired marines and their families we support. We should also note that the Marine Corps has experienced a baby boom with a 12 percent increase in infants, pre-toddlers, and toddlers since 2007. Our parental unit—Mother and Father—experience multiple deployment separations and increased operational tempo (OPTEMPO) which directly impact the time available with their family. Concerns of danger and worry over family conditions are mutually shared by the warfighter, their spouses, children and parents/grandparents. The Marine Corps has the youngest fighting force and youngest family. These young families are required to mature rapidly and are those at the greatest risk for set back. As an unfortunate result, our divorce rates have increased for the first time in many years, particularly for women marines and enlisted.

Our Marine families, including activated Reserves and independent duty marines, are dispersed and no longer living solely on or around Marine Corps or other military installations. For example, our activated Reserve families are more likely to remain in hometowns scattered across every State. While civilians greatly respect and admire the commitment and contribution of our marines, they often do not understand the role and commitment of our families. The civilian communities are often not equipped to help these families navigate the challenges of the military lifestyle, particularly the impacts associated with deployments and the wartime environment.

From our Quality of Life in the Marine Corps Study, we know that Marine Corps families are proud of their marines and believe that his or her commitment to the Nation to protect and defend is a worthy mission. So worthy, that they agree to sacrifice and make a commitment to the Marine Corps and Nation that is recognized as stressful to family well-being. The military lifestyle and expeditionary nature of the Marine Corps challenge the strengths and character of our families. We believe that when marines make the commitment to our Corps and Country, we owe them and their families an appropriate quality of life. We know that Congress equally believes this and we appreciate your steadfast support to the family today and into the future.

DETERMINING FAMILY MEMBER NEEDS—WE HEAR YOU

In 2006, the Commandant of the Marine Corps challenged our family support program management team to consider the needs of families in view of wartime requirements and future sustainment. He asked two additional questions that gave us pause. He asked —“Do we really know the needs of our marines and their families?” and “Are we providing our commanders good guidance and have open communication lines to receive their execution feedback?” For program managers in the fight—meeting tempo and delivering programs—we had to acknowledge that we perhaps were missing the big picture (mission requirements of the Marine Corps).

It was also time to assess the needs of marines and families and evaluate the capabilities of our programs.

In the ensuing time, we have conducted extensive program and customer research, including the previously noted Quality of Life in the Marine Corps Study, functionality assessments on four major family support programs, and a recent effort to look at the communication needs of our marines and families. In the four areas of Unit Personal and Family Readiness, Exceptional Family Member, Marine Corps Family Team Building (MCFTB), and School Liaison Programs, we have fundamentally changed the way we view family support and our supported/supporting relationships. Eliminating variation, giving good guidance to commanders and refreshing program support to meet the current and future needs of families has been our underlying basis of improvement. We developed extensive transition plans and received the Commandant's support for funding and immediate execution. A brief summary of our progress to date follows.

UNIT PERSONAL AND FAMILY READINESS PROGRAM AND SUPPORTING ROLE OF MARINE CORPS COMMUNITY SERVICES

Unit commanders are accountable for their unit's readiness and helping their marines and families achieve a high state of personal and family readiness. In discharging these duties, the commander typically called upon volunteers who utilized spouse-to-spouse connections and processes to contact and inform family members. Wartime operations and ensuing deployments overburdened our volunteer network due to increasing family contact and increased information requirements. This phenomenon occurred in the Reserve component as well as the Active component. While MCCS, the primary community services support arm of the Marine Corps, was capable of flexing to support deployments, sustained deployments stressed our service delivery model. Finally, making positive contact with marines and families regarding their MCCS benefits and programs proved even more challenging. We have taken specific action to enhance the unit commander's capability by increasing staffing and procurement of a technology suite. Over 400 full-time primary duty civilian Family Readiness Officers (FROs) are now on duty throughout the Marine Corps serving as part of the unit commanders' Unit and Personal Family Readiness Command Team. There are 64 FROs and 150 Deputy FROs serving in the Reserve component alone. The FRO, as a special staff officer, makes direct contact with unit marines and families to convey official command communication, arrange required deployment or readiness training, and conduct information and referral services. Our volunteers are still in strong support of our unit programs, but we have been able to significantly reduce the burden of their extended volunteer service hours. Finally, we have staffed MCCS Coordinators at major camps to help the commander plan and conduct unit support or socialization events and have increased their discretionary nonappropriated unit fund allocations.

Understanding that communication is a key quality of life issue important to our marines and their families, we conducted research and analysis to assess the effectiveness of current communication methods, identify communication needs of marines and their families, and develop a formal organizational communication system that will facilitate three-way communication: commands to marines and families; marines and families to commands; and marines and families to each other. Three tools of that communication system have been developed and implemented: the Mass Communication Tool enables simultaneous broadcast of official communication via email, text messaging, or phone, and other technology enhancements to expand communications between the unit and marines and their families regarding official communication or important unit training events; the Volunteer Tracking Tool is a web-based tool that allows marines and families to track their volunteer hours and search for volunteer opportunities anywhere in the world; the Family Readiness Assessment Tool enables a commander to take a pulse on the health of his or her personal and family readiness program. All three of these tools are available to the Reserve component as well as the Active component.

The Unit Personal and Family Readiness Program (UPFRP) is supported by the MCCS MCFTB Program, which provides high-quality training to support the life cycle of the marine and family through mission, career and life events. The UPFRP and MCFTB are enmeshed and that strong supported/supporting relationship is critical to ensuring personal and family readiness. We have expanded and enhanced our pre-, during, and post-deployment training to address the increased demands and potential impact of multiple, sustained deployments on marines and their families, including the Reserve component through the Yellow Ribbon Reintegration Program. We have developed an inventory of LifeSkills training courses that specifically address challenges of military life, but also personal and family life. Acknowledging

the role extended family members play in fostering personal and family readiness, we have extended our family readiness support to embrace parents and extended family members of marines. We have incorporated Combat and Operational Stress Control and Suicide Prevention programs into our deployment training cycles. Finally, our MCFTB staff provides all Unit Command Teams training on the roles, responsibilities and supporting tools that are available to foster personal and family readiness.

One of the most beneficial results of these investments is having the FRO as a unit level representative trained and aware of the multitude of MCCS, local community and Department of Defense (DOD) family support programs and capabilities. As a trusted agent of the commander and having direct access to unit marines and families, the FRO introduces these capabilities and resources as a positive force multiplier. The partnership of unit commanders, MCCS and the local community will continue to pay dividends for years to come.

EXCEPTIONAL FAMILY MEMBER PROGRAM AND RESPITE CARE PROGRAM

Today, we are actively helping over 6,500 families gain access to medical, educational, and financial services that may be limited or restricted at certain duty stations. Marines and their families enrolled in the Exceptional Family Member Program (EFMP) are now receiving case management services aimed at providing a continuum of care to facilitate a seamless transition from installation to installation. We are providing 40 hours of Marine Corps-funded respite care per month to all enrolled families. The EFMP Respite Care program is intended to reduce stress on Marine families who are caring for one or more family members with special needs, as well as handling the deployment cycle of one of the parents. This program, funded by the Marine Corps, may be used in conjunction with the TRICARE Extended Care Health Option (ECHO) respite care benefit.

Gaining access to services can be most challenging to families who have members diagnosed with Autism Spectrum Disorder (ASD). The Marine Corps supports legislation, introduced in the House earlier this year, which would define ASD as a medical condition and authorize treatment if a health care professional determines that treatment is medically necessary.

We sincerely appreciate the increased Government limit that Congress approved for fiscal year 2009 for certain benefits available through ECHO, in particular, the Special Education benefit. When fully implemented, this increase will provide a more robust level of Early Intervention Services, especially Applied Behavior Analysts, to beneficiaries with ASD.

SCHOOL LIAISON PROGRAM

The education of over 52,000 school-aged children of Marine Corps parents directly contributes to the overall state of family readiness within our Corps. We recognize that our children, who are often as mobile as their military parents, face additional challenges associated with frequent moves between schools and educational systems of differing quality and standards. Some of these restrictive practices involve the transfer of records; course sequencing; graduation requirements; exclusion from extra-curricular activities; redundant or missed entrance and/or exit testing; kindergarten and first grade entrance age variations; and the power of custodial parents while parents are deployed. To address these challenges, we established School Liaison positions at each of our installations to help parents and commanders interact with local schools and districts. Installation School Liaisons work at local and district levels, while Regional School Liaisons work state issues. The national level School Liaison appropriately addresses Federal level issues and coordinates state agendas as necessary. Specifically, the School Liaisons advocate for school-aged children and form partnerships with schools and other agencies to improve access and availability to quality education as well as to mitigate education transition issues. School Liaisons are actively involved in efforts to assist school districts in applying for available competitive and noncompetitive grants focusing on issues arising with military school-aged children. Complimenting these efforts, the Marine Corps strongly supports the work of the Office of the Secretary of Defense (OSD) with respect to gaining the support of more states as signatories to the "Interstate Compact on Educational Opportunity for Military Children" to enable reciprocal acceptance of enrollment, eligibility, placement, and graduation requirements. To date, 20 States have passed the Compact. We are very appreciative of the actions taken by those states to approve the compact and we are hopeful that the remaining States in session will take similar action to approve it and join this year.

With every step we take in our family support transition plan, we have been careful to let our families know that “we hear you” and are taking action to improve our support capabilities. Their requests are reasonable and the Marine Corps is committed to response. While so much progress has been made through our listening, learning, and responding actions, we have so much more to do. As we have sought feedback and let families know that we hear their needs, they are overwhelmingly satisfied and grateful for the refreshed or expanded programs. But, there is still more that we can do to ease their burdens and provide appropriate quality of life support.

IDENTIFYING AND RESOLVING PROGRAM GAPS

A recent study into the communication needs and styles of our marines and their families conducted by J. Walter Thompson provided some interesting insights into the Marine Corps family, particularly our Millennial families. As an example, we learned that a Marine Corps installation is the loneliest place on earth for a young spouse—particularly those that are pregnant. Many junior marines arrive in the Corps missing basic life skills that prior generations might assume or take for granted (e.g., managing finances, living independently from parents). While the Marine Corps has dozens of resources available for families, they are generally used after problems escalate and not at the critical time of transition from civilian to military life. We have also learned that our Millennials are digital natives who prefer to use social networking systems and peer to peer connections for their information sources. While we believe that our FROs will pay great dividends in connecting families to assistance, the challenge of effective and pointed communication is a gap that must be attacked through an organizational communication system that ensures information passed is of the “news you can use” variety.

Beyond the significant challenge of improving our communication effectiveness, there are other gaps noted below that need further research and problem resolution. We believe that critical coordination with sister Services and OSD will help us in this regard.

Installation vs. Community-Based Programming

Military installations have served as the hub of our service delivery model for decades. Our program managers are naturally geared to development of programs and services that fit an installation delivery model—even when the customer resides off base. Our Marine Corps Reserve families are not well supported by installation-based programming and would be better served by community-based programming that utilizes and maximizes other Federal and State service platforms. Additionally, while we have significantly assessed our wartime footing requirements on installations, we have not considered fully the changes necessary to support the wartime “citizen soldier”. We have recently engaged in discussion with OSD and sister Services on this topic.

Remote and Isolated Command Support and other Hot Spots

Many Marine Corps installations are located in remote areas or around local counties or cities whose community services infrastructure is not robust or capable of supporting marines and their families. In these instances, it is necessary for the Marine Corps to increase capabilities aboard the base. We have conducted initial assessments at remote and isolated commands and are continuing our analysis and requirements definition.

Long-Term Care of Survivors and Caring for the Caregivers of Injured/Ill

The families of our survivors and those of injured/ill often have individualized care requirements that present unique challenges. These family members—particularly surviving spouses—are not typically located around Marine Corps installation support systems. As noted above, a community-based programming approach is required. We have initiated action to explore partnerships with sister Services, State and local agencies, and nonprofit organizations.

Access and Availability to Health Care

Over the past year, we have initiated town hall meetings through our Deputy Commandant for Manpower and Reserve Affairs, for the purpose of gathering customer feedback on health care concerns of our marines and families. Following these meetings, we act to address and resolve local and systemic issues. We are joined at these town halls by the Navy Surgeon General and TRICARE Management Activity (TMA). From a system-wide perspective, once in the system, marines and their families are traditionally satisfied, but there are some specific challenges with gaining access to care, availability of specialty care, and reimbursement for mileage to

long distance medical appointments. We are working directly with Navy Medicine and TMA to resolve these concerns.

Behavioral Health

Across the board, we are experiencing up ticks in suicides, domestic violence, substance abuse, and sexual assault. While we maintain our cautious concern, we must also directly assess the quality and effectiveness of our prevention and intervention programs. Since January, we have had teams of program analysts assessing our installation program operations. From these assessments, we believe that improved prevention efforts and corrective policies and procedures are warranted.

Availability of Child Care

Per our annual report, we are providing 11,757 child care spaces and meeting 63.6 percent of the calculated total potential need. It is important to note that the Marine Corps has initiated rigorous data collection and analysis improvements. As a result, it will be necessary to correct the 2007 annual summary due to identified reporting errors. Our reported rate of 71 percent of calculated total potential need for 2007 is more accurately stated as 59.1 percent. To meet the DOD standard of 80 percent of potential need, we would require slightly over 3,000 additional spaces. It is important to note that the potential need data is not static and fluctuates. To address child care requirements, Congress has funded 915 spaces in fiscal year 2008/2009. The American Recovery and Reinvestment Act and 2009 Overseas Contingency Operation projects provide 1,700 spaces. Based on forecasted data in 2010, we project an increase in our total potential need of approximately 500 additional spaces. The Marine Corps continues to assess requirements for infants and children through 12 years of age using multiple strategies and partnerships.

Family Member Employment Education and Training Assistance

An important quality of life concern for our marines and their families is the ability of the spouse to establish and maintain a career regardless of the sponsor's duty station. As previously stated, the marine makes the commitment to serve, but the family also serves. Independent needs, goals, and desires for the family or sponsor are often sacrificed or constrained due to frequent relocations and responsibilities of single parenting upon deployment or during high OPTEMPO periods. While initiatives have been instituted to provide portable careers and education funding, we have more to do in documenting need and developing comprehensive and integrated strategies to support employment, training, and educational requirements of spouses.

Transition Assistance

The final program contact that we have with marines and their families is through our Transition Assistance Management Program. It is critical that we ensure that this contact produces the kind of support that enables the return of responsible citizens to the civilian population who are accepted and productive in their new direction and life change. We are currently exploring opportunities to maximize our support by providing ways to more directly connect marines and their families to education, training, or jobs as they exit the Marine Corps.

Impact of the Economy

As with all Americans, the marines and their families are not exempt from financial challenges. As noted previously, many of our junior marines lack basic financial management skills. We also have programs and services, such as our Marine Corps Exchange and Marine Marts, whose mission is to provide high value goods and merchandise. In our Exchange and Marine Marts, we have implemented value programs and pricing strategies specifically targeted to our at-risk populations. We have additionally conducted a functionality assessment on our Personal Financial Management Program and believe that opportunity exists to enhance our support.

Deployments and Impact on the Parental Unit

Every marine is responsible for their family readiness. Family readiness means that they are self sufficient and resilient. It must be recognized, however, that when the marine deploys, the parental unit is diminished with the absence of the deployed parent. Providing respite care, tutoring services and other parent support tools helps the family successfully navigate the deployment and gain confidence. We must continue to explore Parental Unit impacts associated with OPTEMPO and deployments to ensure that we help marine families succeed.

RESOURCING OUR PROGRAMS AND REQUIREMENTS

We are grateful to Congress for providing supplemental funding during fiscal years 2008 and 2009 that enabled the initial start-up of our improved family readiness program. The Marine Corps' fiscal year 2010 Quality of Life Activities (OP-34) baseline direct support operation and maintenance (O&M) budget request is \$378 million and sustains many of the family support requirements previously funded with supplemental appropriations. When including the important \$26 million of OSD-provided funding expected for the Family Advocacy, Transition and Relocation Assistance, and Drug Demand Reduction Programs, the Marine Corps' MCCA baseline O&M budget increases by \$119 million from originally budgeted fiscal year 2009 to fiscal year 2010. This enduring commitment across the spectrum of programs operationalizes the Commandant of the Marine Corps' Guidance to "Improve the quality of life for our marines and our families," with the specific goal to "Ensure our Family and Single Marine Programs have fully transitioned to a wartime footing in order to fulfill the promises made to our families."

WARFIGHTER AND FAMILY SERVICES AS CATEGORY A MWR ACTIVITIES

The Marine Corps intends to fully implement the recent OSD policy change that allows Warfighter and Family Services (WFS) programs to be treated as MWR Category A activities. This welcome change will greatly improve how we provide WFS programs to marines and their families. This change will allow us to use non-appropriated fund (NAF) support practices, such as NAF human resource and procurement practices. MWR and WFS programs are both vital to building the social fabric of the military community, and directly impact readiness and retention. Operating them via the same NAF mechanisms will offer a more integrated approach to providing service for marines and families, and mission support for commanders.

CONCLUSION

Going forward, we are committed to continuing improvements to our family readiness programs and equipping our families with the knowledge and skills to meet and surmount the challenges of a wartime military lifestyle. Our programs must contribute to the Marine Corps goals for recruitment, retention and readiness, while they address the varying needs of our "generations" of marines and families. Ongoing assessments, surveys and program evaluations will be instrumental in determining program effectiveness and further identifying service gaps and program requirements to be elevated to Marine Corps leadership. We recognize that more work needs to be done to deliver programs and services which meet reasonable quality of life expectations of our marines and their families. On behalf of the Marine Corps and Marine Corps families, I thank the committee for your continued advocacy and attention to the well-being of all America's servicemembers and their families. It is most sincerely appreciated.

Senator BEN NELSON. Thank you, General.
Ms. Nesmith?

**STATEMENT OF ELIZA G. NESMITH, CHIEF, AIRMAN AND
FAMILY SERVICES DIVISION, UNITED STATES AIR FORCE**

Ms. NESMITH. Chairman Nelson, Senator Graham, thank you for your service to this country and for the invitation to come to speak today on behalf of Air Force family support programs.

Our Chief of Staff, General Norton Schwartz, recognizes the importance of families and has made developing and care for airmen and their families one of the top five Air Force priorities. I am honored to share with you today some of the programs supporting that objective.

We take care of our airmen and their families through a variety of services, including child and youth development programs, airmen and family readiness, morale, welfare, and recreation programs, including libraries, fitness centers, outdoor recreation, and community centers.

With high OPTEMPO, increased mobilization, and longer periods of time away from home, these programs help our airmen focus on

the mission while we take care of the families. These programs and services make the Air Force a good place to live and work and to raise a family.

You have my written statement, but I would like to highlight two key areas. The Air Force has always placed a high priority on families, and we are particularly proud of our child and youth development programs. We know that quality, affordable, and available childcare is a workforce issue that has a direct impact on mission readiness.

This year marks the 20th anniversary of the Military Childcare Act of 1989. With your support, this act allowed military childcare to become a model for the Nation. We share this honor with DOD and the other services. Because of the quality associated with this program, our airmen and their families have come to rely on this benefit as a part of the daily fabric of being in the Air Force.

One area where more support is needed is the EFMP. Our Air Force does a good job arranging assignments for over 14,000 Air Force families with special needs. However, we know we need to do more for these families once they reach those assignments. While some families may not need assistance, many of them do need help to navigate the school systems, find childcare, and balance their parental responsibilities with their duty demands.

As this example shows, we continually assess our programs in light of the emerging needs of our airmen and their families. We employ a wide variety of techniques, including surveys, assessments, focus groups, online customer satisfaction polls, and just talking to people. We strive to close any gaps in service by identifying the requirements and seeking resources through our Air Force corporate structure.

Your continued support will allow us to do even better in this area. Thank you again so much for this opportunity, and I will look forward to your questions.

[The prepared statement of Ms. Nesmith follows:]

PREPARED STATEMENT BY ELIZA G. NESMITH

INTRODUCTION

Thank you, Mr. Chairman, Ranking Member Graham, and members of the Personnel Subcommittee, for the chance to appear before you today to highlight some of our Air Force initiatives we have implemented to support our most valued resource. Our airmen are committed to serving their country and do so around the world every day. Their accomplishments are a source of pride for Air Force leadership and our Nation. Airmen make a decision to stay in the Air Force based on many factors, one of which is the quality of support they and their families receive. Caring for families has a direct impact on mission readiness; when we take care of Air Force families, airmen are free from distractions and better able to focus on the mission. Our Chief of Staff has made developing and caring for airmen and their families a top priority for the United States Air Force.

DEPLOYMENT SUPPORT

We tailor programs on both the homefront and the frontline to meet the needs of single and married members and their families who are impacted by deployments. We offer programs and services across the three phases of the deployment cycle: predeployment, deployment or sustainment, and reintegration or reunion. These programs help airmen and families identify and resolve concerns related to deployment.

At home-station, we offer information and referral services directly to spouses and families. This past year, our predeployment briefings armed 100,000 members and families with information and resources to help them prepare for extended separa-

tions, with special emphasis on personal, professional, and legal matters. During deployment, free morale calls help airmen and families stay connected, thereby increasing communication and decreasing the sense of isolation. During the sustainment phase, our Airman and Family Readiness Centers conduct workshops and activities which help family members address issues such as financial stability, parenting, and stress. Our reintegration briefings helped 22,000 spouses this year understand changes which their loved one may have experienced during deployment, and offered them ways to address those changes and improve the quality of the reunion. Over 15,000 family members attended our communication and life skills workshops, and 24,000 requested and received financial counseling. We also provided employment assistance to prepare 40,000 spouses for portable careers. Although stressors associated with longer and multiple deployments may begin to wear on Air Force families, we ensure there are services and resources at their disposal to help address their concerns.

On the frontline, our Deployed Airman and Family Readiness Center in Al Udeid provided over 8,100 consultations last year. Keeping single and married deployed airmen in touch with their families provides an emotional link to family and friends back home. Some of the most requested services by deployed members were financial management, family reintegration, and personal and work-life issues. Accessibility to morale phones, computers, and faxes allows deployed airmen to make frequent contact with families and friends.

MILITARY CHILD EDUCATION

Air Force families include 145,000 children ages 6–18; these children typically move six to nine times during their school years. Academic standards, promotion and graduation requirements, services for children with special needs, eligibility for sports and other activities, and transfer and acceptance for records vary greatly from State to State and district to district. While these are not new issues, national emphasis on quality education and higher standards for admission to post high school education and training institutions increases the stakes for military children. Additionally, the added stress of family separation due to deployments combines with transition issues to increase the need for information and support to these families.

