# Statement for the Record

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

for the

Joint Hearing of the Senate Veterans' Affairs Committee And the House Veterans' Affairs Committee

March 16, 2011



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



Reserve Officers Association 1 Constitution Avenue, N.E. Washington, DC 20002-5618 (202) 646-7719 Reserve Enlisted Association 1501 Lee Highway, Suite 200 Arlington, VA 22209 (202) 646-7715 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 mission of ROA is to advocate strong Reserve Components and national security, and to support Reserve officers in their military and civilian lives.

The Association's 60,000 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. ROA is represented in each state with 55 departments plus departments in Latin America, the District of Columbia, Europe, the Far East, and Puerto Rico. Each department has several chapters throughout the state. ROA has more than 450 chapters worldwide.

ROA is a member of The Military Coalition where it co-chairs the Tax and Social Security Committee. ROA is also a member of the National Military/Veterans Alliance. Overall, ROA works with 75 military, veterans and family support organizations.

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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.

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#### DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

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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 committees for the opportunity to submit testimony on our legislative priorities for 2011. ROA and REA applaud the ongoing efforts by Congress, specifically these committees to address veteran issues.

Traditionally, the associations that testify before this committee are the Veteran Service Organizations (VSO), and another group of veterans may be overlooked without ROA's contribution. Just because one serves in the Reserve or Guard does not mean the individual is not a veteran.

As contingency operations continue with increased mobilizations and deployments, many of these outstanding citizen soldiers, sailors, airmen, Marines, and Coast Guardsmen have put their civilian careers on hold while they serve their country in harm's way. As we have learned, they share the same risks and their counterparts in the Active Components. Just this month we passed the 800,000 mark for the number of Reserve and Guard service members who have been activated since post-9/11 as well as more than 275,000 having done so more than two or three times. The United States is creating a new generation of combat veterans that come from its Reserve Components (RC). It is important, therefore, that they be afforded benefits consistent with their selfless service to their country and in parity with their Active Duty compatriots.

ROA would like to thank the committees and staffs for making improvements to the Post 9/11 GI Bill, addressing misinterpretations of the Servicemembers Civil Relief Act (SCRA), enhancing benefits for caregivers, and much more.

#### **EXECUTIVE SUMMARY**

Issues supported by the Reserve Officers and Reserve Enlisted Associations are as follows:

#### Education:

- Include Title 14, Coast Guard Reserve duty in eligibility for the Post 9/11 GI Bill.
- Exempt earned benefit from GI Bill from being consider income in need based aid calculations
- Develop a standard nation-wide payment system for private schools
- Re-examine qualification basis for yellow ribbon program, rather than first come first serve.
- Move Montgomery GI bill for the Selected Reserve under Veteran Affairs jurisdiction.
- Include 4-year reenlistment contracts to qualify for MGIB-SR.
- Enact Uniformed Services Employment and Reemployment Rights Act (USERRA) and Service members Civil Relief Act (SCRA) protections for mobilized Guard-Reserve students to adjust interest rates on federal student loans of mobilized Reservists when the market rate drops below 6 percent.

#### Employer Support:

- Continue to enact tax credits for health care and differential pay expenses for deployed Reserve Component employees.
- Provide tax credits to offset costs for temporary replacements of deployed Reserve Component employees.
- Support tax credits to employers who hire service members who supported contingency operations.

### Employee Support:

- Permit delays or exemptions while mobilized of regularly scheduled mandatory continuing education and licensing /certification/promotion exams.
- Continue to support a law center dedicated to USERRA/SCRA problems of deployed Active and Reserve service members.

#### Seamless Health Care:

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

- As an active force needs to be provided health care, so too does the Reserve Component need to have seamless care.
- Reservists need proper education and counseling in benefits, allowances
- Need prompt medical or physical evaluation boards
- Parity of benefits and service credit for Reserve as well as Active wounded warriors
- Traumatic Brain injury is the signature wound from Iraq. Both VA and DoD need to explore additional treatments available in the civilian community.
- In support of seamless transition under TRICARE changes need to be made to USERRA and SCRA.