Our new family structure enabled us to make great progress in institutionalizing support for Air Force-connected students attending public, private, Department of Defense Dependent Schools, and home and cyber schools. Overseas Air Force bases and 12 Stateside installations locally fund school liaisons; other Air Force bases use their Airman and Family Readiness Center staff to provide school liaison support as a collateral duty with other family support services. Also, a senior military officer or Department of Defense (DOD) civilian is designated to attend local school board meetings to advocate for the interests of Air Force families. Despite limited funding, major commands and installations employ creative initiatives such as providing webcasts of graduations so deployed parents can share in these occasions. We sponsor training in conjunction with the Military Child Education Coalition for staff working education issues, and partner with Army and Navy to offer training to schools located near installations. The Air Force continues to strengthen its partnerships with the National Military Family Association, Military Impacted Schools Association, Military Child Education Coalition, Department of Defense Education Agency, the other Services, and the U.S. Department of Education in a concentrated effort to ease the tough challenges that military students and their families face.

SUPPORT FOR WORKING SPOUSES

Today, more and more spouses seek the personal fulfillment of a full professional career and many families need two incomes. As a result, spouse employment and career development opportunities are crucial for recruitment and retention. Studies show over 50 percent of Air Force spouses currently work outside the home, and 77 percent wish to work outside the home. Typically, military spouses earn less than their civilian counterparts, even though 7 of 10 have some college education.

Our Air Force programs provide spouses with the knowledge and skills they need to develop and maintain a successful career within the framework of the mobile military lifestyle. Installation-level staff members interface with employers in the community to raise awareness of the value of hiring military spouses. Airman and Family Readiness Centers provide classes and individual consultation on career planning and all phases of the job search, as well as assistance with on-line resources and access to computers. One Air Force spouse arrived at an Air Force base last year with a long and daunting to-do list, but said the one thing she didn't have to worry about was where to look for career and employment assistance: "It was

comforting to have one centralized area I could go to and find the resources I need-
ed.”

The Air Force is also working with DOD to support spouse employment initiatives through programs such as “Spouses to Teachers” and “My Career Advancement Account,” which provides up to \$6,000 for education, licensure, certification, and continuing education for a portable career.

The Air Force Aid Society sponsors a Spouse Tuition Assistance Program which grants up to \$1,500 to a spouse stationed overseas to defer the cost of college tuition, and the Spouse Employment Training Program which funds up to \$10,000 for Airman and Family Readiness Center programs that assist spouses with requirements for portable careers. In 2009, 32 grant proposals were approved across the Air Force. Participants will train in medical transcription, pharmacy technology, computers, nursing assistance, and special needs education.

CHILD AND YOUTH PROGRAMS

We made significant progress this year helping airmen and their families balance the competing demands of parenting and military service. Readily available, quality and affordable child care and youth programs continue to be a workforce issue with direct impact on mission readiness. The challenging military environment includes higher operations tempo, increased mobilization, and longer periods of time away from home. Our challenge over the past several years has been to expand access to child care. With your support, and the assistance of the Department of Defense, we continue to increase child care spaces for airmen.

Thanks to the temporary legislative authority for child care projects, the “Growing Child Care Spaces” initiative funded 18 minor construction projects. Congress also funded 8 military construction projects, plus 7 others in the American Recovery and Reinvestment Act. This construction boom is expected to significantly reduce the known Air Force child care space shortfall from 6,400 child care spaces to zero by the time all funded construction is complete. Our next challenge will be to renovate or replace the aging infrastructure at child development and youth centers.

The “Expanded Child Care” program provides 16,000 hours of child care each month to assist airmen who require additional child care support during shifts, deployments, or when they work in excess of a normal duty day. The “Returning Home Care” program supports airmen returning or on leave from 30 days or more deployment in support of contingency operations with 16 hours of free child care. To ensure child care is affordable when a space is unavailable at the child development center or school age program, the “Family Child Care Subsidy” program provides an average subsidy of \$142 per child per month in Air Force Family Child Care homes. Our partnership with the Air Force Aid Society in the “Give Parents a Break program” provides several hours of free child care each month to parents who are dealing with challenges inherent to military life, including deployments, remote tours of duty, and extended hours.

We continue to expand the “Home Community Care” program, which reduces out-of-pocket expenses for Air Reserve component members by providing free in-home quality child care during drill weekends. We significantly expanded the program to new locations this past year, with a total of 43 participating family child care homes in 37 locations in 26 States typically not near Active Duty bases. The program offered over 57,000 hours of child care last year, with 24,000 hours provided in off-base, civilian contracted homes during Unit Training Assembly weekends. We expect the amount of off-base care to increase to 36,000 hours during 2009.

We capitalize on our relationships with national family service organizations to expand child and youth programs. Our partnership with the National Association of Child Care Resource and Referral Agencies provides child care in off-base areas where on-base child care is not available. We will expand this relationship to include respite child care over the coming months.

We continue to provide outstanding youth development opportunities for Air Force children, from elementary school through high school. Providing support for geographically-separated families has been an area of our focus this year, and partnership opportunities have allowed us to reach additional families living in civilian communities and on active installations.

We also partner with Boys & Girls Clubs of America to offer a 1-year free membership in a local Boys & Girls Club. This allows us to reach Active Duty, Guard, and Reserve families who do not live near a military installation, and provides their children with a safe and positive place to spend out-of-school time. Our partnership with United States Department of Agriculture/4-H and our sister Services fosters the development of 4-H clubs on Air Force bases and provides opportunities for

military youth to participate in 4-H programs in every county in the United States, and in our overseas locations.

The Air Force offers a variety of residential, specialty, and other base-specific camp opportunities. The "Air National Guard and Air Force Reserve Teen Leadership Summits" are no-cost summer camps for Reserve and Guard teens ages 15-18 years. We partner with Air Force Reserve and the University of Georgia 4-H to provide these camps in 2009 for more than 150 youth. We also partner with the National Military Family Association to host seven Operation Purple camps on Air Force installations; these camps are geared toward teenagers who have experienced their parents' deployments and may not have a local support system that understands their unique issues. The European Keystone Summit, and camps developed in partnership with the National Military Family Association, provides residential youth camps during the summer. Over 25,000 Air Force youth participate in camps designed to help them achieve their potential, develop their self-esteem, and build their resistance to negative pressures.

We focus on fitness through "Air Force FitFactor," which encourages physical activity and healthy eating selections for youth ages 6-18 years. This successful program reaches over 15,000 youth each year. Our new Air Force FitFamily initiative will roll out in 2010 and allow families to register as a team to enhance family fitness and wellness.

Additionally, the Air Force has made great efforts to expand or create fitness programs for parents and families. Most fitness centers have a family-oriented fitness room and programs that allow parents to work out with their children. For example, our fitness professionals created and supported programs such as Mommy and Me, Yoga for Kids, and Strollerrobics. Our programs and services allow families to participate in outdoor adventure activities, libraries, clubs, and community centers provide an outlet for families experiencing stressors. The rich variety of programs helps families connect with the larger Air Force Family, and others who are experiencing similar challenges.

EXCEPTIONAL FAMILY MEMBERS AND SPECIAL NEEDS

To identify gaps in services, our recent Caring for People forum brought together more than 200 Air Force behavioral specialists, chaplains, family advocacy personnel and other family support professionals. The Forum focused on issues on deployment, families, schools, special needs, Guard and Reserve families, and single airmen. The resultant top 11 initiatives included development of a special needs family support program, a social networking plan for military families similar to Facebook, expansion of family support resources for Air National Guard and Air Force Reserve, expansion of schools support functions, and a focus on single airmen.

The Air Force identified an emerging need to standardize support and advocacy for families enrolled in the Exceptional Family Member Program. We have a long-standing and successful process for identifying families with special needs and facilitating personnel moves and assignments based on the families' requirements. However, we also determined there is need for a companion program to provide families with continuing support as they move from location to location. Over 14,000 families have Exceptional Family Members, and it is important to minimize the adverse effects of these moves on the family or member's career. As such, we are actively engaged in creating a comprehensive program that offers these families consistent support and reassurance throughout their moves, extended or repeated deployments, and military career.

Thank you for the opportunity to address these issues today for Air Force families. We look forward to working with you as we continue to enhance our support to the men and women of the United States Air Force and their families.

Senator BEN NELSON. Thank you.

Since you mentioned it, Ms. Nesmith, in terms of getting surveys and responses back from the members and families, do those result in a study, per se, or is that just to give you an idea of what the reaction is to the programs?

Ms. NESMITH. One of the primary surveys that we use in the Air Force we call a community assessment, and we are going into about the 20th year of doing that every 2 years. We have a multi-functional cross-agency group, which we call a community action information board, made up of mental health professionals, family support professionals, chaplains, sexual assault resource people,

and all of those people who come together to make the community decisions.

We take that data at every level, installation, major command, and headquarters level, and we focus on an area of a year. Then we develop programs, if needed, to address the issues that have come up as a result of that.

I will just give one example. From 2000, we recognized that we were providing childcare within the gates, and we needed to provide nights, weekends, for us people who were working in missiles 24 hours. At that time we started a program, and today, we provide about 18,000 hours a month of childcare through those programs—that is one example where we used that community assessment very gingerly.

Senator BEN NELSON. One of the things that was very clear from the first panel, we are all concerned about the stress on the children of our military personnel, frequent and lengthy deployments and dangerous missions and the absence of a parent in the home.

This question is for everyone. Is there any ongoing or are you aware of any ongoing or completed studies of the impact of this OPTEMPO on children or family personnel? Do we have a study that has gone through and established from reviews of scientific data and medical information, mental health information, a study that would establish that as an impact?

Mr. MYERS. I believe that data is gathered from all of the services and put together. In fact, yesterday, they had a briefing just going over all of that data.

But with the force today, it is a young force. The issues are a lot different. For instance, at our Military OneSource center, we have a program to provide assistance. A lot of people didn't want to come up and ask for assistance and so forth. Our Military OneSource started a program where any family member or military member can get help either online, on the telephone, or, if they want, face to face. A lot of these issues with children are discussed.

On the divorce rate, they talked about earlier in the session. The divorce rate has increased in the military. What we find out on this Military OneSource, many of the issues that are brought up is communication and relationships. You can see the war is taking a toll on the families. The families are trying to stick together.

But all of these studies put together is the result. That is why we put these various programs in, and as the first group said, access to medical care is a key issue and mental health.

Senator BEN NELSON. But do we have the opportunity to focus primarily, let us say, on children to see what the impact is? I think we know, but we need sometimes verification and concrete evidence of it to where we could focus on that, family as well, but on the children?

Ms. MARIN. Sir, in the Army, we have two ongoing studies right now. One is an academic study for the effects of multiple deployments on school-aged children, and we are to get the final results of that in the next several months. We have also kicked off a major study partnering with the Military Child Education Coalition, and they are going into districts, and they are partnering, going out into the schools—not just on post schools—and exploring the effects of multiple deployments on children.

Senator BEN NELSON. Excuse me. On their academic and on their social performance?

Ms. MARIN. Yes, sir, both. We are going to be having those benefits, and we will be able to do an analysis and do programmatic adjustments based upon that information. That information is going to be available to us by the end of this summer and on into the next year.

Senator BEN NELSON. That base of information may be very helpful in determining what we are doing and whether it is really reaching far enough into it or whether there ought to be some other approaches.

Ms. MARIN. Absolutely, sir.

General LARSEN. Sir?

Senator BEN NELSON. General?

General LARSEN. The Marine Corps, through the Center of Naval Analysis and some other things that we have done, we have looked at parts of the issue. We have looked at it from a small, narrow perspective on some of the questions that we have asked, particularly dealing with wounded warriors and others and the impacts on their families.

We would welcome some kind of a congressional study or some effort to look at the whole problem of the impact of stress on the families. But there is a lot of stuff that has been done on stress on the force. There is not a lot of stuff that has been done on stress on the family.

I mean, if that is an opportunity, we would welcome that and we would welcome to participate in that program.

Senator BEN NELSON. Make it DOD-wide on all the branches so that there may be some distinctions between some of the branches. I rather doubt it, but there could be.

Dr. RAU. Senator Nelson, it is interesting that you ask that question. My staff and I have just been reviewing the scientific literature on that question in relation to supporting a three-star board that we have in the Navy called the Navy Preparedness Alliance. They have asked the question about the impact of deployment on children, specifically individual deployers within the Navy, which is a relatively new phenomenon.

A review of that literature really suggests that there is a fair amount of literature, but it focuses a lot on teenagers and less on school age and even less on preschool. It is a 20-year piece of literature. The body of literature that is more recent is less than the body of literature that is older. The issues are different now than they were 20 years ago when we were researching this question.

But the results are what you would expect, that children of deployers are having more difficulties, and that is for young children as well as teenagers and school age.

Senator BEN NELSON. It is unfortunate that we have 8 years of experience, but we do have 8 years of experience that we ought to capitalize on to know about the effects to help us understand what the current situation is. Not only how we can deal with it, but also with some idea of preparation for the future in the event that history repeats itself in a timely fashion. We hope it doesn't, but being prepared is certainly part of our response to the families.

Thank you.

Senator Graham.

Senator GRAHAM. Mr. Myers, preference for military spouse hiring. Where are we?

Mr. MYERS. Right now, spouses do have preference for hiring within the military. One of the problems I know they are working on, we have had cases where a spouse is offered a job, but doesn't want to take that job because they don't want to use their authorization. They want to work for a better job. Working through personnel, they are looking at that to try to fix that.

Senator GRAHAM. Anything the committee could do to help?

Mr. MYERS. I will take that for the record and talk to our personnel folks.

[The information referred to follows:]

Military spouses are only offered positions they voluntarily apply for or which they register for consideration through the Department of Defense (DOD) Priority Placement Program. They are counseled and advised they will be referred using their preference until they accept or decline a continuing position. While a spouse occasionally may later express remorse over his or her decision, this is generally not the case. Most understand their preference is to help them find continuing employment at their sponsors' new duty location; it was never intended to allow job shopping.

Of greater concern to many military spouses is they are not eligible for non-competitive Civil Service appointments. However, on September 25, 2008, President Bush signed Executive Order 13473 allowing agencies to make noncompetitive appointments of spouses of certain members of the armed services. The Office of Personnel Management is currently coordinating proposed final regulations with the Office of Management and Budget (OMB).

It is our understanding OMB will be publishing the final regulations via a Federal Register Notice in August 2009. While these new regulations will not provide a hiring or selection preference for eligible military spouses, it will certainly facilitate their entry into Civil Service jobs. In addition, military spouses who become eligible for this appointing authority by virtue of relocating with their military sponsors will also be afforded, under separate authority, military spouse preference in DOD.

Senator GRAHAM. Great.

Mr. MYERS. We appreciate that offer.

Senator GRAHAM. Okay. Good.

The idea of vouchers available to military families as they move from school district to school district, starting with Ms. Nesmith and working down, how do you feel about that?

Ms. NESMITH. The issue of vouchers is certainly something that has come up in the public over the years. Just in my experience looking at it is that the possibility of adding it to the tax burden that a military member would realize, that this voucher would add into their income and thereby raise their tax implication.

Senator GRAHAM. What if we made it income free?

Ms. NESMITH. If you made it income free, it would certainly give some opportunities, as the panel mentioned, for parents to be able to seek out education that they desired for their children.

Senator GRAHAM. General Larsen, what is your view?

General LARSEN. Sir, one of the issues that we are working right now with the Council on Disabilities is the possibility of developing a voucher-type program, particularly for our EFMP.

Senator GRAHAM. Right. Right, absolutely.

General LARSEN. What I think we need to do, if you go across the Marine Corps and talk to people, education is one of our biggest issues.

Senator GRAHAM. Right.

General LARSEN. It is the reason people decide to become geographic bachelors and leave their family in one location and go to another location. It is because for a lot of reasons people decide that the education either where they are is what they are looking for or where they are going is not what they are looking for.

A voucher program would help us a lot. I think it is a great idea, and there are a lot of opportunities for this.

Senator GRAHAM. What you are saying, General, is a lot of time when it comes to assignment rotation time, the families will stay in what they think to be the better school, and the military member will go unaccompanied?

General LARSEN. Exactly. That is one of the primary sources we have for geographic bachelors.

We have schools in certain locations where the school that is adjacent to the installation is not necessarily a good school. It is not one of the schools that people want to have their children go, but they are prevented from going to the other schools in the public school system.

Senator GRAHAM. Gotcha. School choice within a public school setting.

Dr. Rau?

Dr. RAU. We would support anything or efforts that ease the transition of military families from one school system to another, and there might be a variety of options that would do that.

Senator GRAHAM. Okay. Ms. Marin?

Ms. MARIN. Yes, as the panel expressed earlier, the robust discussion, I think that is something we really want to look at. In the Army, we have school liaison officers on all of our installations. We already have a robust amount of information on the individual perceptions of the soldiers and families of the schools.

We know that there have been a lot of requests for public school of choice, what you just talked about. We would like to look more into the school voucher issue and also how it would interplay with Impact Aid, which was a discussion earlier.

General LARSEN. Can I make a comment on Impact Aid? Impact Aid lags. It is a year after. The school system has to put in the request a year later to get Impact Aid. Impact Aid, like a voucher system, should follow the student. It shouldn't go to the school district. It ought to go to the school where the kid is attending.

Senator GRAHAM. Gotcha. Okay. Mr. Myers?

Mr. MYERS. I think a voucher program is very good.

In the Washington, DC area there are several bases. On one base, over 90 percent of the children are being home schooled. Senator Graham, as you said, there are people that opt out of the Service or don't want the assignment because of education for the children. So that is a key issue with our military personnel.

Senator Graham, I forgot to mention the Defense Center of Excellence for Psychological Health is sponsoring research on children. I think that will encompass all and be a good basis for us to look at how it affects children.

Senator GRAHAM. One last comment. This reciprocity issue of making sure that people who are licensed professionals in DOD families, when they move from State to State, that maybe we could do something to help them maintain their practices or their profes-

sion. That is something I am interested in. I really hadn't thought about that until the other panel spoke.

The last comment is TRICARE. At the end of the day, you have just got to get doctors and providers into the system to make this thing work. I am going to ask you what I asked the first panel. From your perspective, from what you hear and what you know, Ms. Nesmith, rate TRICARE from A to F.

Ms. NESMITH. Certainly I would concur with what I have heard. I am not a user of TRICARE myself. But from what I have heard, I would have to give B for access.

General LARSEN. I would like to give a longer answer, but the short answer is I would give it at best a D. In the last panel, we were mixing up the military treatment facilities and TRICARE. There are two separate problems, and there are two separate sets of issues that need to be discussed.

Senator GRAHAM. Gotcha.

General LARSEN. But I would say access to care and because of some of the problems that our people experienced, I would say a D.

Senator GRAHAM. Dr. Rau?

Dr. RAU. Senator Graham, military medicine doesn't fall under my purview, and so I would really rather not give it a grade.

Senator GRAHAM. Fair enough.

Dr. RAU. I don't have a lot of experience.

Senator GRAHAM. Sure. Good answer.

Dr. RAU. Professionally or otherwise. I would defer to Ms. Mancini, who has the grassroots experience.

Senator GRAHAM. Ms. Marin?

Ms. MARIN. Sir, based upon what we are getting from our Family Readiness Group leaders and other inputs, I would echo Ms. Casey in that quality of care is rated very high. Access to care is lower.

Senator GRAHAM. Mr. Myers?

Mr. MYERS. What we hear when we go out, is that access to care is an issue.

Senator GRAHAM. Okay. Thank you all.

Mr. MYERS. Senator Graham, one other thing, we do have this Military Spouse Career Advancement Account, which gives up to \$6,000 per spouse for credentialing and relicensing. If you have to get recertified, they can now use that money to get that done.

Senator GRAHAM. Okay.

Dr. RAU. Senator Graham, I can also add that with regard to mental health professional licensing, there is reciprocity within the Federal system. If you work anywhere within the Federal system, you can practice within the Federal system, licensed in any State or U.S. territory.

Senator GRAHAM. Yes, that is what I am thinking about. That is good to know. But let us say for a nurse or a lawyer, how could we make it easier when they move?

Thank you all.

Thank you, Mr. Chairman.

Senator BEN NELSON. Thank you.

The EFMP was established to assist Active Duty servicemembers in providing for the special needs of family members before, during, and after relocation required by a change of duty assignment to a

new location. I understand that implementation of this program varies between the Services. Would any of you be able to explain or wish to explain how your organization reaches out to servicemembers who have dependents with special medical and/or educational needs?

General LARSEN. I can start.

Senator BEN NELSON. Sure. General?

General LARSEN. In the Marine Corps this last year, we established EFMP. Prior to that, we had a program that was basically an assignment program where we would make sure that the people, as they were moving from one location to another, had the type of care they needed for their family member in that location. It was basically an assignment policy for the Marine Corps.

What we have established is a series of caseworkers and some legal assistance at locations across the Marine Corps that helps the family that has an exceptional family member in it do the things they need to do to get access to healthcare, to get some financial issues and educational issues addressed.

We have done that by going from actually nothing a year ago to where we have about 6,500 people that are currently enrolled in the program, 6,500 families. We have 1 caseworker for 225 families. We have spread that across the Marine Corps. They are in the major geographic areas or the major locations where we have a high concentration of services that are available.

So southern California or areas like the area here in northern Virginia, where they might have services available, is where those families get assigned. We have a policy in place now to stabilize the family in that location so that they don't get moved from place to place every couple of years.

The servicemember can go and do his or her overseas assignment or the things they need to do, but then they can come back to the place where their family is being stabilized in order to get into the system and get the care they need. Because often when we move them from one location to another, they get to the new location and they start over.

That is another issue of reciprocity, where if they didn't have to start over, as we move them from California to North Carolina, then it would be better on the family. They would be more able to move from these different locations. That is kind of what we have done the last several months.

Senator BEN NELSON. Any other comments regarding EFMP?

Ms. MARIN. Yes, sir. In the Army, about 10 percent of our active duty are registered in the EFMP. So that is about over 51,000 soldiers who have exceptional family members, somewhat over 67,000 exceptional family members. It is mandatory to enroll.

We have an exceptional family member coordinator on every installation, and they deal with what might be special needs for housing, for medical, and for education. We offer benefits such as 40 hours of respite care free per month for the primary caregiver for families with exceptional family members.

Always, we are tweaking the nuances of this program. Just recently, it came up as an issue in our Army Family Action Plan, which is a yearly forum for improving policies, is that when a family is deploying overseas, even before the orders are cut, there

needs to be an analysis of where they are going and what medical and housing and education is available for them.

We have changed our policy so that is happening now. We are consistently looking at those and improving them.

Senator BEN NELSON. Okay. Thank you.

Building child development centers has really increased rapidly most recently, thanks in part, I hope, to the American Recovery and Reinvestment Act. What efforts are being made to increase access to childcare services by contracting out with child development centers that are off base if there isn't an adequate facility on base?

I heard something about waiting lists a little bit ago, and does that continue to be an issue?

Mr. MYERS. Yes, sir. There are about 37,000 children on the waiting list, and we have seen a baby boom in the military in the last several years. We were able to build over 15,000 spaces because we had that authority that we could build child development centers up to around \$7 million or \$8 million, which is going to expire this year. We need an extension on that.

But we also need child development centers outside the gate. We have funds to work with child development centers outside the gate, Boys & Girls Clubs to get care providers, bring them up to standards. It will help those people out in the community. We think that will be another way of providing this effort.

But childcare, the senior enlisted advisers tell me that is the number-one issue amongst our military families.

Senator BEN NELSON. Ms. Davis, you left Offutt just too soon because we have a brand-new facility out there. It is state-of-the-art. Even though you didn't need it when you were there, if you decide to come back, it will fit and suit your needs.

Were you part of the 55th Wing?

Ms. DAVIS. Yes, sir.

Senator BEN NELSON. Okay. Thank you.

Thank you, everybody. It is great to have had the input from both panels. We thank the second panel in particular now for your input. It is helpful to us to understand what is happening in the real world and give us some idea of where we could be helpful to provide even more support for our military families.

Thank you all, and this hearing is adjourned.

[Questions for the record with answers supplied follow:]

QUESTIONS SUBMITTED BY SENATOR E. BENJAMIN NELSON

FINANCIAL LITERACY EDUCATION PROGRAMS

1. Senator BEN NELSON. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, in the 2007 National Defense Authorization Act (NDAA), Congress passed tough restrictions on the terms of certain credit extended to servicemembers and their dependents. This was an effort to help the Department of Defense (DOD) fight predatory lending practices in and around military installations. The predatory lending issue highlighted the financial practices of some servicemembers, especially, and most painfully, some of the most junior, and called for greater financial education for servicemembers. What financial literacy education programs are in place now to help servicemembers better manage their money and plan for life events such as college and retirement?

Mr. MYERS. The predatory lending regulation, which placed limits on the three types of loans identified as being particularly predatory on our troops and families—payday loans, vehicle title loans, and tax refund anticipation loans, was a key effort of the Department's Financial Readiness Campaign, which began in May 2003. The Campaign's focus is to reduce the stressors associated with financial issues by pro-

viding servicemembers and their families with educational resources, counseling, programs, and protections to help them onto the path of financial freedom. In empowering our troops and families with the tools to promote financial readiness, we will have certainly supported mission readiness.

One key aspect of the Financial Readiness Campaign has been our official partnerships with over 20 nonprofit organizations and Federal agencies. Each partner has offered forms of assistance to our troops and families, either through financial educational programs or other key financial resources. Together with our partners and fellow members of the Financial Literacy and Education Commission, we are working to change the financial culture of the military. This cultural shift begins with focusing on the education, awareness, counseling, and resources to enhance financial literacy, which we have embodied in the Campaign's eight "Pillars of Financial Readiness," which essentially represent the campaign's platform:

- Maintaining Good Credit
- Achieving Financial Stability
- Establishing Routine Savings
- Participating in Military Benefits: Thrift Savings Plan and Savings Deposit Program
- Not opting out of Servicemember's Group Life Insurance and securing other appropriate insurance
- Encouraging low-cost loan products as an alternative to predatory loans
- Using low-cost Morale, Welfare, and Recreation programs
- Preserving Security Clearances

Regarding financial literacy resources and programs, servicemembers and their families have always had access to personal financial information and counseling through Military OneSource (www.militaryonesource.com and 1-800-342-9647). Military OneSource, a free 24/7-365 resource, provides support services for all servicemembers and their families, including the National Guard and Reserve, regardless of duty status. This service offers personalized and confidential financial counseling and planning consultations at no-cost. Military OneSource is especially beneficial to those geographically separated from installation services and augments services provided at installation family centers.

We have also implemented other distinct programs which promote financial literacy across the military: Financial Readiness Roadshow events, Rotational Personal Financial Counselors (PFCs), and on-demand financial support.

Financial Roadshows augment the Military Services' existing financial readiness programs and initiatives. An installation commander can request a Roadshow at their installation and tailor the event to address that installation's particular financial challenges. Once the agenda is set, the Office of the Secretary of Defense (OSD) facilitates financial guest speakers and specific workshops (which in the past have included the topics of retirement and saving for college). Specialized workshops for children and youth, delivered by certified and credentialed financial experts are also available. Throughout the event, one-on-one financial counseling is available from PFCs, who can remain assigned to the location, as needed, to support the installation. To date, OSD has facilitated, in partnership with the Military Services, 27 Financial Roadshow events across the country.

In addition to PFC support provided at the Roadshows, installation Personal Financial Managers (PFM) can also request a PFC for rotational or surge support to help address financial challenges. PFC rotational assignments are available in 30, 60, or 90 day increments, and while assigned to an installation, a PFC can teach financial classes, conduct individual counseling, or support the PFM and family center as needed.

On-demand financial support, primarily designed to serve the Reserve component due to their geographic dispersion and separation from military installations, focuses on providing financial educational resources to Guard and Reserve members and families in the form of briefings, financial training workshops, one-on-one counseling, and resource booths. Since August 2008, we have supported over 700 on-demand requests for financial support, where 15,000 Guard and Reserve members and their families have participated.

An important aspect of our Financial Readiness Campaign involves providing financial education that specifically serves our children and youth, since studies have shown that nearly 50 percent of our children and youth will join, or seriously consider joining, the military. During Military Saves Week 2008, a program the Department sponsors in partnership with the Consumer Federation of America to encourage the military to save for the future, we successfully launched the first ever Military Youth Saves pilot. Military Youth Saves focuses on the importance of starting early to save for the future and helps develop self confidence and personal skills

needed to manage money effectively. Since 2008, over 12,000 children and youth have participated in various military financial programs.

Finally, there are indicators that changes in the financial behavior of our uniformed men and women are taking place. The recent Financial Industry Regulatory Authority Military Financial Confidence Survey, released in February 2009, found servicemembers are more likely to take an active role in financial planning, have a more realistic view than the average American worker of the financial requirements to retire, and most noteworthy, military financial education programs and services are positively influencing financial behavior. The Department's role is to work with the Military Services to continue providing the education and resources necessary to support personal financial readiness, especially since our members understand the importance of taking charge of their financial future.

Ms. MARIN. Army Community Service provides soldiers and families with comprehensive life-cycle (entry to retirement) personal financial education and counseling programs. Financial Readiness Training is mandatory for all soldiers during Basic Training, Advanced Individual Training, and their first duty assignment. In classrooms and individual counseling sessions, soldiers are taught how to handle their money, establish savings goals, and set money aside for emergencies. Soldiers are also informed on payday lending practices, predatory lending issues, and protections in payday lending laws.

Financial Readiness program managers are located at 87 installations and are certified by the Association for Financial Counseling and Planning Education. In 2008, the program conducted over 16,000 classes with more than 303,000 attendees and provided financial counseling for over 59,000 clients. Other online financial and consumer education, tools, and links are available at Army OneSource (www.armyonesource.com).

Dr. RAU. The Navy's PFM program takes a collaborative and comprehensive approach to education and counseling. The Navy PFM program emphasizes proactive, career lifecycle instruction commencing with entry into the Delayed Entry Program through to retirement and transition to civilian life. Also provided is consultation to best facilitate behavior modification. Services include information distribution, individual consultation with financial counselors and educational classes and workshops. Services are designed to foster financial responsibility and accountability with primary emphasis on financial independence, sound money management, debt avoidance, and long-term financial stability.

Personal financial fitness services are delivered by a collaborative effort made up of Accredited Financial Counselors and Educators at the Fleet and Family Support Centers (FFSCs), trained servicemembers designated as Command Financial Specialists, and also with assistance from partner organizations. For example, partnerships between FFSCs and Child Development and Youth Programs at the installation level have increased youth education regarding financial fitness.

Statistics show that awareness and utilization of the Navy PFM program by servicemembers has increased. During 2008, staff provided individual consultation and education to more than 12,000 individuals, with classes and workshops provided to almost 175,000 military and family members. More than 9,996 family members received financial education services during 2008, which represents a 100 percent increase over 2007.

The Association of Financial Counseling, Planning and Education recognized the Navy PFM program as the Financial Education Program of the Year in 2006. Additionally, the Navy PFM program received recognition as an Exemplary Employer Initiative by the Personal Finance Employee Education Foundation in 2008.

General LARSEN. The PFM Program offers personal financial management services to servicemembers and their spouses to equip them with the knowledge, skills, and tools necessary to successfully manage their personal finances. PFM Program Specialists provide classes, workshops, and extensive one-on-one assistance in the following core areas: military pay issues; banking and financial services; developing a spending plan; credit management; car buying strategies; housing and home buying; insurance and risk management; financial planning for deployment; saving and investing; and retirement, estate, and tax planning. In addition, DOD has a marketing campaign, "Military Saves", designed to encourage military families to improve personal saving. Personal financial management services are provided by certified financial counselor at all 18 major U.S. Marine Corps installations.

Ms. NESMITH. Financial Literacy programs are available throughout the tenure of a every airman. This includes mandatory training at various career intervals and supplemental financial education that is available and voluntary. Mandatory training at basic courses, prior to deployment and in supervisor training, focuses on the basic pillars of financial education, such as checkbook management, debt management, car buying, creating a spend plan, saving for retirement and maintaining

emergency savings. Supplemental education may include the Savings Deposit Program which encourages saving during deployment, basic investing, and foreclosure avoidance. Training is typically provided in group settings and individualized counsel is available through the Accredited Financial Counselors located in Airman and Family Readiness Centers worldwide. Supplemental training topics may be added on a situational basis due to major life changes or emerging trends, such as foreclosure avoidance in locations where national foreclosure rates are elevated.

SUICIDES AND POST TRAUMATIC STRESS

2. Senator BEN NELSON. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, families are often the first line of defense against suicide and post traumatic stress, and play a significant role in identifying and helping servicemembers cope with deployment-related issues. Additionally, the stresses of deployment can affect the mental well-being of spouses and children. What training is given to families to identify possible symptoms of depression, anxiety, and other psychological health issues, and when is it provided?

Mr. MYERS. The individual Services drive the programs to provide information and guidance at individual military installations at the request of the servicemembers' family members. The support structure at military religious facilities from military chaplains is also a direct connection with families of servicemembers in dealing with deployment-related issues.

Ms. MARIN. The Army offers numerous sources of training for families on symptoms of depression, anxiety and other psychological health issues. The Army recognizes that we are not in a "business as usual" environment and that repeated deployments lead to increased distress, anxiety, and in some cases, suicide. Deployments, war, and psychological problems impact soldiers and families, and the result is a higher demand for behavioral health services. We are responding to that demand by making a concerted effort to provide training and support to soldiers, families, and leadership in the early detection of psychological problems and suicide prevention.

Families are one of our biggest assets in suicide prevention, and multiple programs and services have been developed with this understanding. Programs include an extensive array of behavioral health services to address deployment strain. A summary of programs and products is at <http://www.behavioralhealth.army.mil/>. Programs that provide training to assist families with identification of symptoms include Army Community Service, Battlemind, the Military Child and Adolescent Center of Excellence, Family Assistance for Maintaining Excellence, Military One Source, Psychological Health in Schools Programs, and the Warrior Resiliency Program.

Recent efforts focus on the expansion of population-specific training materials available to military families through Battlemind, a preventive training program intended to strengthen individual servicemembers, families, units, communities, and enhance the ability to cope with stress. Battlemind offers online training for spouses and couples. Through online training at Battlemind@amedd.army.mil, spouses and couples can find brochures and training to prepare them for pre-deployment and post-deployment. Battlemind also offers training and videos for pre-school and adolescent children.

The Army is also expanding services to children of military families to promote child and adolescent wellness through school-based behavioral health services. The Military Child and Adolescent Center of Excellence at Madigan Army Medical Center, Fort Lewis, WA, is standardizing and packaging the best elements of these programs for export to additional sites. School-based mental health services aimed at youth and families will include: (1) evidence-based classroom training such as building resilience and dealing with the anxiety and stresses of being an Army youth; (2) student evaluation and treatment using the modalities of individual therapy, group therapy, family therapy, psychopharmacology, and classroom interventions; (3) parent and school education on the effects of deployment and reunion on families, handling rumors, crisis interventions, and resilience training; and (4) coordination and integration of services in military and civilian communities using resources like installation and community youth programs, sports organizations, and community service groups.

The Army also employs multimedia to reach out to families and provide information and resources on the detection of psychological problems. Advertisements on commissary bags and posters are disseminated throughout installations, post exchanges, and military treatment facilities. The Army is also conducting a study of family readiness through the RAND Corporation that will assist in developing fu-

ture initiatives to support soldiers and families. Results from the study are expected in September 2011.

Dr. RAU. Operational Stress Control (OSC) is the Navy's comprehensive prevention and awareness initiative to address the psychological health needs of sailors and their families and reduce the stigma associated with seeking assistance. The initiative is led by operational leadership and supported by Navy medicine. OSC provides practical decision-making tools for sailors, leaders, and families to identify stress responses and mitigate problematic tension. The Stress Continuum is an evidence-informed model that highlights shared responsibility by sailors, family members, and Navy leadership for maintaining optimum psychological health. The model is used to recognize and intervene early, when indicators of stress reactions or injuries are present, before an individual develops a serious stress illness, such as PTSD or depression.

Working in collaboration with Navy medicine, Fleet and Family Support Programs (FFSP) have launched an OSC awareness effort focusing on family members. OSC concepts are being incorporated into existing, regularly scheduled family support services such as pre-deployment and stress management workshops, Family Readiness Groups, Ombudsmen training, transition assistance workshops, parenting classes, and clinical counseling sessions, to familiarize family members with the concepts and stress continuum language. This information provides family members a framework from which they can identify behaviors/symptoms early and speak to someone about obtaining help for themselves, their children or their military loved one.

Project FOCUS is a Navy Bureau of Medicine and Surgery program currently implemented at 9 Navy and Marine Corps locations, expanding to 14. Project FOCUS addresses difficulties that children and families face in relation to multiple deployments and parental operational stress and helps children and parents develop critical skills related to emotional regulation, problem-solving, communication, and building social support.

Brief, solution-focused clinical counseling provided in FFSC is another avenue where military and family members can seek consultation and assistance from licensed mental health professionals for commonly occurring situations and adjustment issues before more significant problems develop that require medical or psychiatric intervention. Placement of clinical counselors for children in FFSCs and Behavioral Health Consultants in Child Development Centers help identify and provide assistance to children who are adversely impacted by their parent's deployment.

General LARSEN. The Marine Corps has a family component of its Marine Operational Stress Training (MOST) Program which provides information to families on prevention and early identification of stress problems before deployment, during deployment, at the end of deployment, and 60–120 days after deployment. The information is tailored to the needs of the families at each point in the deployment cycle, and addresses stress problems in both the servicemember and family members.

Ms. NESMITH. Workshops and training are offered for the spouses through the Airman and Family Readiness Centers. Sessions are designed to offer vital information on topics such as balancing family and work life, managing separations, and establishing connections with community support agencies. Through these interactions, spouses are able to learn to identify behaviors that may be out of the normal.

DOD provides an ongoing program of counseling and training through the Military and Family Life Consultant (MFLC) program. The Air Force has fully embraced the MFLC program and found it particularly effective in addressing issues centered around family dynamics, job stress and marital relationships. Currently there are 94 adult MFLCs in 89 Airman and Family Readiness Centers and 98 Child and Youth Behavioral MFLCs at 80 Air Force installations. Testimonials from staff and family members indicate the MFLCs are providing much needed non-medical counseling services to our airmen and their families at critical times.

3. Senator BEN NELSON. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, is such training also available for families of Guard and Reserve members, as well as for parents or siblings of unmarried servicemembers?

Mr. MYERS. As is the case for Active Duty servicemembers, the individual Services develop information providing services for Reserve component and unmarried servicemembers' families.

Ms. MARIN. National Guard and Army Reserve members may use all of the training opportunities described in the answer to the previous question. There are also a number of training events specifically for Guard and Reserve members. In 2008, the Minnesota National Guard pioneered a program to improve how soldiers and

airmen are reintegrated back into their communities. Called "Beyond the Yellow Ribbon," the name is a reminder that support of soldiers cannot end when they return from deployment. For National Guard and Reserve members and their families, the Yellow Ribbon Reintegration Program provides deployment support and reintegration programs in all phases of deployment, including but not limited to pre-deployment, deployment, demobilization, and post-deployment and reconstitution phases.

Yellow Ribbon pre-deployment activities and events focus on providing education and ensuring the readiness of unit members, their families, employers, and affected communities. Deployment services and events focus on family separation challenges and stressors, especially for those serving in a combat zone. Demobilization reintegration activities provide information about resources available to transition soldiers back to garrison or civilian life and how to connect with providers to assist in overcoming the challenges of reintegration. Post-deployment or reconstitution provides reintegration activities at approximately 30-, 60-, and 90-day intervals.

The spring 2009 issue of Family Strong: Army Reserve Family Programs contains information on suicide prevention, with a message from Laura Stultz, wife of Lieutenant General Jack C. Stultz, and a pullout card listing risk factors and warning signs of suicide. Toll-free lifeline numbers are also listed. On October 1, 2008, the Army Reserve established a Warrior and Family Assistance Center with the slogan, "Soldiers First, Families Always."

Dr. RAU. The Navy Reserve Psychological Health Outreach Program provides 2 Outreach Coordinators and 3 Outreach team members to each Reserve Region (for a total of 25) deployed into the field to provide outreach, support, and intervention to returning Individual Augmentees and other reservists to mitigate existing reservist stressors and address future concerns. They are key components in our effort to build resilient Navy Reserve families. The Returning Warrior Workshop (RWW) is conducted on weekends and attended by up to 200 military members and other family members including parents or siblings and spouses. It is the signature event of the Navy Reserve Reintegration program. Attending participants have the opportunity to address personal, family or professional situations experienced during deployment and receive readjustment and reintegration support from a network of counselors, psychological health outreach coordinators, chaplains and FFSC representatives. Throughout the weekend, participants benefit from considerable counseling opportunities to educate and support the Navy family and to assist sailors re-acclimating to their families and civilian lives. During this fiscal year, 16 RWWs have been conducted that were attended by 2092 military personnel and their guests.

Navy family readiness works closely with the Reserve Forces Family Support Coordinator and the five regional Family Support Administrators to facilitate connection of Reserve families to each other, to supportive community and family resources, and to improve community awareness of Reserve military families' experiences and needs. Family Support Administrators liaise with their assigned Navy Operational Support Center (NOSC) staffs to ensure Reserve families are supported by Navy and other military family support initiatives, such as Military OneSource, Joint Family Support Assistance Programs (JFSAP) and State National Guard Family Programs. Parents or siblings identified as the preferred point of contact for single Reserve component sailors on Individual Augmentee assignment are provided aggressive outreach, assessment of needs and referral to available family support services by their assigned Individual Deployment Support Specialist.

General LARSEN. The family training in the USMC MOST Program, above, is provided to spouses and children of both the active and Reserve servicemembers. Extended family members are welcome to attend as well.

Ms. NESMITH. Yes. DOD provides an ongoing program of counseling and training through the MFLC program. The Air Force has fully embraced the MFLC program and found it to be particularly effective in addressing issues centered around family dynamics, job stress and marital relationships. Currently there are 94 adult MFLCs in 89 Airmen and Family Readiness Centers and 98 Child and Youth Behavioral MFCLs at 80 Air Force installations. Testimonials from staff and family members indicate the MFLCs are providing much needed non-medical counseling services to our airmen and their families at a critical time.

The MFLC program is available to Guard and Reserve families as requested in support of family day events, reintegration events, and other gatherings.

MILITARY FAMILY READINESS COUNCIL

4. Senator BEN NELSON. Mr. Myers, in the NDAA for Fiscal Year 2008, Congress required the establishment of a DOD Military Family Readiness Council, to include representatives from each of the Services and military family organizations, to review and make recommendations on and monitor DOD policy requirements for the support of military family readiness, and to evaluate and assess the effectiveness of military family readiness programs. According to DOD, the Council has so far conducted only one informal meeting, late last year. Have any members been formally appointed to the Council?

Mr. MYERS. We have vetted the nominees with the Pentagon's White House Liaison Office. Final appointment will follow after completing the required security, ethics, and administrative screenings required. We anticipate being able to complete this process prior to the Council's first formal meeting in August or September.

5. Senator BEN NELSON. Mr. Myers, has the Council identified any priority issues on which to focus in the coming year?

Mr. MYERS. We intend to convene the Council in August or September this year, at which it will decide its areas of focus.

HEALTH CARE FOR MILITARY FAMILIES

6. Senator BEN NELSON. Mr. Myers, according to the DOD, TRICARE beneficiary surveys reflect great satisfaction with the health care program for military families, but at this hearing the first panel of witnesses, military spouses, and a representative from the National Military Family Association, all stated that health care, and specifically access to care, including mental health care, is among military families' top issues. How well does TRICARE meet the medical needs of military families?

Mr. MYERS. The Department feels TRICARE greatly meets the medical needs of the military family. TRICARE is a robust Health Maintenance Organization health plan for our eligible beneficiaries that augment the direct care system by providing health care services through a large network of primary care and specialty providers. The cost for beneficiaries enrolled in TRICARE Prime is low in comparison to civilian health plans. Whereas, Active Duty servicemembers and their family members do not pay a premium or co-pay; all other beneficiaries pay a low premium and co-pay for the care they seek through our network providers.

Since its inception, TRICARE Prime has grown significantly, mostly in response to the guaranteed quality and access it provides. Our access to care standards are monitored closely to ensure beneficiaries are seen in a timely manner. For example, in the Direct Care System, if a patient is referred for specialty care not available at a military treatment facility, the patient is referred to one of our network providers. In the past 2 years, we have placed 1,700 mental health professionals in primary care clinics to increase access and reduce the stigma associated with visiting a mental health facility. In addition, the TRICARE Network has added 10,000 mental health providers, including child psychiatrists and psychologists.