*Uniformed Services Employment and Reemployment Rights Act (USERRA) / Servicemembers' Civil Relief Act (SCRA):* 

- Improve SCRA to protect deployed members from creditors that willfully violate SCRA.
- Fix USERRA/SCRA to protect health care coverage of returning service members and family for pre-existing conditions, and continuation of prior group or individual insurance.
- Enact USERRA protections for employees who require regularly scheduled mandatory continuing education and licensing/certification and make necessary changes to USERRA to strengthen employment and reemployment protections.
- Exempt Reserve Component members from federal law enforcement retirement application age restrictions when deployment interferes in completing the application to buy back retirement eligibility.
- Amend SCRA to prohibit courts from modifying previous judgments that change the custody arrangements for a child of a deployed service member.
- Encourage Federal agencies to abide by USERRA/SCRA standards.
- Ensure USERRA isn't superseded by binding arbitrations agreements between employers and Reserve Component members.
- Make the states employers waive 11<sup>th</sup> Amendment immunity with respect to USERRA claims, as a condition of receipt of federal assistance.
- Make the award of attorney fees mandatory rather than discretionary.

#### Veterans Affairs:

- Calculate years of service for disability retired pay for Reserve Component members wounded or injured in combat under section 12732 of USC Title 10.
- Extend veterans preference to those Reserve Component members who have completed 20 years in good standing, or,
- Permit any member who has served under honorable conditions and has received a DD-214 to qualify for veteran status.
- Make permanent Reserve Component VA Home Loan Guarantees expiring in Oct. 2012.
- Eliminate the 3/4 percent fee differential between Active Component and Reserve Component programs on VA Home Loan.

- Support burial eligibility for deceased gray-area retirees at Arlington National Cemetery.
- Continue to seek timely and comprehensive implementation of concurrent receipt for disabled receiving retired pay and VA disability compensation.

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.

### **EDUCATION**

#### Post 9/11 GI Bill

# ROA and REA are grateful for passage of the Post-9/11 Veterans Educational Assistance Improvements Act of 2010.

Although there is still room for more improvement which can in the long run make the program more effective and increase utilization. For example, while Title 32 AGR was included for eligibility Title 14 Coast Guard Reserve was left out.

Other issues that student veterans have raised to ROA in which we recommend include the following:

- Require timely application and submission of documentation by the institution to the Department of Veterans' Affairs (VA) and vice versa.
- Establish dedicated and well-trained officers for student veterans to speak with via the call center.
- Better define the Yellow Ribbon Program to determine what 'first come, first serve' means in context of institutions (such as registration time, enrollment, and official enrollment).
  - o Allow institutions to give more funds to students with stronger merit and need-base.
- Align the VA's work-study program for students to work as guidance officers at their institutions to aid other student veterans, to be matched up with institution's academic calendar.
- Safeguard and implement a long term plan for sustaining the Post 9/11 GI Bill.
  - o Ensure transferability benefits are protected.
  - o Guarantee that any future changes to the program that could have negative effects on benefits will grandfather out current beneficiaries.
- Pass legislation to disallow institutions including benefits in need-based aid formulations.
  - o Remove the requirement to have a parental signature.
  - Establish parity between FAFSA disclosure exclusion over veterans' educational and non-educational benefits to CSS and all institutions of higher learning. See below for further explanation.

Institutions of higher learning across the nation that provide need-based aid often require students to file a Free Application for Federal Student Aid (FAFSA) form and a College Scholarship Service/Financial Aid Profile (CSS) form administered by the College Board. If an institution abides by the federal methodology of determining aid levels it uses the FAFSA form and guidelines, but an institution may use an institution methodology (IM) formulated by CSS. By law under the Higher Education Opportunity Act of 1965 (HEA), FAFSA's current need analysis formula, while including some sources of untaxed income, excludes veteran's educational benefits and welfare benefits. On the other hand, CSS require military service members to disclose their earned educational benefits for the formulation of their need-based aid levels. That disclosure of veterans' educational benefits on the CSS is then often weighed by those institutions that use an IM in the same manner of other traditional untaxed income items such as child support or a contribution from a relative, in the formulation of their aid package. Disclosing these

earned-benefits on the CSS profile serves to bring down service members' financial need level, thus increasing the cost out of pocket, by improperly treating earned benefits as equivalent in nature and function as untaxed income items. Since CSS is not restricted from asking for disclosure of the benefits, institutions use the CSS to add these earned benefits into the aid formulation, shirking FAFSA's and the HEA's intentions.

ROA and REA urge Congress to bar institutions of higher learning from considering veterans' educational benefits in need-based aid calculations and apply the Higher Education Opportunity Act to all financial aid practices of institutions of higher learning.