In the quarterly Health Care Survey of DOD Beneficiaries, the Department compares performance of the TRICARE Health Plan with benchmark metrics from the National Consumer Assessment of Healthcare Providers and Systems Benchmarking Database (NCBD), which contains results from surveys given to beneficiaries by civilian health plans. For the NCBD metric category of "Getting Care Quickly," a measure of ease in gaining access to care, TRICARE Prime beneficiaries enrolled to the purchased care network have consistently reported average satisfaction levels at or above the NCBD benchmark value. Additionally, our inpatient, outpatient, and population based surveys show our beneficiaries generally indicate favorable experience with access to and satisfaction with the Military Health System.

Beneficiaries have the option not to enroll in TRICARE Prime and utilize our TRICARE Standard or Extra plans. TRICARE Standard or Extra allow the most flexibility in selection of care from any TRICARE authorized provider. Referrals are not required, but some care may require prior authorization. The beneficiary can also receive care in a military treatment facility on a space-available basis.

TRICARE continues to be one of the best health care plans in the world.

7. Senator BEN NELSON. Mr. Myers, do you have any specific recommendations for improving the military health care system?

Mr. MYERS. The Military Health System provides all beneficiaries with the greatest compassion and care, the benefits of the best available science, and treatment and support that makes servicemembers and their families partners in their own

healing. TRICARE managed care has improved portability, claims processing, and access to quality care. The Department has streamlined its regional contracts, resulting in fewer administrative hurdles for beneficiaries and is playing a key role in decreasing the stigma of seeking mental health care. We anticipate the roll-out of the cutting-edge operation of the TRICARE Pharmacy Program, which will simplify the pharmacy benefit by consolidating retail and mail order operations this fall. And, we applaud the launching of the Defense Centers of Excellence—a collaborative global network that promotes resilience, recovery, and reintegration for psychological health and traumatic brain injury.

DEPENDENTS EDUCATION

8. Senator BEN NELSON. Mr. Myers, quality education for children is a very high priority for military families. Congress has long supported supplemental Impact Aid to assist local public schools with large numbers of military children and DOD schools for military children. How does the DOD allocate the funding authorized by Congress each year for supplemental Impact Aid to local educational agencies with high numbers of military dependents?

Mr. MYERS. The DOD Supplement to Impact Aid Program provides financial assistance to local educational agencies (LEAs) heavily impacted by the presence of military dependent students. This program does not fund DOD schools. LEAs with at least 20 percent average daily attendance of military dependent students in the preceding year, as counted on their Federal Impact Aid application, are eligible to receive funding on an annual basis, when appropriated by Congress.

The U.S. Department of Education provides the data used to determine LEA eligibility for the DOD Supplement Impact Aid Program.

Funds provided by the DOD Supplement to Impact Aid Program are reimbursable in nature; therefore, they may be used by the LEA without restriction.

In fiscal year 2009, 110 LEAs qualified and received Supplemental Impact Aid. In fiscal year 2008, 114 LEAs qualified and received Supplemental Impact Aid.

9. Senator BEN NELSON. Mr. Myers, when is this funding provided to schools enough and, in your view, is it enough?

Mr. MYERS. Impact Aid is a Department of Education program which provides funding for a portion of the educational costs of federally-connected students. Impact Aid is the only Federal education program where funds are sent directly to the LEA. The funds, however, are not designated for individual children nor earmarked for any specific school, but support the eligible district as a whole.

The Department of Education Impact Aid program has been underfunded for years and is a continual source of concern for local school districts and military families. Currently the program is 60 percent underfunded. Funding has not kept pace with the Consumer Price Index which has risen over 70 percent since 1970, while the cost of education has escalated more than 100 percent.

Annual Impact Aid payments vary widely, from less than \$50 per child to over \$4,000 per child in several school districts with very high concentration of military connected children residing on a military installation.

The DOD Supplement to Impact Aid Program provides financial assistance to LEAs heavily impacted by the presence of military dependent students. LEAs with at least 20 percent average daily attendance of military dependent students in the preceding year, as counted on their Federal Impact Aid application, are eligible to receive funding on an annual basis, when appropriated by Congress.

DOD supports full funding of Impact Aid by the Department of Education for all categories of Federal students.

SUPPORT FOR INDIVIDUALS WHO DEPLOY

10. Senator BEN NELSON. Dr. Rau and Ms. Nesmith, while Army and Marine Corps servicemembers usually deploy in units, this is not always the case, and is more rarely the case for Navy and Air Force servicemembers. What support services are made available to Navy and Air Force families who have a servicemember deployed as an Individual Augmentee or who are serving an “in lieu of” mission?

Dr. RAU. Support includes contact by the FFSC, either by phone or in person, assessment of family needs, discussion of available family support programs and services nearest to the family, facilitated referral to nearby services if requested, and mailing of Individual Augmentee (IA) information and materials. An Individual Deployment Support Specialist from the FFSC must initiate initial contact within 10 business days of receipt of a new Individual Augmentee Sailor File. The program

begins 60 days prior to deployment and ends 180 days post deployment. Recurring contact, assessment and support at an interval requested by the family is also provided by either a counselor or Command representative. Efforts to better reach remotely located families impacted by these nontraditional duty assignments have included use of information technology to provide virtual family discussion groups and workshops, publication of a monthly electronic newsletter and of family, sailor, and command IA handbooks. Where practicable, deployment support programs and services have been adapted and provided specifically for family members of individual deployers. To date, FFSC Individual Deployment Support Specialists have served over 28,000 families of individual deployers.

Command Ombudsmen are trained volunteers who serve as a vital two-way communication link between command leadership and family members. Ombudsmen provide personalized support and guidance to families in adapting to the challenges of a mobile military lifestyle and extended operations necessary to meet the Navy's maritime strategy. There are currently over 2,200 registered Navy Family Ombudsmen. FFSCs provide training, consultation, coordination and support to Ombudsmen. Command Ombudsmen training includes information on the unique challenges and issues faced by families of IAs.

Ms. NESMITH. Air Force provides one-on-one pre-deployment briefings to airmen who deploy as Individual Augmentees or in support of Joint Expeditionary Taskings. Spouses are encouraged to attend these sessions where they learn what services are available to them throughout the deployment period and into reintegration. If the spouse cannot attend, contact information is requested and the spouse will receive either telephone or e-mail with information on available services. Although some support services are unit-based, Airman and Family Readiness Centers offer parallel services to families of any airman who is deployed. Called Hearts Apart, these services include morale calls, video and e-mail connectivity, regular get-togethers with other spouses and families of deployed members (coffee, dinners, other family-centered events), and electronic newsletters to ensure continued connection between the family and installation support agencies.

11. Senator BEN NELSON. Dr. Rau and Ms. Nesmith, what follow-up is conducted once the individual returns back to his or her unit, especially with regard to ensuring access to mental health care and assistance in reintegration?

Dr. RAU. The Navy has a continuum in place to assist the redeploying sailor, serving as an Individual Augmentee, with return, reunion, and reintegration. This process begins in Kuwait during the Warrior Transition Program (WTP) where the returning sailor attends a 3 day program which allows for decompression and transition from the war zone to life back in contiguous United States in a nonthreatening environment. Small group discussions are facilitated by accredited professionals and focus on topics that include combat and operational stress, gear return, and FFSC briefings.

The next step in this continuum is the completion of the Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA). The PDHA is either completed at WTP Kuwait or the Navy Mobilization Processing Site back in the United States through which the sailor will transition home. The PDHRA is conducted at the sailor's permanent duty station for active duty or the NOSC for Reserve sailors at the 90-180 day point after return from deployment. Both the PDHA and PDHRA allow the sailor to report any physical or psychosocial concerns that he or she may be having to a health care provider, who then ensures the sailor gets the help required.

The last step in the post-deployment continuum is the RWW. The RWW was established to educate and support families and assist sailors' re-acclimation after deployment. The program consists of various briefings and small group discussions facilitated by professionals, including chaplains and mental health providers. These workshops have proven to be an important step in the demobilization and reintegration process for the Total Force and their families. At the RWW, members are encouraged to discuss their experiences, family members are directed to resources, feedback on the mobilization/demobilization process is provided, and attendees are honored for their sacrifices.

The Navy has provided an additional resource for the Reserve Component by establishing the Navy Reserve Psychological Health Outreach program. Established in 2008, the program provides early identification and clinical assessment of Navy reservists returning from deployment who are at risk for stress reactions and injuries. A team of five social workers in each of the five Navy Reserve Regions provides outreach and educational activities to improve the overall psychological health and resiliency of Navy reservists. The social workers also serve to identify long-term strat-

egies to improve psychological health support services for the Navy Reserve community.

Ms. NESMITH. During redeployment processing, airmen must complete the PDHA, which is a medical self-assessment tool used to review the redeploying member's current health and/or mental health, as well as provide an opportunity for them to discuss any deployment-related health concerns with a medical provider.

The PDHA self-assessment is completed in theater within 30 days of redeployment or not later than 30 days after returning to home station. In accordance with DOD requirements, all redeploying personnel must have a face-to-face health assessment with a trained health care provider, such as a physician, physician assistant, nurse practitioner, or independent duty medical technician. This face-to-face encounter is required regardless of the individual's self-assessment responses. Positive responses (physical/mental health related) or any other concerns are addressed during this face-to-face encounter.

Every effort is made to ensure outstanding referrals are appropriately identified, addressed, and followed up by the member's primary care manager or mental health professionals at home station.

SPOUSE EMPLOYMENT

12. Senator BEN NELSON. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, employment opportunities for spouses can be constrained by the lack of availability of jobs on base and the requirements for relicensing in certain professions when moving to different States. What services are available to spouses to help in searching for jobs when they arrive at a new base, or to help defray costs associated with education or training to increase the number of employment opportunities open to spouses?

Mr. MYERS. Last year, Congress authorized the Department to assist spouses of Active Duty servicemembers in receiving education and training required for a degree, credential, or professional licensure in order to expand employment and portable career opportunities.

The Department has implemented the Career Advancement Account program to provide spouses up to \$6,000 to pay for training, professional licensure, or certification programs. To date over 30,000 spouses have established a Career Advancement Account and over 10,000 have started their training program, with over 42 percent studying and beginning to work in the healthcare field.

The Career Advancement Account is designed specifically to assist spouses as they relocate. If relicensing is necessary, a spouse can sign up for a Career Advancement Account and receive up to \$6,000 to pay the fees associated with the relicensing.

Once spouses complete training, they are moved into the Career Advancement Account placement process for assistance as they move from one installation to the next.

Along with employment assistance, the Department has established Military INSTALLATIONS (MI) and Plan My Move (PMM) as companion applications sharing one database to provide information on over 360 large and small installations worldwide and in all States for geographically separated families.

The goal is to educate family members about their new location, help them make informed decisions, and get settled quickly, preventing stressors on the family and increasing productivity. Relocation is an encompassing program that crosses multiple facets of Military Community and Family Policy to include financial, special needs, child care, spouse employment, education and family advocacy.

Ms. MARIN. The Army Employment Readiness Program provides job search assistance, job skills training, and information and referral services for soldiers, family members, and eligible military ID card holders. The Army Spouse Employment Partnership (ASEP) is a component of the Employment Readiness Program and provides Army spouses an opportunity to attain financial security and achieve their employment goals while helping spouses locate jobs in their communities. The Army signed a Statement of Support with 31 Fortune 500 companies and military agencies who pledged their best effort to increase employment and career opportunities for Army spouses. The Web site, www.msjs.org, was launched as a portal for military spouse resumes and a place for ASEP partners and registered military spouse-friendly employers to post their job vacancies.

The DOD Military Spouse Career Advancement Account (MyCAA) initiative provides education, training, certification, and licensing for military spouses to pursue careers in high-demand, high-growth portable career fields such as education, health care, financial services, homeland security, information technology, hospitality industry, business management, and other similar fields. MyCAA, located on the

MilitaryOneSource Web site, provides up to \$6,000 of financial assistance for related training, education, licenses, and/or credentials. DOD is expanding the MyCAA initiative.

Dr. RAU. In a 2006 survey of Navy spouses, almost half were employed and a majority of spouses of both officer and enlisted worked in their chosen career field. A majority of employed spouses were able to continue with career progression when relocated. Of the remaining 50 percent of Navy spouses, over four-fifths of those were not currently seeking employment. The Navy spouse survey was replicated this year, with the results expected this summer.

For military family members seeking employment, the Family Employment Readiness Program addresses those challenges through individualized assistance and educational classes and workshops. We provide assistance such as self-directed or staff assisted job search in employment resource centers, information and referral services, career development and coaching. Workshops and seminars are routinely provided and create a framework for further educational exploration in areas such as: Resume Writing, Effective Job Search Strategies, Interviewing Techniques, Federal Employment Opportunities, Entrepreneur Business Opportunities, Personal Skills Assessment, and Financing Career Change.

During 2008, nearly 2,900 Navy spouses were awarded scholarships at six Navy pilot locations through joint DOD/DoL Career Advancement Account (CAA) partnerships. The CAA program has now been expanded world-wide. Fleet and Family Support Program staff conducted over 3,000 employer education events to market military spouses as solutions to hiring needs. Over 11,000 family members were provided individual assistance in 2008, while over 12,000 were provided educational classes and workshops. Notably, 49 percent of our Navy Child and Youth Programs professional workforce are military spouses, which affords them mobile career opportunities. More than 2,490 spouses voluntarily reported securing employment as a result of Navy wide family support program efforts during 2008.

General LARSEN. The Family Member Employment Assistance Program (FMEAP) provides free employment assistance for Active Duty, Reserves, and Retiree family members (depending on space availability). Employment assistance, provided by Certified Workforce Development Professionals at all 18 major USMC installations, focuses on career-coaching to prepare family members to enter, maintain, and sustain employment and career growth. In addition, FMEAP provides workshops and extensive one-on-one assistance on resume and cover letter writing; using internet access and electronic job banks; the Federal employment; self-assessments; interview dress and etiquette; employment counseling, job search processes, employment networking and referrals; information on the current labor market, average salaries and wage trends in their area; and government partnerships for employment & training. We have completed a Functionality Assessment of our FMEAP Program and have identified several promising areas that would expand and improve the program, such as engaging family members earlier in the employment search; increasing job referrals through partnerships with local and national companies; providing follow up assistance after services are received; and improving program visibility.

Ms. NESMITH. Our Air Force programs provide spouses with knowledge and skills they can use to develop and maintain a successful career within the framework of the mobile military lifestyle. Installation-level staff works with employers in the community to raise awareness of the value of hiring military spouses. Airman and Family Readiness Centers provide classes and individual consultation on career planning and all phases of the job search, as well as assistance with on-line resources and access to computers.

We are partnering with DOD to support spouse employment initiatives through programs such as Spouses to Teachers and My Career Advancement Account, which provides up to \$6,000 for education, licensure, certification, and continuing education for a portable career. We also partner with the Air Force Aid Society, who sponsors a Spouse Tuition Assistance Program which grants up to \$1,500 to a spouse stationed overseas to defer the cost of college tuition, and the Spouse Employment Training Program which funds up to \$10,000 for Airman and Family Readiness Center programs that assist spouses with requirements for portable careers. In 2009, 32 grant proposals were approved across the Air Force. Participants will train in medical transcription, pharmacy technology, computers, nursing assistance, and special needs education.

SUPPORT FOR SINGLE SERVICEMEMBERS

13. Senator BEN NELSON. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, a great deal of attention has been paid to military families, and right-

ly so. Many family support programs target the spouses and dependents of servicemembers, but a large portion of the military is single. What family members do DOD and the Services target for single servicemembers?

Mr. MYERS. The traditional "Family Support" programs are now called "Warfighter and Family Services" (WFS) to emphasize these programs are also for non-married personnel. WFS helps single servicemembers develop life skills and pursue career opportunities and financial stability, and assist during times of personal trauma and stress, including natural disasters and with the transition to civilian life.

Single servicemember programs address single's quality of life issues and initiatives and support commanders by providing the forum through which single's concerns are identified and recommendations for improvement are made. Additionally, numerous Morale, Welfare and Recreation (MWR) programs specifically target single personnel. These include physical fitness and sports facilities and intramural sports, free Internet and gaming cafes, libraries—both facility based and on-line, recreation centers just for active duty, discount ticket and travel opportunities, high adventure outdoor recreation programs, auto hobby shops, skill development programs, bowling, concerts and other entertainment, membership clubs that foster esprit de corps, marinas, theaters, golf, and special interest programs such as flying, sky diving, rod and gun areas, horseback riding, scuba, and diving.

The department also provides extensive MWR support for deployed personnel including free Internet Cafes, professional entertainment, special events, mobile canteens, fitness and sports facilities and equipment, and various deployable kits such as "Recreation in a Box," "Theater in a Box," "Electronic Games in a Box," and "Library in a Box." The Military Exchanges operate stores in deployed areas and provide phone cards and additional Internet services. There is also strong grass roots support from the general public and nonprofits who provide large numbers of "care packages" for that taste of home.

The military Services all have extensive renovation plans for barracks to ensure adequate living conditions and QOL amenities are available for single personnel.

Ms. MARIN. Single soldiers are not overlooked in our morale, welfare, and recreation programs. The Army provides a comprehensive Better Opportunities for Single Soldiers (BOSS) program to facilitate leisure and recreation, community service, and quality of life opportunities for its single soldiers.

BOSS is designed to be the collective voice for single soldiers through the chain of command and serves as a tool for commanders to gauge the morale of single soldiers. Through BOSS, single soldiers plan and participate in recreational activities and community service projects that provide soldiers with valuable experience, skills, and a sense of community pride and ownership. BOSS activities such as whitewater rafting, talent competitions, computer classes, and tours are available before, during, and after deployment.

Dr. RAU. With respect to family members of single sailors, we engage a single sailor's preferred point of contact during IA assignment or the designated caregivers of seriously wounded, ill and injured single sailors. We otherwise provide information to family members of single sailors through our family support Web site, command ombudsman program, and recently launched Fleet and Family Support Programs Facebook page. Military OneSource and MilitaryHOMEFRONT Web sites, as well as the Joint Family Support Program, provide resources and information which are beneficial for family members of single servicemembers.

All sailors, to include single sailors, have access to services provided at FFSCs to include deployment support, relocation assistance, clinical counseling, sexual assault and domestic abuse victim advocacy, personal financial management, life skills education and transition assistance.

General LARSEN. The Marine Corps recognizes that there is a family you are born into as well as one you marry into. Our family programs are expanding to include the extended family of parents for both single and married marines. Our Family Readiness Officers provide accurate information to both immediate and extended family members as authorized by the individual marine.

Ms. NESMITH. The Air Force offers a myriad of activities and programs available to all authorized patrons to include single servicemembers; for example, Tops In Blue, Base Level Talent Contest, Four Seasons Outdoor Recreation, Hook Up to Bowling, Link Up to Golf, Football Frenzy, Air Force Hoops, Intramural Sports, Air Force Chess, Live Green, and the Air Force Gallery Showcase for Artists, Craftsmen, and Photographers. In addition, each Air Force installation conducts numerous local programs specifically targeted to single airmen as dictated by their single servicemember needs.

14. Senator BEN NELSON. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, are mothers, fathers, siblings, or friends made aware of resources that may be available to them, as well as their loved ones, upon return from a deployment, to better cope with any issues that may arise?

Mr. MYERS. The Military Services offer information and referral to resources available to family members including parents and siblings before, during and after return of a member from deployment. Information about the resources is provided during pre-deployment workshops and mailings; through command newsletters and outreach from rear detachment unit staff and/or family program staff during deployment; and during reintegration and post-deployment workshops and training. Additionally, parents of servicemembers are eligible for information and referral through Military OneSource, 24/7, 365 days a year.

Ms. MARIN. The Army uses many service delivery mechanisms to inform soldiers and immediate or extended families on available services and programs. Army OneSource (www.armyonesource.com) is a focal point for information delivery, which provides accurate, up-to-date information on a variety of topics for Active Duty, Guard, and Reserve soldiers and family members. In fiscal year 2008, Army OneSource had more than 20 million hits per month. A monthly update of topics related to family readiness, the Family Program Newsletter, is currently e-mailed to more than 75,000 subscribers who sign up on the Army OneSource Web site.

Family Readiness Groups (FRGs) also provide a critical link between extended families, soldiers, and units before, during, and after deployments. FRGs membership is open to soldiers, civilian employees, and immediate and extended family members (parents, siblings, fiancée, and other loved ones designated by the soldier). Virtual FRGs provide all the functionality of an FRG in an ad-hoc, online setting to meet the needs of geographically dispersed units and families. The eArmy Family Messaging System is another tool for commanders to deliver messages through multiple devices such as phone, cell, text, PDA, and fax.

On installations, MFLCs provide informal support to soldiers and families to supplement resident counseling services. The MFLCs work directly with Army Community Service, Guard Headquarters, and Reserve Regional Commands to provide deployment and reintegration support to soldiers and their families. Consultants with special skill sets, such as financial or child and youth needs, are also available. The goal of MFLCs is to prevent family distress by providing education and information on family dynamics, parent education, available support services, and the effects of stress and positive coping mechanisms.

Dr. RAU. Outreach efforts in the Navy include informing extended family members of programs and services available within the military and civilian community when designated by Individual Augmentee Sailors as their preferred point of contact. These extended family members receive information on deployment support services available through interactions with Individual Deployment Support Specialists. OSC information is provided to help family members cope and identify any stress reactions related to the IA deployment and reintegration process. Depending on geographic location, extended family members are invited to attend IA family day events, deployment briefings, family readiness group events, and RWWs, a signature event of the Navy Reserve Reintegration program.

General LARSEN. Extended family members are invited to participate in pre-, during- and post-deployment training. Recognizing that many are not located near our bases, we are attempting to provide that information in an exportable form that is useful to these key influencers of our marines.

Ms. NESMITH. Yes. During the mandatory predeployment briefing, all airmen are asked by Airman and Family Readiness Center personnel to identify family members or significant others who may require assistance during a deployment. Our Airman and Family Readiness Center staff maintain monthly contact with family members or significant others through a variety of means, including face-to face contact at community events specially designed for families of deployed members, telephone calls, email, and newsletters.

Reintegration support is an extension of this service; Air Force helping agencies host preparing-for-return workshops to advise family members and significant others of expectations and potential behaviors when the airman returns. By establishing relationships with families and airmen prior to deployment and maintaining contact throughout, airmen and families are more aware of the services and agencies available to them and are more likely to seek assistance when issues arise.

EXCEPTIONAL FAMILY MEMBER PROGRAM

15. Senator BEN NELSON. Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, the Exceptional Family Member Program (EFMP) was established to assist Active Duty servicemembers in providing for the special needs of family members before, during, and after relocation required by a change of duty assignment to a new location. Implementation of this program, however, varies between Services. How does your organization reach out to servicemembers who have dependents with special medical and educational needs?

Ms. MARIN. The Army EFMP is a mandatory enrollment program based on public law and DOD mandates. Soldiers enroll in the program so special needs can be considered in the military personnel assignment process. The program works with other military and civilian agencies to provide comprehensive and coordinated community support, housing, educational, medical, and personnel services to families with special needs.

Each installation has an EFMP manager who coordinates all components of the program for the garrison commander. The manager ensures parents are linked with appropriate special education school officials. Additional community support services include: information and referral; advocacy (support groups and rights and responsibilities under local, State and Federal laws); transition support for families with school-age children; family-find activities; respite care; and provision of recreational and cultural programs.

In February 2009, the Army Family, Morale, Welfare and Recreation Command convened an EFMP Summit to develop a plan to improve services and support for Army exceptional family members in the following areas: assignment process, case management, relocation and transition services; access to support services; and availability of external support. Implementation of the EFMP Action Plan will be monitored by a Department of Army EFMP Committee.

Dr. RAU. The Navy utilizes a variety of means to develop and implement comprehensive outreach to servicemembers who have dependents with special needs.

- Eligible Service and family members with special needs are identified and enrolled during routine medical care and suitability screening. At each Military Treatment Facility an Exceptional Family Member Coordinator (EFMC) oversees the EFMP enrollment, assists current and prospective Exceptional Family Member (EFM) families; and provides marketing and training for the EFMP.
- Each FFSC assists families in finding the resources to meet their specific family need.
- Military OneSource offers 24/7/365 consultation. Navy families can call and request information and available medical/educational resources from specialty consultants within their community.
- Navy hosts regional training activities and education and awareness campaigns to provide information regarding EFMP policies, procedures, and other program related resources to servicemembers.
- EFMP resource materials are developed that include Navy manuals, quick guides, and brochures, distributed to FFSCs and Navy Medical Treatment Facilities to increase education and awareness.
- The Navy EFMP webpage provides current policy and referral information as well as links to other Web sites that provide additional resource information for meeting specific needs of the exceptional family member.
- Navy Child and Youth Programs provides contracted respite care through the National Association of Child Care Resource and Referral Agencies (NACCRRA) for families of EFM identified children with highly specialized medical or educational needs.

General LARSEN. By requiring mandatory enrollment for marines with exceptional family members, our program is aimed at reaching those families who need the support and services of the EFMP and providing a continuum of care. First, sponsors with EFMs are assigned to locations where services exist to support the family and, thereby, improve their overall quality of life. Second, a Marine Corps installation EFMP Family Case Worker (FCW) provides direct family case management for the sponsor and /or family to provide a continuum of care and to develop each families' ability to advocate for their EFM. The Family Case Worker is required to contact families who are stabilized, at least quarterly, and families who are in a critical phase as much as necessary. In addition, family case management and outreach, our EFMP program provides family training, a special needs forum, family support groups, as making the family aware of local resources.

Ms. NESMITH. The Air Force's processes to identify families with special needs and match assignments accordingly are good, but we are focused on providing additional support for the families once they arrive at the new duty locations.

SUPPORT FOR RESERVE COMPONENT FAMILIES

16. Senator BEN NELSON. Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, while family support services seem to exist at most, if not all, military installations, they are of minimal help to those Guard, Reserve, and Active Duty families who do not live near a major installation. What programs has each Service tailored to the specific needs of Guard and Reserve families and Active Duty families in more remote locations, and how does each Service reach out to those families to make them aware of available resources?

Ms. MARIN. Army OneSource (AOS) is the centerpiece of the Army's efforts to reach out to families in remote locations. AOS establishes a comprehensive, multi-component approach for community support for Active, Guard, and Reserve soldiers, families, and employers through the entire deployment cycle. AOS includes several delivery options to meet the diverse needs of soldiers and families, regardless of where they reside, through personal (office visit, telephone) and internet services (www.armyonesource.com).

The AOS portal compiles up-to-date information in a single location for soldiers and families to access any time of day, regardless of component or physical location. AOS organizes articles, videos, and resources in major categories: Family Programs and Services; Healthcare; Soldier and Family Housing; Child, Youth and School Services; Education, Careers and Libraries; Recreation, Travel and BOSS; and Communities and Marketplace. Targeting the geographically dispersed, the site heightens awareness of existing programs and services, and expands the Army's ability to reach and interact with soldiers and families.

To help establish and strengthen partnerships within local communities, this initiative placed AOS Community Support Coordinators (CSCs) at 44 locations, to date. CSC's focus is on behavioral health, financial, legal, and faith-based community resources in support of the geographically dispersed.

Other outreach efforts include the Army Spouse Employment Partnership (ASEP) and MFLCs. The ASEP State and local initiative for fiscal year 2010 is to work with CSCs and soldier and family services to ensure that Guard and Reserve spouses find employment opportunities in outlying areas with our corporate partners. MFLCs support more than 700 on-demand events for the Guard and Reserve on issues that soldiers and families face before and after deployment.

Dr. RAU. The Navy Reserve Psychological Health Outreach Program provides two Outreach Coordinators and three Outreach team members to each Reserve Region (for a total of 25). These coordinators and team members provide outreach, support, and intervention to returning reservists and their family members to mitigate existing stressors and to address future concerns. The newly established DOD Yellow Ribbon Reintegration Program provides Reserve Component (RC) servicemembers and their families support through all phases of the deployment cycle. The military services are sharing information regarding their deployment support programs so that RC personnel and families can attend events as close to their residence as possible. We are also using resources provided by Military OneSource, Joint Family Support and Assistance Programs, and the State National Guard Family Program Offices to deliver this critical information to our remotely located families. The Reserve Forces Family Support Coordinator and the five regional Family Support Administrators work closely and support RC command ombudsmen to ensure good two-way communication between commands and families so that the needs of RC families are identified and addressed.

With regard to the Active component, outreach to remotely located family members includes command ombudsmen ensuring two-way communication between commands and families so that the needs of AC families are identified and addressed. Additionally, technology is leveraged to provide virtual family discussion groups, regular updating of family support information and tools on family readiness Web sites and Facebook pages, and use of the Navy Family Accountability and Assessment System as a mechanism to provide aggressive outreach, recurring assessment and support to remotely located family members of individual deployers.

General LARSEN. The Marine Corps' remote and isolated populations are primarily a result of either an Active Duty assignment to a remote installation (e.g. Barstow, CA, MWTC Bridgeport, CA) or Recruiting Substation (RSS), or as a member of the Reserves, whether the Select Marine Corps Reserve (SMCR) or Individual Ready Reserve (IRR). In order to ensure these family's are afforded the same family

programs and services on par with those who live aboard or in close proximity to a major installation, the Marine Corps has expanded its family readiness programs, services and personnel, to include full-time civilian Family Readiness Officers (FROs), within various command staffs either aboard the remote installations or within the command hierarchy of the Marine Forces Reserve component. As part of the Marine Corps' newly-established Unit, Personal & Family Readiness Program (UPFRP), the FRO's primary purpose is to consistently and effectively communicate with marines, spouses, and designated family members on matters relating to family readiness, which may include but not be limited to, readiness and deployment; information and referral to DOD, local, State, and Federal family support programs and services; and how to access funding in support of family events and/or training. The FRO essentially oversees the execution of the commander's family readiness strategy to ensure that regardless of location, every family has the knowledge and resources to provide for their resiliency within the Marine Corps lifestyle. Further, in fiscal year 2009, DOD launched the Yellow Ribbon Reintegration Program specifically tailored to ensure reservists from all services receive the same family readiness preparedness training and support as their Active Duty counterparts. The Marine Corps issued MARADMIN 0126/09 to establish the implementation and reporting guidance in support of this DOD requirement. The Marine Corps EFMP provides a full continuum of services for our mobilized marine reservists and family members located in remote locations. The two regional EFMP offices located at MCB Camp Pendleton and MCB Quantico have been established to meet the needs of our families in remote locations.

Ms. NESMITH. The Air Force provides child care support to Guard and Reserve members during drill weekends. The Home Community Care child care program is provided at 43 locations throughout the United States, and provides 57,000 hours of child care each year in support of training. Additionally, working through a national partnership with the Boys & Girls Clubs of America, children of Guard, Reserve, and other geographically-dispersed airmen can receive child and youth services in local clubs at no cost. Air Force regularly meets with program managers from Guard and Reserve to identify gaps in service, and then actively works to fill those gaps.

Airman and Family Readiness Centers reach out to communities to serve Guard and Reserve airmen and their families. Our staff attends drill weekends, annual training events, and other activities to connect with Guard and Reserve families. We also meet with community organizations to identify and address how best to support our Guard and Reserve population, including the State Joint Force Headquarters Integrated Network and the Inter-Service Family Assistance Committee. Additionally, the on-demand MFLCs provide non-medical counseling support and presentations on a variety of topics focused on deployment and reintegration, communication, and grief and loss during drill weekends, and family events.

UNIFORMITY OF FAMILY SUPPORT SERVICES

17. Senator BEN NELSON. Mr. Myers, Ms. Marin, General Larsen, and Ms. Nesmith, spouses have said that service family support programs are fragmented and vary greatly by installation. The extent of family support given to a unit is largely at the unit commander's discretion. What are the DOD and the Services doing to ensure the uniformity of services offered across each Service, so that families have access to the same support and transition services when they relocate?

Mr. MYERS. To ensure uniformity of family support services offered across the military Services, the Department and Services have worked to develop Common Output Levels of Support (COLS). These form the baseline of service that must be available at each installation. Public Law, DOD, and Service policies establish specific requirements to assist families with relocation. Each Service has the discretion to implement these requirements according to their customs and traditions. While outstanding support is provided, the Department knows more needs to be done to reduce perceived inequity and fragmentation of services.

Additionally, the Department augments all military Services by providing support which can surge as needed, such as Military OneSource and its broad range of services. The Department's Military HOMEFRONT offers Plan My Move, a Web site designed to assist families as they transition from one installation to another. Military Installations and Military Youth on the Move assist school aged youth with issues they may face as they transition from one community and school to another.

Ms. MARIN. Relocation Readiness is critical to managing the challenges of the mobile military lifestyle. The Army's Relocation Readiness Program provides services necessary to support soldiers and families during military transitions. Army Com-

munity Services provides relocation information, guidance, counseling, education, and training. Services include access to several online databases that contain military installation information, telephone numbers, photos, housing floor plans and maps, and calendars to help plan pre- and post-move tasks. Individual or group counseling is also available to inbound and outbound transferees who require extensive preparation and planning before, during, or after moves. Additional education and training provides mandatory overseas orientations, re-entry workshops, pre-arrival information, destination services, lending closets of household items, post-move newcomers orientations, services to multicultural families, outreach services (identification, counseling, advocacy) for waiting families, unit sponsorship training, youth sponsorship, and ACS liaison to Citizen Immigration Services.

The Army, working with our sister Services and DOD, created common output level standards (COLS) which standardized installation support across joint bases. The COLS are the first building block of DOD's common delivery of installation support (CDIS) framework which seeks to standardize installation support across all Services. The COLS seek to ensure that although each Service is uniquely organized, soldiers and families will receive the same world-class support at any joint base.

General LARSEN. The Marine Corps conducts Functionality Assessments to evaluate family support functions that cross installation boundaries. The results of the assessments are used to develop standards and performance measures, and to develop good guidance for commanders. Through our on-going program assessments and evaluations, the Marine Corps is committed to ensuring an equitable delivery of service, regardless of duty station/assignment. This includes the expansion of community-based support to our marines and families not stationed on or near DOD installations.

Ms. NESMITH. The Air Force has leaned forward to standardize our programs across the force. We recently revised our Key Spouse Program, which provides unit-based support to families when airmen are deployed. A key focus was to standardize the program to ensure consistency of services at our installations. This standardization is being applied to other areas such as Personal and Work Life Education, Personnel Financial Management, and Spouse Employment and Transition Assistance.

The Air Force regularly participates in DOD program manager meetings with all of the services, as well as quarterly helping professional seminars and other concerted efforts to implement common output level standards which facilitate uniformity of our programs.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY SCHOOLS

18. Senator BEN NELSON. Mr. Myers, many of the school facilities within the DOD Education Activity (DODEA) have exceeded their life expectancy and do not meet today's educational standards. Some of the deficiencies include roofs in need of repair; heating, ventilation, and air conditioning; and needed improvements to support classroom technology requirements. What is DOD doing to address the inadequacy of its DODEA education facilities?

Mr. MYERS. DODEA is on track in fiscal year 2009 to fund the facilities sustainment at the Department's target level of 90 percent, in-line with the military services and other DOD agencies. This commitment will continue in fiscal year 2010. This is a significant increase from the previous years' actual obligation of approximately 70 percent. Through this commitment, several major roof and HVAC projects have been completed. With the additional sustainment funds, DODEA has also been able to improve the preventive maintenance support, providing a process that will allow more of the major infrastructure building systems to meet their designed life expectancy.

Supplemental Military Construction (MILCON) funds have been provided to DODEA to help replace the older, more critically deficient facilities. A cost analysis from an independent architectural/engineering firm indicates these facilities are more cost effective to construct new than modernize and maintain. The available MILCON funding in fiscal year 2010 increased from \$40 million to \$195 million, allowing two of DODEA's most urgent projects (Kaiserslautern and SHAPE) to be included in the fiscal year 2010 MILCON submission.

DODEA has developed a Facilities Education Specification and started the process to standardized designs of schools and educational facilities used worldwide. This standardization will maximize the limited design funding and save critical time in the design and construction process. All future O&M and MILCON projects will incorporate these standards.

QUESTIONS SUBMITTED BY SENATOR LINDSEY GRAHAM

MILITARY SPOUSES

19. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, what are the characteristics of command support and military environment that cause some families to succeed and others to struggle?

Ms. CASEY. My sense is that the following circumstances all contribute to some families being able to cope with the current operating environment better than others:

- Our 1.1 million person Army is made up of diverse people who come from various backgrounds (with various pre-existing issues and different coping mechanisms).
- Depending on where they are located, some military families have more consistent access to military facilities and family support programs.
- In commands where families are more strongly emphasized, there tends to be more success.
- And, some families simply opt out, preferring not to be contacted or included.

The Army—supported by Congress and others—must continue to assist our Army families that are stretched and stressed from 8 years of war. We’ve made progress through the Army Family Covenant and Community Covenant—two programs that formalize support to soldiers and their families who sacrifice daily. We’re also focusing on helping soldiers and families become more “resilient” in the face of adversity. This new resiliency program is called Comprehensive Soldier Fitness.

Ms. MANCINI. Creating a community atmosphere, by building a sense of pride, offering relative programs, and listening to the needs of your servicemembers and families. NECC (Navy Expeditionary Combat Command) realized the need to integrate Family Readiness in to the units Fleet Training Readiness Program (FRTP).

A struggle NECC has discovered in many of our commands is the relationship between the command and FFSC (Fleet and Family Service Center). It is not institutionalized, rather dependent on the personalities of the Command Staff, Ombudsman and FRG Leaders.

Another struggle NECC experiences is the fact that our commands and families are so dispersed geographically, especially for our Reserve Units, in order to stay connected often depends on command leadership, Ombudsman and family readiness volunteers to reach out and use innovative thinking.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. Spousal involvement with military affiliated support programs and activities is the key. Getting our young families “tuned in” and actively engaged in the military way of life is crucial.

Ms. MOAKLER. When commanders recognize that family readiness is important to mission readiness, families are more involved and feel valued. Communicating this to the families is key. Committing the chain of command to this process is equally important. If the commander supports family readiness but platoon level command doesn’t buy into it, they all is lost.

FINANCIAL WELL-BEING OF MILITARY FAMILIES

20. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, DOD and Congress have cooperated in recent years in efforts to improve the financial I.Q. and decisionmaking of military members, including their spouses. How would you evaluate the success of these efforts to date?

Ms. CASEY. The support from Congress in this area has been much appreciated. While I don’t have specific metrics, my sense is that the cooperative focus on financial readiness training has helped the financial I.Q. and decisionmaking of our military members and their spouses. We need to maintain informative training and assistance because-when military members make themselves available for it—the training and assistance works.

This issue is certainly one I can evaluate in my future travel and dialogue with family members throughout the Army.

Ms. MANCINI. The training is out there, but families must seek it out; the need to have info pushed through marketing and command leadership training is vital.

There is a need and want by many, but day care and babysitting is not always convenient or even available. If we want these programs to be successful we need to pay attention to the lifestyle the majority of our servicemembers and families live day to day and accommodate as necessary. We need to ask them what their needs are and listen to what they say.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. I believe the many classes offered and the availability of financial counseling is having a positive impact. In light of the current economy it appears many Active Duty members are seeking financial counseling. Teaching good money making decisions to our younger troops as part of their training is being proactive. The biggest problem, however, is that our younger troops are entering the military already in debt.

Ms. MOAKLER. The National Military Family Association has been at the forefront of promoting financial education for our military families through various publications such as "Military Money" and programs such as "Military Saves." We think that there is an increased awareness of the importance of having a financial plan for our military families. We applaud the innovative program that will add additional financial counselors through the Military Family Life Consultants and that many of these counselors will be military spouses. Increasing availability, removing stigma and promoting the importance of these programs for military families can go a long way in improving their financial well-being.

21. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, do you think the influence of predatory lenders has diminished, or are the unscrupulous practices we have seen in the past still a problem for military commanders and their personnel?

Ms. CASEY. I am aware of predatory lending issues, but it has not been an issue voiced in my meetings with military families.

In partnership with Congress, the Better Business Bureau, and others, we must remain vigilant in countering the influence of predatory lenders.

Ms. MANCINI. The lenders in military areas have not diminished; we are still seeing E1 friendly companies take advantage of our most vulnerable sailors. They prey on our commands returning from deployment; the overall perception is they are target military families, specifically.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. I think the influence of predatory lenders has diminished, however their practices are still widely available and utilized by our younger military members. Though these businesses may not be located as near military installations as they once were; they are reaching our personnel and are still a problem.

Ms. MOAKLER. Recent Federal legislation has offered protections for military servicemembers and their families as well as creating an awareness of the dangers of predatory lenders. The increase in programs offered through the military banks and defense credit unions as well as some commercial lenders who work with the military has helped to diminish the influence of these predatory lenders.

COORDINATION OF SERVICES

22. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, it strikes me that one characteristic of the military is that multiple and overlapping services for families now exist—but that can be a minus as well as a plus. What can DOD do to do a better job of coordinating these services?

Ms. CASEY. DOD does a good job of taking the best practices from individual Services and "making them applicable to all." For example, when DOD identified successful Army programs such as Army OneSource and the Military Family Life Consultant Program, it took ownership of them to eliminate Service duplication.

My sense is that we need to be cautious of a "one-size-fits-all" approach. There are some family programs that should remain Service-specific since the needs of each Service population vary. The Army's "Family Team Building" program is one example; it's a program uniquely tailored to teach spouses about the Army.

Ms. MANCINI. The continuation of DOD conferences is important for voices to be heard. Encouraging more cross-pollination among the Service branches will also prevent overlapping or copy cat programs.

Once again, surveying the servicemembers and families; are FFSC services being used, or are they even needed? These surveys need to be targeted to the deck plate sailor or lower enlisted servicemembers.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. Communicating and coordinating between support programs could alleviate much of this. Now that we have several joint bases it's actually creating a myriad of services that can be confusing to military families. Each Service does things their way, inter-service training and coordination of support program providers is crucial.

Ms. MOAKLER. Our association as long been a proponent of Joint or Purple programs. We are seeing the results of this in programs like the Yellow Ribbon Reintegration program that goes across Services and components. Our joint bases are also having to deal with coordination of services.

We hope that the Military Family Readiness Council and the recent report that DOD had to do will look at what programs are successful and which are redundant. We do feel that local commanders should be able to have some leeway in using the programs that are found most successful in their areas.

SUPPORT FOR ADOLESCENTS

23. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, we have a generation of military children who have known 8 years of war and repeated deployments—and it's not over yet. What do we know about the effect of these years on children as they grow into adolescence?

Ms. CASEY. We know very little at this point. We do know, though, that military children exposed to multiple deployments by their parents are coping with increased levels of stress. But, the cumulative effect on our military children and adolescents of 8 years of war and repeated deployments remains to be seen.

My sense is that the issues we are seeing today with our military children are merely lagging indicators of what we will likely face in the future. My biggest concern is that the most challenging issues will surface later when families have more time to really reintegrate as "dwell time" increases. Critical, in this regard, will be the continuation of support services long after the current operations tempo has abated.

We as a Nation need to be ready to handle these issues because if we don't stay out in front of them, we won't be able to react fast enough. This means, in part, supporting ongoing independent studies on this topic—and even commissioning new ones—so that we can use their results to shape future policy programs.

Ms. MANCINI. We don't know yet, but encourage that this topic stay in the forefront of mental health professionals and encourage there be further and ongoing investigations.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. I don't have any information to answer this question.

Ms. MOAKLER. The National Military Family Association is presently conducting a study with the RAND Corporation on the effects of deployment on children. This study is unique in that it asks both the caregiver and the child about their deployment experiences. We hope to have final results of the study in the Spring.

24. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, what more can we do?

Ms. CASEY. We—as a Nation—owe it to our military children to provide the best possible environment for them to grow and thrive. This environment must include facilities and services that can help them deal effectively with the cumulative effects of 8 years of war—to include the stress of a repeatedly deployed parent. This environment must also include mental health services and resiliency training for our children and their parents. It must include teachers, counselors, and mentors who have been specifically educated about the unique challenges children in the military face. This last point is particularly important because many of our children—especially those in Guard and Reserve families—are in schools that, traditionally, do not have military children as students, so educating school staff about the military and what our children are going through is essential.

Ms. MANCINI. Make an effort to talk to deck plate sailors' families; talk with military constituents; budget and fund relevant family service programs; discard unused or wasteful programs; and fund these programs for day care, babysitting, et cetera.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. Create a school voucher program for military children. Many families are forced to home school or pay for private school out of necessity not choice.