ROA and REA recommend enacting the Uniformed Services Employment and Reemployment Rights Act (USERRA) and Servicemembers Civil Relief Act (SCRA) protections for mobilized Guard and Reserve students granting academic leave of absences, protecting academic standing and refund guarantees.

# **Montgomery GI Bill**

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 Montgomery "GI" Bill-Selected Reserve (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.

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 a paid billet.

### **EMPLOYMENT**

### **Employment Protections**

Veterans and service members are provided protections through the National Committee for Employer Support of the Guard and Reserve (ESGR), the Uniformed Services Employment and Reemployment Rights Act (USERRA), and the Servicemembers' Civil Relief Act (SCRA).

Notwithstanding the protections afforded veterans and service members, and antidiscrimination laws it is not unusual for members to lose their jobs due to time spent away while deployed. Sometimes this is by employers who go out of business, but more because it costs employers money, time, and effort to reintroduce the employee to the company.

The most recent national example is in the case of *Straub vs. Proctor Hospital* in which Army Reservist Vincent Straub was fired by Proctor Hospital of Peoria due to his service requirements. The Supreme Court upheld Straub's rights under USERRA.

Furthermore while the national unemployment rate may actually be reducing incrementally, the unemployment rate of veterans, Guardsmen and Reservists is actually increasing with an average of 15.2 percent. In some units it has been reported to range from 25 to 45 percent unemployment.

# **Employer Incentives**

Partnerships: The Army Reserve under Lieutenant General Jack Stultz initiated the Employer Partnership program with civilian employers which is an initiative designed to formalize the relationship between the Reserve and the private sector, sharing common goals of strengthening the community, supporting RC service members and families, and maintaining a strong economy. Over 1,000 companies are currently in various preliminary stages of implementing partnership programs. This sets a model for businesses to hire veterans.

Periodic and Predictable: Employers need increased notification time in order to better support their personnel. The military services and components should provide greater notice of deployments to employees, so that they, as well as RC members and their families, can better prepare. Collaboration between industry and the military needs to occur as the military considers deployment cycle models so that the nation's defense needs are met but its industrial base is not compromised.

Employer care plans should be developed that will assist with mitigation strategies for dealing with the civilian workload during the absence of the service member employee and lay out how the employer and employee would remain in contact throughout the deployment.

CNGR: The Commission on the National Guard and Reserve suggested key recommendations included expansion of the Employer Support of the Guard and Reserve committee to be able to work new employment as well as reemployment opportunities, the creation of an employer advisory council, and regular surveys to determine employer interests and concerns over reemployment of Guard and Reserve members.

TRICARE as an employee/employer benefit: An employer incentive is when an employee brings importable health care such as TRICARE, reducing the costs for the employer. Guard and Reserve members as well as military retirees should be permitted to tout the availability of TRICARE as an employee asset, and permit employers to provide alternative benefits in lieu of health care. Another option is to fully or partially offsetting employer costs for health care payments for Guard and Reserve members who are employed, especially when companies continue civilian health insurance for service members and or their families during a deployment. Provide employers – especially small businesses – with incentives such as cash stipends to help pay for health care for Reservists up to the amount DoD is contributing. When a member is deployed, the payments could increase to the value of active military health care to allow the RC employee and family to remain on the employers insurance, with the understanding of reemployment guarantees upon the serving members return.

Other incentives: Incentives of various types would serve to mitigate burdens and encourage business to both hire and retain Reservists and veterans. A variety of tax credits could be enacted providing such credit at the beginning of a period of mobilization or perhaps even a direct subsidy for costs related to a mobilization such as the hiring and training of new employees. Employers felt strongly that, especially for small businesses, incentives that arrive at the end of the tax year do not mitigate the costs incurred during the deployment period.

While not under these committee jurisdictions we hope that the Veterans Committees can support specific tax incentives to hire returning veterans and Guard and Reserve members.

ROA and REA further recommend the following:

ROA encourages the implementation of certifications or a form that would inform employers of skills potential veteran and service member employees gained through their military service.

ROA supports initiatives to provide small business owners with protections for their businesses to be sustained while on deployment, for example a potential program in which a trained substitute is made available to run the business while the member is out country. Further SCRA protection on equipment leases should be included in the law.

# **VETERAN and HEALTH CARE Issues**

We are pleased and relieved to see that the President proposed increases for the Department of Veterans' Affairs FY-2012. Also included was the advanced funding for FY-13 which in our current environment is particularly important.