Ms. MOAKLER. We can make sure that existing programs continue to be funded across all components and that programs that are provided in cooperation with community resources are continued and that new partnerships are encouraged. The Services are all making use of the internet and social networking in an effort to reach out to adolescents. We have heard from the children attending our Operation Purple camps that the opportunity to interact with other children like themselves and creating relationships really helps them through the tough times of deployment.

SPOUSE EMPLOYMENT

25. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, what are military spouses telling you about what they need in order to achieve their own educational and career goals?

Ms. CASEY. Army spouses continue to face challenges in reaching their educational and career goals. And, the tough economy is only making these challenges greater.

The Army continues to take steps to help mitigate these challenges. Army spouses often tell me that programs like the Employment Readiness Program, the post-September 11 GI Bill benefits transferability, and the "My Career Advancement Account" are invaluable.

There is still more work to be done, though. As I travel around the Army to talk with spouses, I hear concerns about confusing language/eligibility rules for new educational and career programs. One example is the confusion—both in military families and in the public educational institutions themselves—about a new law mandating in-State tuition and its transferability. Another example involves Executive Order 13473, which authorizes noncompetitive appointments in the Civil Service for spouses of certain members of the Armed Forces. This Executive order has regulatory guidance attached to it by the Office of Personnel Management that narrows the eligible pool, which, in turn, disappoints and frustrates non-eligible spouses.

There are so many wonderful education and career programs out there. We just need to focus on how we talk about them, which includes simplifying the language.

Ms. MANCINI. Moving from place to place makes it difficult to continue a career, especially when we are transferred or relocated every 2–4 years. While the Spouse Relocation initiative is a good start, during deployments our spouses are single parents and find it difficult to pursue their education due to lack of funding for childcare and tuitions assistance. Marketing the programs offered at FFSC and encouraging them to utilize the self help classes, while making it more appealing and accessible by assisting these 'single' spouses with childcare, et cetera.

Our spouses are the backbone of our commands; they volunteer to support their servicemembers and their families, sometimes for years and years at a time. College credits for volunteer time could be the accelerant needed to encourage them to seek a higher education.

Encouraging colleges to have accelerated programs for military spouses, 0-Bachelor's Degree in 2½ years.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. Most spouses I speak with find it easier to complete their educational goals via online courses. The introduction of the Military Spouse Career Advancement Account is assisting many spouses complete their career goals in many portable career fields. The key is getting the word out and having the program available everywhere.

Ms. MOAKLER. Military spouses tell us they need assistance transferring their license or certification as they move with their servicemember. Many professions are regulated and the receiving State often does not accept the sending State's license or certification. Military spouses may spend several months becoming recertified, licensed or taking more classes before they can even begin to work in their new State. In a dual-income society, this is a significant financial strain to the family. The DOD State Liaison Office will work on tackling this issue next year but it is unclear what types of professionals a broad-based piece of legislation will impact. We do recognize that the new Career Advancement Accounts help with the cost of this certification but it still impacts employment and lost income.

FAMILY MEMBER DENTAL CARE

26. Senator GRAHAM. Ms. Casey, Ms. Mancini, Ms. Smith, Ms. Davis, and Ms. Moakler, some military families feel that coverage under the family dental insurance plan is too limited and restorations cost too much. Do you think that military families would be willing to pay an increase in premiums in return for broader coverage?

Ms. CASEY. I don't know, as it may vary by family. I will tell you, though, that Army families usually prefer flexibility. So, perhaps the best approach is to have two tiered option.

Ms. MANCINI. This really depends on how much the increase would be and what it would include. It also depends upon what pay grade of member you are considering. This doesn't seem feasible for our lower enlisted servicemembers and may not benefit them. If they have to choose food over dentist premium they will and must choose food. This could prove to be irresponsible on the leadership's behalf.

Once again, surveying the servicemembers and families would give you a great start.

The issue of continuity of dental care, especially orthodontia, needs to be looked at. Typically when a family moves the have to start over with orthodontic care, which can be extremely costly and unnecessary.

Ms. SMITH. [Ms. Smith declined to answer.]

Ms. DAVIS. Yes, I believe military families would be willing to pay a little more for increased dental services. Some type of optional plan should be offered. Those who want to participate can and those who don't want to pay for the increased services can opt out.

Ms. MOAKLER. I do not believe that military families would be willing to pay more. While we know the TRICARE Family Member Dental Program provides greater access to care, given scarce dental resources, many families do not want to pay anything at all since they believe that dental care is a benefit.

FAMILY SUPPORT PROGRAMS

27. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, how are you systematically evaluating family support programs to make sure they are meeting their intended goals?

Mr. MYERS. The Department values ongoing, systematic servicemember and family research and evaluation to help guide us in best serving families. Along with social science research on families and quality of life issues, we have relied on three major sources of data over the past several years to help us understand the needs of families.

(1) Active Duty Spouse Surveys (2006 and 2008) covered a wide range of quality of life issues, including financial well-being, effects of deployments on children, spouse employment and education, and feeling about military life. The surveys included spouses from all services and provide the richest source of data we have to date about how families are faring across all the services.

(2) Three Status of the Forces Surveys a year poll Active Duty servicemembers on their overall satisfaction with the military, retention intentions, perceived readiness, stress, tempo and permanent change of station moves. Two surveys of the Reserve Components are also conducted each year. These surveys allow us to track trends and changes in the quality of life of servicemembers and their families. A rotating set of questions cover quality of life issues, including financial well-being, impact of deployments on children, use of services and programs like Military OneSource and Morale, Welfare and Recreation and family support.

(3) In May 2000, the Department funded the Military Family Research Institute at Purdue University to conduct basic research on quality of life in military families, with particular emphasis on implication for job satisfaction, performance and retention.

Our next step is to provide Congress a report on military family readiness policies and plans per section 581 of NDAA 08, which we anticipate submitting by the end of July 2009. This report will detail DOD-wide goals and measurement systems associated with family support programs.

In recognition of the increased burden placed on servicemembers and families during the Overseas Contingency Operation, the Department has made family readiness a high priority and has redesigned and boosted family support. Usage of support programs has expanded as the programs respond to the needs of our military families. The upcoming report to Congress details, wherever possible, the outcome data on our programs. Collection and evaluation of outcome data continues to evolve as we build our programs to best serve military members and their families.

Developing outcome measures remains a work in progress due to the difficulties in applying meaningful measures to a military family's readiness. In many areas, insufficient data exists to directly link program benefits to outcomes for military families. For example, outcome data on the various service programs that assist military spouses with employment goals has been difficult to systematically collect as the services have different delivery systems and different data collection methods. Standardizing and collecting program outcome measures will be a priority of research in coming years.

Ms. MARIN. In October 2007, the Army unveiled the Army Family Covenant (AFC) as their commitment to provide soldiers and their families—Active, Guard, and Reserve—with a quality of life commensurate with their level of service and sacrifice to the Nation. The Army has aggressively improved a broad range of family-ori-

ented, quality of life programs to standardize services, increase accessibility to health care, improve soldier and family housing, ensure excellence in schools, youth and child services, and expand education and employment opportunities for families. The Army has made significant progress, but there is still much to do.

As the Army Family Covenant nears its second anniversary, senior leaders want to know if improvements and investments in programs and services meet the needs of soldiers and families. We are planning a series of town hall meetings at seven of our largest installations to meet with Family Readiness Group leaders and members to gather first-hand information from those most affected by deployments about how well the Covenant is meeting its commitments. Results from the town halls will guide further program and service improvement strategies.

We also measure the effectiveness of Army support programs by regularly surveying soldiers and families to seek opinions, assess satisfaction, and most importantly, monitor adaptation to the unique challenges of Army life. These trends help us match the capabilities of Army programs to the expectations of our soldiers and families—keeping the Army strong, ready, and resilient.

Dr. RAU. Navy family readiness programs and services are systematically evaluated through several mechanisms. To meet the DOD requirement for triennial inspection of all military family centers, Navy Fleet and Family Support Programs (FFSP) implemented an Accreditation Program. Accreditation provides detailed analysis of program operation, to include identification of strengths and areas for improvement. It also provides an external, objective marker that the program meets accepted standards for organizational function and quality of service and ensures regulatory requirements are met in each management function and program area offered. Navy Child and Youth Programs (CYP) also conducts a program of unannounced annual inspection by qualified Navy child development specialists and accreditation by the National Association for the Education of Young Children for Child Development Centers and the National Afterschool Alliance for school aged care.

In addition to Navy accreditation processes, FFSC survey customers at least twice a year to ensure effective customer service and validate that services are useful for participants.

General LARSEN. The Marine Corps evaluates family support programs through ongoing assessments, surveys and program evaluations. These tools are used to determine program effectiveness and to further identify service gaps and program requirements to be elevated to Marine Corps leadership.

Ms. NESMITH. The Air Force uses a multi-layered system to evaluate our programs and support network for families. We conduct a biennial Community Assessment to gauge awareness and gain feedback regarding family support programs. The Community Assessment is reviewed by the Air Force Integrated Delivery System, which is comprised of all helping agencies to assess and ensure the needs of the community are met without duplication of services. Next, input from the Integrated Delivery System member agencies and emerging trends from the Community Assessment are given priority for review and implementation through the Community Action Information Board, which is made up of senior Air Force leaders. Of note, the Community Action Information Board and Integrated Delivery System are unique to the Air Force.

We also obtain valuable customer feedback through in-person and virtual focus groups as well as the Personal Readiness Inventory, which provides information on whether airmen consider themselves to be supported by the community and leadership. All of these methods provide useful information for us to enhance our programs and assistance, such as in the areas of personal finance and couples communication.

28. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, what have families told you about what works and what does not work?

Mr. MYERS. We recognize military families, youth, and communities face increasing challenges and obstacles. The Department's ongoing systematic servicemember and family research pulses the military community and, in turn, proven programs that address the real needs of families are offered. The Active Duty Spouse Surveys (conducted in 2006 and 2008 and every 2 years henceforth), the three annual Status of the Forces Surveys for Active Duty members, the two annual Status of the Forces Surveys for Reserve component members and targeted research projects provide detailed data on what is working for the military populace.

To enhance the established methods for collecting information from families, OSD is planning a series of Listening Sessions across the Nation and military installations worldwide to gather input from military families regarding the status of mili-

tary family support programs. These Listening Sessions will culminate in a national Family Summit focused on future military family support and readiness programs.

In collaboration with the Land-Grant Universities (LGU) and their Cooperative Extension System (CES), OSD will ask military families how family support and readiness programs are working and how they can be made better. These “Voices from Military Families” community listening sessions will allow elected officials, military personnel, Defense Department Advisory Committee on Women in the Services, and Cooperative Extension staff the opportunity to hear directly from America’s military families.

The 106 Land-Grant Universities and their Cooperative Extension System (CES) which is based at the United States Department of Agriculture (USDA) reaches into each of the nearly 3,100 counties/parishes across the United States, territories, and military installations worldwide. For nearly 100 years, CES has mobilized members of communities to identify strengths of current programs, current needs, and future opportunities to strengthen families and communities.

CES faculty and staff will serve as facilitators to lead discussions both face-to-face and virtually with military families throughout 2009. The primary topics addressed at the sessions will reflect various concerns affecting military families. Military families will also be encouraged to submit their comments via an online community Web site. Potential questions to be asked of the participants include the following, as well as specific policy related issues to better determine their effectiveness for supporting military families.

Topics to explore with family members:

1. What current services are you receiving that are beneficial to you and your family?
2. How are civilian communities meeting your needs?
3. What needs do you have that are not being met by the military?
4. Are the people that are providing support able to help you?
5. What could civilian communities do better to support military families?
6. What barriers are limiting your ability to access resources?
7. What are the challenges that your children face in your community?

The following questions are for families who are geographically isolated from installation support:

1. The Yellow Ribbon law is intended to provide National Guard and Reserve members and their families with sufficient information and opportunities throughout the entire deployment cycle, is it meeting those goals?
2. The JFSAP authorized by the NDAA of 2007 intended to augment the activities of family support centers with outreach, mobile support services, and coordination of other organizations and activities, is it meeting your needs?

The input provided during these listening sessions will be incorporated into a National Summit on Military Families, November 9–10, 2009 and the creation of an OSD Military Family Action Plan to inform policies and programs.

Ms. MARIN. The Army Family Action Plan (AFAP) is the Army’s longstanding grassroots mechanism to raise issues from installations to Army Senior Leaders. The AFAP is a formal process where the people that comprise the Army can inform Army leadership what works, what does not, potential solutions to problem areas, and new proposals. AFAP encourages soldiers and families to become involved in improving their quality of life. For Army Senior Leaders, the AFAP provides real-time information and enables commanders to respond rapidly to resolve problems and implement good ideas.

To date, as AFAP celebrates its 25th anniversary, the program has achieved 110 legislative changes, 155 DOD or Army policy changes, and 117 improvements in programs and services. While the AFAP process is unique to the Army, it benefits the entire DOD—61 percent of active issues impact all military services.

The top five “most critical” active AFAP issues are: Distribution of Montgomery GI Bill benefits to family members; Paternity Permissive Temporary Duty; In-State College Tuition; Better Opportunities for Single Soldiers (BOSS) Staffing at Garrisons; Military Spouse Unemployment Compensation; and the Federal Hiring Process for Wounded Warriors. The first three issues have been legislated and are in the process of being implemented—bringing the grassroots process full cycle from installation identification of a problem to Congressional remedy.

Dr. RAU. Sailor, family members, and command participants are surveyed on a recurring basis by installation Fleet and Family Support Program (FFSP) personnel to determine the effectiveness and quality of services offered. Programs are adapted accordingly in response to feedback about what does and doesn’t work for family members. At the enterprise level, we have learned that aggressive outreach, tar-

geted marketing, and providing services at times and locations that are flexible and convenient increase family member utilization. Family members of Individual Augmentees have also told us that deployment support services must be adapted to address the unique schedules of nontraditional deployment. Navy utilization data and feedback on behavioral health services has shown that providing brief, solution-focused clinical assessment and counseling in FFSP addresses a need that is not easily met in the military or civilian sector. Outcome indices in the areas of personal financial management and new parent home visitation have shown that efforts in these areas are associated with the desired behavioral outcomes. The use of technology to provide support group discussion to remotely located family members is an effective way to assist them.

General LARSEN. Feedback from marines and their families has been instrumental in identifying services gaps and areas for improvement. Our biggest challenge was the recognition that many of our family support programs were built on a peacetime model and not conducive to the wartime footing and operational tempo of the Corps. Their direct feedback was used to develop transition plans, which resulted in the Commandant's support for both funding and execution of plans. Major program reforms are underway in the areas of Unit Personal and Family Readiness, Exceptional Family Member, Marine Corps Family Team Building, and School Liaison Programs. We continue to receive positive customer feedback regarding our Marine Corps Exchange support to marines and families, as assessed by annual customer satisfaction surveys. Additionally, the 2007 Quality of Life in the Marine Corps Study, the fourth iteration of this important research, revealed that marines and their family members were satisfied with their mission the support provided by the Marine Corps. On a positive note, quality of life satisfaction did not decrease since the 2002 study and has improved in some aspects.

Ms. NESMITH. Through our biennial Community Assessment and focus groups, families expressed satisfaction of our standardization of programs and services across Air Force bases. Standardization enhances their understanding of programs and services available at all Air Force installations and reduces stress associated with relocating to a new duty station. Additionally, we have responded to airmen and families' request for programs and services tailored to meet the needs of a specific duty station or mission, as well as for additional support services to families with special needs.

TRAINING FOR MILITARY COMMANDERS

29. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, in a military environment, commanders and military leaders set the tone for every aspect of mission accomplishment—and protecting our families is part of our mission. Are commanders receiving training on family support needs, especially those stemming from multiple deployments? If not, what do you recommend?

Mr. MYERS. Military and family readiness are of key importance to commanders. Military family programs partner with commanders to ensure members and families are resilient and well prepared for deployment and other challenges of military lifestyle. Family programs staff understand the military lifestyle, including mission requirements. They also understand the quality of life needs of members and families. The role of military family programs is to enhance the fit between members and their families and the demands of the military mission. Family programs staff provide comprehensive, systemic training for commanders on family support needs, including those resulting from multiple deployments.

To assist family programs and commanders to address member and family quality of life needs resulting from multiple deployments, the Department provides on-demand, "surge" resources during all phases of the deployment cycle (pre-, during, and post). Those resources include Military OneSource; MFLCs; and PFCs. Upon request from units, they provide consultation, briefings, trainings, and counseling for commanders and members and families. MFLCs and PFCs are also assigned to installations on 30, 60, and/or 90-day rotations to augment installation family programs and medical staffs. MFLCs who specialize in children and youth issues work in child development centers and children and youth camps.

In 2007, the Department provided Military OneSource consultants and MFLCs to State National Guard Joint Force Headquarters' family programs to provide services to members and families who are geographically separated from installations. They also provide consultation to commands on member and family quality of life needs and resources.

Ms. MARIN. Operation READY (Resources for Educating About Deployment and You) is the Army's standard curriculum used by garrison Army Community Service

(ACS) staff to train members of the Soldier and Family Readiness System on roles, responsibilities, and expectations. Operation READY provides soldiers, families, and civilians an understanding of what deployment resources are available to help them cope with the personal, family, and financial demands of deployment. Operation READY also includes a comprehensive training program for commanders to help them prepare their soldiers, families, rear detachment commanders, and Family Readiness Group leaders for deployments and reunions. Operation READY materials include Pre-Deployment Facilitator's Guide; Deployment Cycle Readiness; Soldiers and Family Member's Handbook; Rear Detachment Commander's Handbook; Family Readiness Group Leader's Handbook; Trauma in the Unit Leader's Handbook; Care Team Handbook; Deployment Support Handbook for Children and Youth and Facilitator's Guide; Family Readiness Support Assistance (FRSA) Handbook and Facilitator's Guide; Family Assistance Center's Guide and Reintegration Facilitator's Guide. Training resources and a Smart Book are also available on compact disk.

The Army has also developed a Program of Instruction (POI) incorporating key Family Readiness tasks in support of the Army Force Generation model. This POI is taught at the Army Training and Doctrine Command Battalion and Brigade Pre-Command Courses. The intent is to prepare leaders for successful management of Family Readiness Programs. This training is also delivered at the Garrison Commander's Course, and a similar POI is being developed for Garrison Commander spouses.

Dr. RAU. The Navy provides life skills training by FFSC personnel that is tailored to different levels of command leadership on responding to financial issues, sexual assault and domestic violence. Other leadership forums are routinely conducted by installation FFSC professionals to focus attention on key issues affecting mission readiness and family resiliency, including how leaders can best support effective preparation and reintegration following deployment. A robust offering of town hall meetings hosted by senior Navy officials identifies emerging family support needs and response requirements. Senior shore station leaders receive training and briefings on a wide array of family readiness issues, initiatives, and trends during an intensive 2-week training before assuming command of Navy installations.

The Navy's OSC program has specifically been developed to provide sailors, leaders, and families with the skills, tools and resources to build resilience and promote a culture that encourages seeking help for stress-related problems early. A further objective of the program is to decrease the stigma associated with seeking psychological help. A formal educational program is being developed that will provide training to sailors and families throughout their Navy career. This curriculum, with the first course coming out at the end of this month, will have instructor facilitated and web-based training modules beginning with accessions and going through flag officer training; corresponding family modules are also under development.

Realizing that culture change begins with leadership, OSC Awareness training was instituted at Navy Command Leadership School and the Senior Enlisted Academy in the summer of 2008. Over 1,700 prospective Commanding Officers, Executive Officers, Command Master Chiefs and Senior Enlisted Advisors, including 180 spouses, have received OSC training to date. Awareness training has also been provided to over 1,200 sailors and their families at Returning Warrior Weekends and at FFSCs.

General LARSEN. Unit commanders receive Family Readiness Command Team Training that educates the commander on the network of supporting capabilities and how to leverage those capabilities should a specific need or needs be identified. Additionally, they receive training on the established policies and parameters to ensure their unit program is providing consistent training and education to their marines and families. Unit commanders are accountable for the implementation of a robust, applicable and accessible family readiness program. They are empowered to identify specific needs of their marines and spouses through the Family Readiness Assessment Tool. The data from the assessment is compiled from marines and spouses experiences and assists the commander with identifying potential family readiness gaps unique to his or her command. Once the gaps are identified, then the commander can leverage the training received and all available supporting entities.

Ms. NESMITH. Yes, our Airman and Family Readiness Center professionals train commanders on family support needs, to include those stemming from multiple deployments. Initial training for commanders addresses each phase of the deployment cycle and the programs and services available to airmen—this training must be completed within 90 days of assuming command.

The training is also customized to address unique aspects of the unit's mission, such as rates of deployment and members' personal readiness. For sustainment, Air-

man and Family Readiness consultants, assigned to and embedded in a specific unit, partner with the commander to identify potential issues and develop appropriate plans of action.

CASUALTY ASSISTANCE

30. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, benefits for survivors of military personnel who die while serving on active duty have been significantly enhanced in recent years. At the same time, there have been concerns about the counseling and ongoing support provided to widows/widowers who are coping with grief and the day-to-day problems of managing their money, accessing benefits, and so on. What role is OSD playing today in ensuring that the policies in place for support to survivors are adequate and that standards of uniformity are achieved?

Mr. MYERS. The primary role of OSD continues to be the overall development and issuance of policies and procedures for those programs affecting our servicemembers and their families. To ensure these policies are adequate, uniform, and meeting the needs of our members, greater emphasis has been placed on our oversight role to ensure policies are properly implemented, remain current, focused, and flexible to adjust to changing needs. A summary of recent changes include:

- The Department revised its Instruction on casualty matters, DOD Instruction 1300.18, “DOD Personnel Casualty Matters, Policies and Procedures” on January 8, 2008. The first policy statement contained in the revised Instruction says “Casualty procedures shall be uniform across the Military Departments except to the extent necessary to reflect the traditional practices or customs of a particular Military Department”. A summary of the more significant changes in this updated Instruction includes:
 - The requirement for the Services to develop centralized short and long-term case management programs;
 - The development of core standards for the assignment, training and duties of casualty assistance personnel;
 - The development of common feedback mechanisms for casualty assistance officers and the primary next of kin (PNOK);
 - The casualty officer report doubles as a checklist for required actions and allows for the development of various metrics to measure the effectiveness of assistance officer training and the timely provision of all things necessary in the assistance process; and
 - The PNOK survey will measure the effectiveness and the quality of the assistance provided
 - Highlights the increased level and priority of support to surviving family members including: legal assistance, transportation support, information on investigations and the availability of grief, bereavement, and financial counseling; and
 - The Inspectors General of the Military Departments conduct inspections of the casualty assistance programs to ensure compliance with the policies, procedures, and standards of this Instruction.
- The Department developed the Defense Casualty Information Processing System (DCIPS). DCIPS is the Department’s functional information system for casualty and mortuary business information processes and is the single standard system supporting uniform procedures, accounting and accurate reporting of casualties, ensuring support of family members, benefits tracking, coordinating mortuary affairs, and the return of personal effects and human remains.
- Each military Service assigns an assistance officer to the PNOK to assist them until all benefits and entitlements have been applied for and received or until the PNOK determines that assistance is no longer needed. When assistance is no longer needed, the PNOK is provided a contact number and mailing address that they can call or write anytime in the future for additional assistance or to provide comments on the quality of the assistance provided.
- The Department, in collaboration with the Military Services, developed a Survivor’s Guide, “DOD Survivor’s Guide to Benefits—Taking Care of Our Own” which is provided to the PNOK during the assistance process (copy attached). This Guide reinforces information provided to the family by their assistance officer and provides additional resources for their consideration. A copy is attached.

To ensure the Department policies and procedures remain current, focused, and meeting the needs of our servicemembers and their families, we established the DOD Casualty Advisory Board (CAB). The CAB is made up of subject matter ex-

perts from each of the military Services, including the Coast Guard, Joint Staff, and several directorates within OSD. A Department of Veterans Affairs representative is also a permanent member of the CAB. The CAB is responsible for developing and recommending broad policy guidance, proposing goals for the military Services to ensure uniform policy regarding the care of military members and their families, and ensure accurate reporting and accounting for the status of military members and applicable civilian personnel. The Board also recommends policy during joint operations to ensure uniform and equitable treatment of all military members and their families and uniform procedures are used. The CAB meets minimum of three times per year and invites representatives from other Federal agencies such as the Social Security Administration, Department of Education, and non-profit organizations who provide care and assistance to our servicemembers and their families. More importantly, surviving family members are also invited to attend the CAB and provide information first-hand on the quality of services received. Their input has proved invaluable as we shape DOD policy to address new and emerging needs.

The Department co-chairs with the Department of Veterans Affairs a Joint Survivors Forum which meets three or more times per year. Represented at this meeting are the military Service long-term case management program managers, non-profit organizations, Service Relief Societies, Veterans Service Organizations, and surviving family members. Among other issues, this forum serves as an opportunity to socialize new initiatives, listen to survivors on their experiences and concerns, and address pending legislation or develop a framework to initiate legislation.

Ms. MARIN. The Army supports OSD policies and programs for survivors of military personnel who die while serving on Active Duty.

Dr. RAU. Through DOD Instruction 1300.18, OSD provides uniform policy, guidance and procedures to the Military Departments and Military Services on reporting and recording of personnel casualties and notification and assistance to next of kin and beneficiaries/recipients of survivor benefits. These responsibilities are applicable not only to uniformed personnel of the military services, but to certain DOD civilian personnel, eligible contractors and other designated or covered personnel.

The instruction establishes a DOD CAB, a central repository for casualty information and uniform guidelines for obtaining and maintaining emergency notification information, as well as provides uniform official casualty terms and definitions.

The CAB is a permanent body, responsible for developing and recommending broad policy guidance, proposing goals for the Military Services to ensure uniform policy regarding the care of military members and their families, and to ensure accurate reporting and accounting for the status of military members and applicable civilian personnel. The Board recommends policy during joint operations to ensure uniform and equitable treatment of all military members and their families and ensures uniform procedures are used.

OSD tracks the reporting of individual Service casualty information through the Defense Casualty Information Processing System (DCIPS), an event driven system for the reporting and recording of personnel casualty information and the notification and assistance to the next of kin through delivery of all survivor benefits, or until the family no longer desires or requires further casualty assistance support.

General LARSEN. OSD works closely with all the Service Casualty Offices. They have been listened to the concerns of the Service Casualty Offices and families and have implemented policy that remains current, focused, and flexible to adjust to changing needs of the survivors. The working relationship between OSD and the Service Casualty Offices has been outstanding. It is through this cooperation that changes, like the following, have been successfully implemented over the past year:

- DOD revised its Instruction 1300.18, "DOD Personnel Casualty Matters, Policies and Procedures" last year;
- DODI established the CAB that brings together subject matters experts from all the Services, and other Departments within DOD and the Department of Veterans Affairs to develop and recommend broad, uniform policy guidance, across all Services regarding the care of military members and their families, and to ensure accurate reporting and accounting for the status of military members and applicable civilian personnel. The CAB meets at a minimum of three times per year. The members discuss new initiatives that can better serve our families. The CAB routinely invites surviving family members to attend the CAB and provide information first-hand on the quality of services received. Their input has proved invaluable as policy is implemented to address new and emerging needs;
- Developed a Casualty Assistance Report that serves as a checklist for the assigned Assistance Officer and provides the Services data elements that can be used to develop metrics to measure policy effectiveness;

- Standardized the required core training topics for all assigned Casualty Assistance Officers;
- Developed the new Survivor's Guide, "DOD Survivor's Guide to Benefits—Taking Care of Our Own" which is provided to the primary next of kin during the assistance process. The Guide reinforces information provided to the family by their assistance officer and provides additional resources for their consideration.
- Enabled the Department of Veteran's Affairs Survivor's Forum which Service Casualty Offices and OSD attend, on a quarterly basis. The forum allows family members to discuss their needs with DOVA, OSD, and the Service Casualty Offices, and ensures that the needs of our surviving families are heard and that effective policy is implemented to support them.

Ms. NESMITH. OSD has taken a very active role in educating the Services about changes to benefits and entitlements to survivors or servicemembers. The OSD CAB meets quarterly and is one of the best forums available to evaluate, revise, and standardize policies and benefits. OSD also developed a web-based survivor guide which provides an avenue for the Services to get current information to the field.

In partnership with the Department of Veterans' Affairs, OSD spearheaded the Survivors' Forum which consists of Casualty representatives from each branch of service, Veterans' Affairs representatives, and surviving family members. The Survivors' Forum provides an avenue to disseminate policy changes through non-profit organizations such as Tragedy Assistance Program for Survivors (TAPS) and the Gold Star Congressional Wives.

31. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, for each Service, describe the resources, including the number of dedicated employees on the payroll, whose job it is to assist survivors 1, 3, or even 5 years after the member's death?

Mr. MYERS. The Department has a single casualty program manager at the YA-03/GS-15 level to manage its casualty affairs program. This individual, working in collaboration with the individual Service program managers, ensures the Department's policies remain current, focused, and flexible enough to adjust to current needs. The individual Military Services conduct the day-to-day and long-term case management responsibilities with survivors.

The Department publishes, twice a year, A Survivor's Guide to Benefits—Taking Care of Our Own, which is provided to all primary next of kin during the assistance process. This Guide makes it clear to survivors that assistance, long after the initial assistance has ended, is still just a phone call away and casualty assistance is an open-ended.

The resources available to the DOD Program Manager are many and encompass all family, compensation, health, travel and transportation, and mortuary affairs program offices that establish policies and procedures directly impacting survivors. The DOD Program Manager also serves as a direct point of contact with other Federal Agencies, non-profit organizations, relief societies, veteran's service organizations and others who's mission or program supports families of the fallen.

Ms. MARIN. The Army recognizes that our fallen warriors have paid the ultimate sacrifice and that we have a commitment to their families. The Survivor Outreach Services (SOS) program delivers on that commitment by providing access to short- and long-term support and information and services closest to where the Survivor resides. SOS staff support local Casualty Assistance Officers to ensure that families receive the most current information on benefits and entitlements and have access to long-term financial and emotional support. SOS provides information and referrals, and links Survivors to financial assistance, legal, spiritual, and clinical intervention, as needed. SOS support coordinators provide surviving spouses with lifetime support and a network of resources for as long as the Survivor desires.

To support Survivors of the Fallen, 100 support coordinators and financial counselors will be placed at Army Community Service Centers; 65 benefit coordinators and trainer staff will be placed at Casualty Assistance Centers; 108 support coordinators/benefit counselors will be placed at the Army National Guard Joint Forces Headquarters and Family Assistance Centers; and 8 support coordinators will be placed at the Reserve Regional Readiness Commands. Services will also be augmented through partnerships with the civilian sector.

An SOS web page provides additional information, resources, legislative updates, forums, and other valuable information for Survivors. An SOS Virtual World Survivor Community is also in development which will provide real-time access to resources for Survivors in remote areas and reach out to our younger survivor population.

Dr. RAU. The Navy Casualty Assistance Division employs a seasoned and highly trained team in Millington, Tennessee billeted for thirty-six military and civil service casualty assistance experts, equipped with the latest information technology, to promptly respond to survivor concerns.

Within the Navy's Casualty assistance structure, 3 branches, billeted for an aggregate of 21 staff members, provide expertise most closely related to direct survivor assistance. Casualty Operations is responsible for oversight of next-of-kin notification, data entry and reporting; benefits and entitlements is responsible for the rapid and accurate processing and certification of monies owed to designated beneficiaries; Navy-Marine Corps Mortuary is responsible for primary and secondary coordination efforts and payment for mortuary services. Depending upon the exact nature of the assistance required, select staff members will assist the survivor.

Service delivery during the first several months following a death is provided by a uniformed, Casualty Assistance Calls Officer who is the direct family liaison. The assigned Casualty Assistance Calls Officer is supported by local personnel, as well as regional and national staffs. Survivors are provided various bulletins, pamphlets and booklets along with referral information and contact points for assistance. Survivors are encouraged to contact a specific 1-800 number answered by the Navy's Casualty Assistance staff to resolve any issues or concerns.

Navy designed, developed and implemented a standardized scientific survey instrument 4 years ago to measure the level of support and assistance provided to survivors. The Navy's casualty assistance program routinely receives superior critiques. This particular survey had been adopted by DOD for future use by all Services.

General LARSEN. The Marine Corps recognized the need for and implemented its Long-Term Assistance Program (LTAP) in 2005. The LTAP is currently staffed with two full-time civil service employees whose mission it is to identify and resolve residual issues with the next of kin of deceased marines. New proactive outreach methodologies were recently implemented to identify trends and shore-up resources available through both military and municipal support agencies for the next of kin. The LTAP has expanded relationships with TAPS and Military OneSource to directly connect survivors with qualified bereavement/peer counseling resources. LTAP representatives are available to NOK on an indefinite basis. Plans to hire additional staff are currently ongoing to ensure we are prepared to meet projected long term requirements.

Ms. NESMITH. The Air Force's casualty and mortuary assistance team includes:

- Casualty Affairs Representatives—86 primary full-time civilian employees with alternates; the alternates may be filled by military members

- Air Force Casualty Services Branch—13 military members and civilian employees

- Air Force Warrior and Survivor Care Office—1 civilian employee and 2 military members

- Air Force Mortuary Officers—95; usually the Force Support Squadron Commander or Deputy

- Air Force Family Liaison Officers—At least one per family who has experienced a death

- Air Force Mortuary Operations Center—13 full-time civilian employees

The Air Force Resources employs a full-time and trained Casualty Assistance Representatives (CAR) at each base who is responsible for casualty notification, counseling and administrative processes. Our CARs are engaged in the process from start to finish, keeping in contact with the families of our deceased members for as long as they need our assistance. There is no specified time limit.

The Air Force Personnel Center Casualty Services Branch at Randolph Air Force Base, TX, assists CARs to transfer cases to CARs at bases closest locations the beneficiary family may choose to move. This ensures assistance is available for as long as it is needed.

Our Family Liaison Officers (FLOs) also provide close, personalized support to families of fallen airmen. FLOs are Active Duty military personnel who are appointed on an as-needed basis, but serve full-time until their assistance is no longer needed by the family. FLOs are trained by the Force Support Squadrons and partner with the Air Force Warrior and Survivor Care office to provide much needed assistance to the family.

We also operate 24-hour help lines to assist families regardless of how long ago the death occurred. Further, a mortuary officer is assigned to each base who partners with the Air Force Mortuary Operations Center to assist with mortuary benefits.

SUPPORT FOR SCHOOL-AGED CHILDREN

32. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, more than 90 percent of military dependent school-aged children attend local public schools. What are OSD and the Services doing to provide assistance to local school districts in areas heavily impacted by the presence of military family members?

Mr. MYERS. OSD has fully recognized the importance of providing support to local education agencies (LEAs) in providing education to school-aged children in military families.

The Duncan Hunter NDAA for Fiscal Year 2009 (section 553), authorized the DOD Education Activity (DODEA) to use its funds to share experience and provide programs for LEAs who educate military students.

We have used this opportunity to establish a competitive grant program which will award 35 grants to LEAs in fiscal year 2009 for amounts between \$300,000 and \$2 million. As of July 1, 2009 thirty one grant awards have been approved totaling \$36,907,000. In addition we have used this authority to establish an invitational grant program to focus on school districts where there are frequent and/or sustained deployments, or that are serving children of servicemembers who have been wounded, or where school quality is a concern of the local military command. In fiscal year 2009 DODEA will award ten grants with awards between \$300,000 and \$2.5 million. We anticipate providing \$15,458,000 under this program and are currently reviewing requests from eight LEAs.

In addition to providing money in support of this outreach effort, the Department is making its MFLC Program available to LEAs to provide non-medical, short term, situational, problem-solving counseling services. DODEA's Educational Partnership coordinated with DOD and the Military Services extends the program to provide professional, licensed and credentialed counselors to support and augment over 100 military connected LEAs in SY 2009/10.

The Department is also partnering with Federal and State agencies to support the needs of military children in public schools. In June 2008, the Deputy Secretaries of Defense and Education signed a Memorandum of Understanding (MOU) to create a formal partnership between the two departments to support the education of military students. The MOU provides a comprehensive and cohesive structure for collaboration between the two Federal agencies as well as with local, State, and other relevant entities. Through the MOU, the agencies can now leverage their coordinated strengths to improve the educational opportunities of military connected students.

The Department, in collaboration with the Council of State Governments, has established the Interstate Compact on Educational Opportunity for Military Children to resolve many of the school transition issues experienced by school-aged children in military families. This Compact between States covers key issues encountered by military families in four broad categories: eligibility, enrollment, placement, and graduation. Examples of these issues include class placement, records transfer, immunization requirements, course placement, graduation requirements, exit testing, and extra-curricular opportunities. The Compact was activated in 2008 when the initial 10 States adopted it and currently has the approval of 24 States, which covers 70 percent of military children in Active Duty families (5-18 years old). The Department is continuing to work with the remaining States and expect most will adopt the Compact within the next few years.

Ms. MARIN. The Army is working with DOD, Department of Education, and local education agencies to address school transition issues and provide assistance to local school districts in areas heavily impacted by the presence of military-affiliated school-age children.

Army School Support Services staff at garrisons provide training to parents, students and school personnel, transition assistance for mobile military students, and advocacy to promote issues of military students. The Army has 144 School Liaison officers serving garrisons, local school districts, and Army families.

Today, more than 385 school districts are signatories to the Secondary Education Transition Study Memorandum of Agreement. Twenty-four States have adopted the DOD Interstate Compact on Educational Opportunity for Military Children that promotes reciprocal practices such as credit transfer, opportunities to try out for sports teams, and graduation requirements so that military students are not negatively impacted as they move.

The Army School Strategy incorporates research-based goals developed as a result of current issues and trends in education. The strategy employs a multidisciplinary partnership with local public school districts for measuring academic, social and emotional support for Army children from pre-kindergarten through twelfth grade.

The strategy also addresses processes for equitable educational experiences for all military children, inclusive of special-needs, geographically diverse, homeschooled, and gifted and talented students.

Dr. RAU. Navy commanders use School Liaison Officers (SLO's) under Child and Youth Education Services to work with local school districts to ensure school personnel are aware of the stressors on military families associated with frequent moves and extended deployments. Navy School Liaison Officers (SLO) are the primary liaison between community schools, commanders, and military parents and are located on all major Navy installations. Navy SLO's provide school transition services, deployment support, home school linkage, facilitate collaboration and communication, and support partnerships in education, and post secondary preparations. Delivery of an electronic deployment toolkit or "seabag" for school administrators and staff is scheduled for 2010 to better equip them for working with children of deployed sailors.

General LARSEN. DODEA has initiated both invitational and competitive grants which will enhance student learning opportunities, student achievement, and educator professional development at military-connected schools experiencing significant military growth between 2007 and 2009. Approximately \$30 million will be awarded. Awards will be based on military student enrollment and will range in size from \$300,000 to \$2,000,000, depending on the number of military students at the target schools to enhance the education of military students, but funds may be used to raise student achievement for all students at the target school. USMC's Senior School Liaison participated in DODEA's Educational Partnership both as a K-12 Partnership member and as a grant reviewer.

Ms. NESMITH. The Air Force works closely with the DOD Education Activity (DODEA) Partnership Branch, which supports local education agencies (LEAs) that serve military children. The Partnership Branch is charged with advancing the quality of educational programs for the school-age children of military families who live inside and outside the gate, and easing the transition of military dependents from military to civilian schools.

The Air Force, along with the other services, regularly provide DODEA with data on significant changes in military student demographics. This information allows DODEA to target their consultative services, professional development programs, and grant authority to appropriate locations. Additionally, the Air Force increased its support of military child education initiatives. School liaisons and staff in Airman and Family Readiness Centers and Child and Youth Centers provide information and referral services for parents and children. As a corporate member, we interface with the Military Impacted Schools Association, the Military Child Education Association, and National Military Family Association. Also, a senior officer and/or civilian employee is appointed at each installation with responsibility to attend school board and other LEA meetings and to advocate for the needs of military children.

FLEXIBLE SPENDING ACCOUNTS

33. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, for several years, this committee has encouraged the DOD to set up flexible spending accounts for military families—these accounts allow employees to set aside a portion of their earned income for certain expenses, such as braces for the kids or child care, with favorable tax treatment. Why don't military families have the same opportunity?

Mr. MYERS. The Department does not plan to implement flexible spending accounts at this time. There are several new provisions in the National Defense Authorization Act for Fiscal Year 2009 directed at curtailing fees, copayments, and deductibles for servicemembers and their families.

Ms. MARIN. The Army supports DOD policies and programs for flexible spending accounts for military families.

Dr. RAU. There is a need for a more thorough assessment of the subject before FSAs could be applied in a military setting. Some of the issues such an assessment may need to address are:

- FSA benefits and risks for military members, particularly the risk of forfeiture of FSA contributions, and limitations on enrollment periods, both of which would more likely impact military families given that they, unlike their civilian counterparts, often face frequent changes in their employment circumstances outside their control such as change of station moves and lengthy deployments.

- Needs of military families that could be positively effected by an FSA program, such as improving their childcare options given current constraints on DOD-sponsored child care.
- Statutory or regulatory requirements which impede the Department's ability to apply the existing Federal FSA benefit program to the uniformed services. For example, under current OPM regulations, uniformed servicemembers are not eligible to participate in the program because they are not employees as defined in section 8901 (and by reference, section 2105) of title 5, U.S.C.
- Quantitative analysis of the estimated effectiveness of FSAs as military compensation tools, especially their potential impact on recruiting, retention, and readiness.
- Life-cycle costs associated with implementing an FSA program, including investments that may be required to adjust current policies/business practices to accommodate participation by uniformed servicemembers (e.g., current practice requires employees to submit signed claims for reimbursement, this may not be possible for military members when deployed).
- Challenges in resourcing the program given the President's recently announced commitment to reenact "pay-as-you-go" or PayGo scoring and his stated objective of pursuing revenue neutral new programs or legislation.

Completing a thorough assessment is a necessary precursor to FSA implementation to ensure the DOD is able to more efficiently and effectively allocate resources devoted to quality of life programs—to make investments that are based on the actual needs of military families and focused on areas of greatest return to the Services.

General LARSEN. The Marine Corps feels that this is a question best answered by the DOD.

Ms. NESMITH. Currently military families are not eligible to participate in Federal flexible spending account (FSA) programs. Legislation would be required for Service participation.

The commission for the Tenth Quadrennial Review of Military Compensation (July 2008), recommended adoption of health care and dependent care FSAs for the military. However, there are disadvantages. For example, the account funds are "use it or lose it" which means unused funds are forfeited by the member. If FSAs were to be developed for military members, then further study would be necessary to assess how modifications to the current structure could avoid such affects, especially in cases of deployment or assignment relocation.

SUPPORT FOR SPOUSE EMPLOYMENT

34. Senator GRAHAM. Mr. Myers, I am told that the Federal hiring preference for military spouses which was proposed by the previous administration has not been implemented, is that correct? Last year, Senator Nelson and I proposed a legislative solution to this. Do we need to propose legislation again this year?

Mr. MYERS. On September 25, 2008, President Bush signed Executive Order (EO) 13473 allowing agencies to make noncompetitive appointments of spouses of certain members of the armed services. This is an appointing authority; it does not grant preference.

OMB recently released the final implementing regulations for the EO. We expect them to be published this week with an effective date of September 14, 2009. The Department does not believe we need preference and is happy with the noncompetitive appointing authority, as it will facilitate spouses entry into Civil Service jobs. The EO by its nature is temporary subject to the program goals of the administration. Legislation would make this authority permanent and thus would be more desirable.

35. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, what can Congress do to assist military spouses in achieving their educational and career goals?

Mr. MYERS. Last year, Congress authorized the Department to assist spouses of Active Duty servicemembers in receiving education and training required for a degree, credential, or professional licensure in order to expand employment and portable career opportunities for spouses.

The Department has implemented the Career Advancement Account program to provide spouses up to \$6,000 to pay for training, professional licensure or certification programs. To date over 30,000 spouses have established a Career Advance-

ment Account and over 10,000 have started their training program, with over 42 percent studying and beginning to work in the HealthCare field.

Once spouses complete training, they are moved into the Career Advancement Account placement process for assistance as they move from one installation to the next.

The Department would ask Congress to continue supporting this important program. The Career Advancement Account provides opportunities for military spouses to build a career.

Ms. MARIN. Continued congressional support of the President's request for Army spouse educational and career initiatives will ensure success of our programs.

Another program where continued support is essential is the DOD Military Spouse Career Advancement Account (MyCAA) initiative. MyCAA provides education, training, certification and licensing for military spouses to pursue careers in high-demand, high-growth portable career fields such as education, health care, financial services, homeland security, information technology, hospitality industry, business management and other fields. MyCAA provides up to \$6,000 of Financial Assistance for related training, education, licenses and/or credentials. DOD is working to expand the MyCAA initiative.

Dr. RAU. State and congressional support our military spouses through alternative certifications; reciprocal licensing agreements; out-of-state license recognition; education and training opportunities; and nationally recognized standards or exams for licensure in portable careers such as health services, education and financial services. Eight States now authorize the American Board for Certification of Teacher Excellence program, while 23 States have adopted the Nurse Licensure Compact or made similar provision for transferring nurses. Efforts to address other opportunities for streamlining certification and licensure in health services, education, financial services and potentially other occupational areas that military spouses are being explored. Opportunities to market military spouses to nationwide employers within Congressional districts could also provide local solutions to corporate hiring needs.

General LARSEN. A study conducted by the National Military Family Association in 2007 revealed several limitations that military spouses encounter in attempting to achieve their educational and career goals. Obstacles included: balancing education, work and family; the high cost of education; frequent moves, deployments; and lack of access or understanding of available support resources. We recommend the following solutions, based on the results of this study:

1. Ensure installation education centers have the funding necessary to support spouse education programs and initiatives.
2. Provide additional child care funding to support child care needs of military spouse-scholars.
3. Remove housing allowances from FAFSA calculations to allow more spouses to qualify for need based financial aid programs.
4. Provide tuition assistance to spouses.
5. Provide an additional education tax credit to military spouses.
6. Increase funding for DOD and Department of Labor (DoL) Military Spouse Career Advance Accounts (CAA) and expand CAA services to include on-site counseling at the military installation Family Support Centers and/or Voluntary Education centers.

Ms. NESMITH. To assist military spouses in achieving their educational and career goals, Congress can consider continuing and increasing funding for the MyCAA program that provides up to \$6,000 for spouses to train or retrain for portable careers; supporting legislation that will allow a spouse leaving a job due to military reassignment to qualify for unemployment compensation in any of the States; passing and publicizing a non-binding resolution that strongly encourages professional and State licensing and certification bodies to extend reciprocity to professionals holding credentials from other States; and passing legislation or supporting policy that allows for expedited recruitment and selection of spouses of members of the military forces for appointment to positions (for which they are fully qualified) in the competitive service of the Federal civil service.

KEY INDICATORS OF FAMILIES IN DURESS—DIVORCE

36. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, I'm one of those people who think it takes a family to raise a child, and we need to do everything possible to keep families together. What are the divorce rates among military families? Are they increasing?

Mr. MYERS. Divorce rates among military families increased from 2.6 percent in 2001 to 3.4 percent in 2008. The largest increase is in the Army (from 2.17 percent

in 2001 to 3.55 percent in 2008). The highest rate of divorce is in the Marine Corps (3.66 percent in 2008). Divorce rates are higher for female (7.4 percent in 2008) than for male servicemembers (2.9 percent in 2008).

The divorce rates, as reflected above, are the percentage of personnel who were married at the beginning of a fiscal year but were divorced at the end of that fiscal year.

Ms. MARIN. Army families remain strong and resilient in the face of demands they confront as we continue to be a nation at war. The Army is committed to resourcing programs that support our soldiers and families throughout the deployment cycle.

The Army has expanded the Strong Bonds program, a commander-initiated, chaplain-led program that helps Active and Reserve component soldiers and families build effective relationship skills. The program's mission is to build soldier and family readiness by strengthening Army marriages and relationships. It targets not only couples and family members, but also single soldiers.

There are a number of family service programs designed to help families cope with long separation, frequent moves, and the dangers of loved ones being placed in harm's way. These programs include counseling by chaplains, youth services, Army family team building, behavioral health, and recreation centers; an Army culture that encourages families to care for one another during deployment and stressful times; and active involvement and oversight of commanders to ensure that soldiers support their families, both financially and emotionally.

Divorce rates for Army enlisted soldiers have increased slightly since fiscal year 2002 (3.0 percent to 3.7 percent in fiscal year 2008), but are fairly constant for Army Officers (1.9 percent in fiscal year 2002 to 2.2 percent in fiscal year 2008). However, when divorce rates are calculated by gender, we see a considerably different picture. Females, especially enlisted females, have reported the highest level of divorce over the past several years with an increase from 6.7 percent in fiscal year 2002 to the current high of 9.1 percent in fiscal year 2008. The Office of the Chief of Chaplains is currently funding a survey project that is intended to identify stress indicators among enlisted females with the objective of providing more focused support programs.

Dr. RAU. The divorce rate for Navy has remained relatively constant from Calendar Year 2004 through Calendar Year 2008 averaging from 3.5 percent to 3.0 percent. The divorce rate for Calendar Year 2009 is 3.2 percent when extrapolated with current data.

The following table reflects the divorce rate for Navy:

Calendar Year	Number Married	Number Divorces	Divorce Rate (Percentage)
2004	191,756	6,643	3.5
2005	192,218	6,382	3.3
2006	190,203	6,638	3.5
2007	184,094	6,070	3.3
2008	177,510	5,357	3.0

This data is provided from Defense Manpower Data Center (DMDC) and is pulled from Defense Enrollment Eligibility System (DEERS). The number is determined by calculating the number of changes in marital status from married to unmarried. The number of divorces is calculated monthly. The Navy divorce rate is calculated by dividing the total number of divorces by the average monthly married population in the Navy.

General LARSEN. The divorce rates for 2008 were 3.7 percent and have been slowly rising over the last 3 years. In 2006, the rate of divorce was 3.1 percent and was 3.3 percent in 2007.

Ms. NESMITH. The Air Force divorce rate has ranged from 2.4 to 3.0 divorces per every 100 marriages from 1990–2006, but increased to 3.3 in 2007 and 3.4 in 2008.

37. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, what do we need to do to support families and help them work through problems and hopefully become stronger as a result?

Mr. MYERS.

Military Chaplains

As a member of the commander's staff, chaplains serve as moral, ethical, and spiritual advisers to their commanders. Much of the work they do is one-on-one with the servicemembers and their families and one of their primary responsibilities is to provide marriage counseling and marriage enrichment seminars.

Family Support Programs

Each Service branch sponsors information and support programs for servicemembers and their families. You can call or visit any installation Army Community Service Center, Marine Corps Community Services (MCCS), FFSC, or Airman and Family Readiness Center regardless of your branch affiliation. In addition to the support offered on the installation, DOD provides non-medical, life coaching through MFLC and Military OneSource. MFLCs are Masters or Ph.D. level, licensed, and credentialed clinical providers that offer intervention and support to military members and their families. Like Military OneSource, they provide short-term counseling for every day issues, such as anger management, stress, parenting, communication, family relationships, deployment, and other military-related topics. The goal of the program is to support operational readiness and family readiness. Situations requiring mental health treatment are referred to behavioral health agencies that treat these conditions.

With the success of the first phase of the contract, the MFLC Program has grown to include additional services and outreach capabilities: JFSAP, the Personal Financial Counseling (PFC) Program, the IRR Marine Outreach Program, Child & Youth Services Program and Victim Advocacy (VA) Services. By expanding to include these programs, MFLC consultants provide a comprehensive spectrum of behavioral health support to military servicemembers and their families.

Ms. MARIN. A prepared family is better able to manage deployment and long-term separations, allowing the soldier to stay focused on the mission. A family that receives training and support through Army support systems is more likely to prove resilient to the stresses of a military lifestyle as they gain skills and understanding needed to access Army resources and services.

Services that help families become stronger include MFLC and Military OneSource. MFLCs provide problem-solving and nonmedical counseling such as anger management, conflict resolution, parent/child communication, relationship issues, deployment stress, reintegration, relocation adjustment, and grief and financial counseling. MFLCs help servicemembers and families cope with reactions to stressful/adverse situations created by deployments and reintegration. MFLCs work directly with Army Community Service, Guard Headquarters and Reserve Regional Commands. Military OneSource provides private, face-to-face, non-medical counseling for short-term problems in neighborhoods throughout the United States, Puerto Rico, and the Virgin Islands. Military OneSource also provides short-term solution-focused telephone consultation services as an alternative to face-to-face counseling. Both programs offer up to 12 counseling sessions per issue at no cost to users.

Chaplains and chaplain assistants provide support to all Army installations. Their mission includes pastoral care and counseling to families under duress and facing problems with marriages and relationships. Chaplains are trained in counseling and a number of relationship strengthening programs that can be used with singles, couples, and families, or retreats focused on relationship building. Soldiers and families may also find relationship support in chaplain-lead religious community worship, religious education, and other activities that make up the diverse full-spectrum of services available through chaplains. The availability of unit ministry teams in the soldier's unit and in the community eliminates barriers to care and makes it easy for soldiers and families to initiate casual conversations to broach sensitive topics and find the help they need, whether provided by the chaplain or available elsewhere in the community. Family Life Chaplains have additional marriage and family counseling skills and training and are available to equip other chaplains or counsel with them to provide marriage enrichment counseling, crisis counseling, divorce counseling, and family counseling to mitigate the challenges of divorce.

Dr. RAU. We currently have a very effective support network, through Navy FFSCs, which provides a wide-array of life skills workshops, such as parenting training, stress management, anger management, and couples communication.

Home visitation services are provided for over-burdened expectant mothers and new parents of children, through age three. In the case of married parents, one of whom, is a deployed member, and single parents, we offer voluntary home visitation services. Licensed mental health professionals also provide brief, solution-focused, clinical counseling to sailors and family members to address commonly occurring issues such as marital discord, parent-child conflict and school/occupational issues, which impact family functioning. Further, we provide clinical services to individuals, couples and families to identify and resolve issues before more significant problems develop. When necessary, our Family Advocacy Program provides safety assessment and planning, clinical assessment and case management, victim advocacy and rehabilitative intervention to military families referred for alleged child abuse/neglect or domestic abuse.

General LARSEN. We offer a variety of programs and Counseling Services to support families and help them work through problems to become stronger. MCCS FAP and the General Counseling Program offers classes and services to help individuals, couples and families to enrich their relationships. Key concepts covered in these classes include danger signs and hidden issues in relationship; using the speaker-listener technique to communicate with each other; exploring expectations and core beliefs; problem-solving; commitment and friendship, fair fighting; conflict resolution; boundary definitions; trust and intimacy; anger management, stress management; and the prevention of domestic violence and child abuse. Other MCCS programs also offer classes/courses and life skills training such as financial management, family member employment; educational assistance and parenting practices, Pre-Deployment briefs to prepare for family separations and Post Deployment briefs to prepare for reintegration to family life, all of which affects martial and family relationships. Additional counseling services are available to families through Military OneSource, TRICARE and Chaplains.

Ms. NESMITH. The Air Force recognizes each of the three phases of deployment (pre-deployment, deployment, and post-deployment) generates specific issues for military families. Educating families on the changing military environment is essential to how well our families adapt to deployments and the military lifestyle.

To help families work through problems, we offer full-spectrum support before, during and after deployments. Focusing on family member needs before deployment can strengthen families' abilities to cope with stresses of deployment. The Air Force does this by conducting self-improvement and development workshops using a variety of means to connect with family members. We leverage technology to provide online support groups, social networks, and other informal events to reach family members who prefer alternative settings or do not live near the installation.

We also educate community agencies on the changing demands of the military and its effect on families so they can enhance their service to our families. For example, families who attend religious institutions off base will often seek counseling from that institution. Training and educating local clergy on aspects of military life, including deployment and long-term separations, will assist them when counseling military families.

We welcome your continued interest in our Family Support infrastructure, initiatives, outreach efforts, staffing and technology.

38. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, I know we are short of mental health professionals. Do we have enough chaplains?

Mr. MYERS. Currently, there are some shortages across the different branches of our Armed Forces. Chaplains are doing their best to help facilitate the free exercise of religion for all of our uniformed personnel during the rigors of a long war.

Ms. MARIN. Currently, chaplain positions are filled to funded authorizations in the Active component. At the same time, chaplains have never been busier with the persistent conflict, multiple tours in combat, high stress in the chaplains and the force, frequent relocations, and high demands even when not deployed. There are a number of initiatives to fund and fill all chaplain and chaplain assistant requirements—a shortfall of 122 in the Active component, 22 in the National Guard, and 10 in the Army Reserve.

Dr. RAU. Navy Chaplain Corps manning is currently at 94 percent, with specific shortfalls at the O-2/O-3 level, which is manned at 92 percent. Inventory shortfalls are largely attributable to historical challenges in recruiting sufficient numbers of chaplains to meet requirements.

The Navy Chaplain Corps, in collaboration with all Enterprises across the Navy and with U.S. Marine Corps and U.S Coast Guard, is currently conducting a detailed requirements assessment to determine the true requirements for religious ministry across the Sea Services. Based on analysis completed to date, the President's fiscal year 2010 budget submission includes an increase in authorizations for 43 additional chaplains. Completion of the assessment is anticipated by the end of fiscal year 2010, the results of which are expected to inform future decisions on the size and composition of the Navy Chaplain Corps based on validated requirements.

General LARSEN. The Chaplain Corps resides within the Navy. The Marine Corps is unaware of any shortfalls within the Chaplain Corps.

Ms. NESMITH. While not all chaplain positions are fully funded or filled, the Air Force Chaplain mission is being effectively accomplished. As with other career fields, our Chaplain career field is impacted by the strain associated with sustained deployments. We also feel the impact of the chronic shortage of Catholic priests, an issue that transcends the military Services.

KEY INDICATORS OF FAMILIES IN DURESS—CHILD ABUSE

39. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, are we seeing any increase in child abuse among military families? If so, what are we doing to intervene and prevent it?

Mr. MYERS. DOD-wide rates of child abuse and neglect in Active Duty families have not increased. In fiscal year 2004 the joint-Service rate of reported incidents per 1,000 children substantiated by the DOD Family Advocacy Program (FAP) had increased slightly. Since fiscal year 2004 both OSD and the Services have expanded and enhanced outreach and prevention programs targeting vulnerable families, including a campaign to prevent shaken baby syndrome, and the use of MFLCs. By fiscal year 2008 the joint-Service rate of substantiated child abuse and neglect incidents per 1,000 children had decreased 27.2 percent since fiscal year 2000.

Overall, the DOD rate of substantiated child abuse and neglect is consistently less than half of their counterpart rates in the U.S. civilian population as compiled by the U.S. Department of Health and Human Services (HHS).

DOD FAP does not collect information on child abuse and neglect reports in the Reserve component. The State child protective services agencies retain the responsibility for receiving reports involving non-Active Duty component families in the civilian community, and aggregating the data. DOD FAP is working with HHS to improve such data collection.

Ms. MARIN. The Army's rate of substantiated child abuse decreased from 6.6 per 1,000 in fiscal year 1998 to 5.5 per 1,000 in fiscal year 2008—substantially less than the civilian rate of 12.4 per 1,000 reported by the Department of Health and Human Services.

The total number of fiscal year 2008 reported child abuse cases was 6,296. Of these, 2,596 were substantiated cases. However, preliminary second quarter fiscal year 2009 data (690) show an increase in substantiated cases over first quarter fiscal year 2009 (662), but are lower than cases reported in second quarter fiscal year 2008 (712).

The Army is committed to preventing domestic violence and child abuse and neglect by providing a variety of services to strengthen Army families and enhance resiliency. The Army's Family Advocacy Program (FAP) provides resources to commanders and families to prevent and treat family violence. Prevention education is a priority, especially for high-risk populations such as single parents, new parents, and first-term families. Prevention education includes stress and anger management classes, parent support and skills classes, emergency placement care, and victim advocacy. If needed, installation victim advocates are on call 24/7 to support both victims of domestic violence and sexual assault.

Dr. RAU. Navy data indicates generally decreasing rates of both alleged and substantiated child abuse since 2000. The Navy fully supports efforts to prevent child maltreatment and domestic abuse in military families. FFSCs provide life skills workshops such as parenting training, stress management, anger management, and couples communication. Home visitation services are provided to over-burdened expectant and new parents of children up to age 3. Single parents and parents with a deployed member are automatically screened as eligible for these voluntary home visitation services. The Navy New Parent Support Program uses an evidence-informed home visitation curriculum demonstrated to decrease child abuse risk. In 2008, 95 percent of high risk families remained abuse-free for 12 months after receiving six months of Navy home visitation services. Based on recommendations made by the Department of the Navy Fatality Review Team, the Navy has implemented primary prevention efforts to reduce child deaths due to shaking and the use of unsafe sleeping practices. Licensed mental health professionals also provide brief, solution-focused clinical counseling to sailors and family members for commonly occurring issues such as marital discord, parent-child conflict, or school/occupational issues all of which can adversely impact parenting practices.

General LARSEN. Obtaining consistent and quality data from the field has been problematic for a number of years. The Personal and Family Readiness Division has been inspecting fiscal year 2007 and fiscal year 2008 reports of abuse and counseling files aboard Camp Pendleton and Camp Lejeune to assure data integrity and to define process improvement opportunities. This effort will result in standardizing nomenclature, abuse definitions, and reporting requirements. Correction of the database and improved, factual statistics will additionally ensue from this effort. Although the data indicates a decline in substantiated domestic abuse incidents, down from 821 in fiscal year 2001 to 397 in fiscal year 2007, there was a notable increase in fiscal year 2008—to 505—and early indications show the potential for a slight increase in fiscal year 2009.

Because we know that the military lifestyle is challenging, each installation offers unique resources to support the needs of parents and children. To prevent child abuse and foster the development and sustainment of healthy families MCCS provides a variety of prevention and education services, New Parent Support Program (NPSP), and encourages families to seek early intervention. The Family Advocacy Council (FAC) addresses child abuse issues at each installation. Prevention programs are offered through a coordinated community response effort with the base and civilian communities. The New Parent Support Program offers home based parent education services and psychoeducational parenting and play groups. Spouse support groups are additionally offered through the Family Team Building. Additional counseling services are available to families through Military OneSource, TRICARE and Chaplains. The Marine Corps is also partnering with UCLA to provide “resiliency training” to families and children of marines who are facing the challenges and stress of having a loved one at war. This program, “Families Overcoming Under Stress” (FOCUS) is operational at nine Navy and Marine Corps bases, including three in California.

Ms. NESMITH. The DOD has seen a steady decline in family maltreatment referrals for the past 10 years; the decrease in the Air Force has been significant as well. For example, the total number of referrals fell from 8,170 in fiscal year 2005 to 6,335 in fiscal year 2008. However, there is evidence that child neglect increases during deployments, and there is a small increase in child abuse among frequent deployers. Our Air Force Family Advocacy Program teammates are already training our staffs worldwide on these trends and bolstering family maltreatment prevention and intervention measures.

DOD CHILD CARE CENTERS

40. Senator GRAHAM. Mr. Myers, Ms. Marin, Dr. Rau, General Larsen, and Ms. Nesmith, Mr. Myers has testified that there is a shortage of 37,000 child care spaces throughout DOD. If all of the dollars and programs in the 2010 request are authorized and appropriated, what becomes of that 37,000-space shortfall?

Mr. MYERS. If all of the funding and programs in the 2010 request are authorized and appropriated, including the funding in the American Recovery and Reinvestment Act, the 37,000 shortage will be reduced by approximately 4,600 spaces. This still leaves a significant shortage of child care spaces.

With congressional support over the past several years, the Department has reduced the shortage (at one time as high as 58,000 child care spaces) as a result of an accelerated MILCON program and legislative initiatives. The Department will continue to rely on the MILCON program; however, the greatest success in increasing child care capacity (over 10,000 spaces) has occurred as a result of projects funded under the authority granted in section 2810(d), NDAA for Fiscal Year 2006 and renewed under section 2809 of the NDAA 2008. This legislation authorized the use of minor MILCON for Child Development Centers with life-threatening, health threatening or safety threatening deficiencies. The Department has utilized the flexibility this authority allowed to increase spaces on a rapid basis. By supporting DOD families’ need for child care, the Department contributes to the efficiency, readiness, and retention of the total force and alleviate stress on families.

The Department must also begin to turn its attention to recapitalizing the investment. The modular facilities constructed under the expanded authority have a 50 year life-span; however, many child care facilities are in need of renovations and repairs to ensure continued functionality. In order to maintain an adequate facility sustainment program for a large child care system, the Department estimates the need for 18–20 centers per year to meet the recapitalization goals. The Department requests your continued support of MILCON funding to ensure the viability of the child development program.

Ms. MARIN. The Army’s Child Development Center construction program constitutes a critical aspect of supporting families with facilities needed to meet child care demand. Child care programs are a top quality of life issue essential to readiness, morale, and retention of the force.

The Army has a requirement for 358 spaces to be provided through MILCON projects after fiscal year 2010 in addition to 1,878 spaces which are candidates for Operation and Maintenance Construction funding to meet its end-state capability. The Army anticipates having child care construction requirements in the future to provide replacement and renovations of existing facilities or to address emerging requirements (e.g., tour normalization in Korea).

Dr. RAU. The Navy's share of the 37,000 shortfall is 3,500. The fiscal year 2010 requested increase of \$7.7 million will satisfy 100 percent of the shortfall once construction is completed.

General LARSEN. Based on the fiscal year 2010 funding request and the ARRA funding, there would be a net increase of 2,100 spaces in permanent construction over the next several years.

Ms. NESMITH. Based on today's known demand, we are on track to bring the deficit in Air Force programs from 6,400 spaces to 0 by fiscal year 2011.

COMMISSARIES

41. Senator GRAHAM. Mr. Myers, Ms. Moakler from the National Military Family Association tells us that families consider the commissary one of their most important benefits. The savings that you reference in your statement will not be achieved if the commissaries are not a desirable place to shop. Is there sufficient funding to replace and renovate military commissaries?

Mr. MYERS. No. While the Department's policy, that appropriated funding pays for commissary construction required by strategic military decisions, helped reduce the shortfall in construction funding, the shortfall continues to exist. As reported to Congress in January 2009, Defense Commissary Agency (DeCA) identified a \$549.5 million shortfall of commissary surcharge funding. To alleviate the shortfall, DeCA identified options for sharing revenue from the sale of exchange items in commissaries, seeking alternative funding similar to public-private housing initiatives, and alternative funding sources to cover costs of anti-terrorism and force protection measures. DeCA continues to explore options to reduce the shortfall before consideration will be given to increasing the surcharge rate. Those options are being reviewed during the development of the fiscal year 2011 budget request.

[Whereupon, at 4:32 p.m., the subcommittee adjourned.]