# **Veteran Status**

Often times those Reserve Component members who after serving their country, especially for 20 years or more, believe they are considered to be a veteran. Unfortunately as many of you may know by now, this is not the case.

## Both ROA and REA have listed veteran status as a top issue in our 2011 legislative agendas.

Reserve Component members, as defined in law, who have completed 20 or more years of service are military retirees and eligible once reaching 60 years of age for all of the active duty military retiree benefits. Conversely they are not considered to be "Veterans" if they have not served the required number of uninterrupted days on Federal active duty (defined as active duty other than for training).

Service members focus on numerous things such as the mission at hand, the job, training and development, the troops, going where needed, and others, but not much thought is given to making sure they had the right kind of duty to qualify to become a Veteran upon retirement.

Those Reserve Component members that have been called to serve in Operation Enduring Freedom or Operation Iraqi Freedom will undoubtedly qualify as Veterans. Though there are many others who stand in front of and behind these men and women—preparing them and supporting them—individuals that are also ready to deploy but because of their assigned duties may never serve in that capacity. Nevertheless they serve faithfully.

Twenty or more years of service in the reserve forces and eligibility for reserve retired pay should be sufficient qualifying service for full Veteran status under the law.

This issue is a matter of honor for those, who through no fault of their own were never activated, but served their nation faithfully for 20 or more years.

### Hurtles

Last week, HR.1025 Veterans status bill was re-introduced by Congressman Tim Walz (D-Minn.) and had original co-sponsorship by Jon Runyan (R-N.J.) and Tom Latham (R-Iowa). By the end of the week 28 other cosponsors had already signed on.

Seemingly, the biggest hindrance to passing this bipartisan bill is the misconception that passage would have unintended consequences, causing this group of Veterans to receive benefits for which they would not otherwise qualify.

The legislation merely changes the legal definition of 'Veteran' so that proper acknowledgment and recognition that comes with the designation of 'veteran' would be made. BUT it would NOT change the legal qualification for access to any benefits.

Each benefit has a different set of qualifications because each was created at a different time. Every time Congress passes new legislation that is signed into law authorizing new Veteran benefits, the eligibility requirements are determined for that specific benefit. Veteran status depends on which Veteran program or benefit you are applying for.

There are innumerable programs to outline, but an example could be "Veteran's Preference for Federal Jobs" in which preference is given to separated Veterans who received an honorable or general discharge and served on active duty (not active duty for training). Furthermore Reservists that are retired from the Reserve but not receiving retired pay (such as Gray-area retirees) are not considered "retired military" for purposes of Veterans' preference.

H.R.1025 would amend Title 38 to include in the definition of Veteran retirees Guard and Reserve Component members who have completed 20 or more years of service, but are not considered to be Veterans under the current statutory definitions.

Finally, there is no cost associated with this bill.

ROA and REA have signed letters supporting the efforts of Congressman Tim Walz (D-Minn.) on this issue.

**Continuity of health care** is essential to the well-being of those who have sacrificed so much and just as an active force needs to be provided health care, so too does the Reserve Component need to have seamless care.

#### **Seamless Transition - Health**

- Improve the exchange of information between the Department of Defense and the Department of Veterans Affairs regarding military discharge decisions. The inter-agency connectivity and cooperation needs to be enhanced to better serve those that have served our nation so well.
- Reservists need proper education and counseling in benefits, allowances, and assistance that are
  offered to wounded service personnel. A Reservist returns to a civilian community that may not
  have a nearby military installation. When considering this proposal there are many possible
  sources of training for personnel, including Reserve units and Veteran Service Organizations.
- Long waits for medical or physical evaluation boards, in some cases a year or more, without drilling can cause Reservists to lose a satisfactory year. These non-qualifying years can affect promotion opportunities and retirement eligibility. The assignments of wounded warriors can and must be adjusted to accommodate their post-injury condition.

• Benefits must be equal for all wounded warriors. All disparity in annual disability payments between the Active and Reserve components must be eliminated. Reservists need to be credited for years of service rather than only calculate active duty days.

### **Seamless Health Care – requiring changes to USERRA and SCRA**

**Preactivation Coverage:** The FY-2005 National Defense Authorization Act made permanent initial TRICARE health coverage up to 120 days prior to activation for service members who receive a "delayed-effective-date" order for contingency operations greater than 30-days.

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

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

**Demobilization Coverage:** Congress made TAMP and TRS benefits permanent in the FY-2005 NDAA. Changes to USERRA and SCRA are needed. Transitional Assistance Management Program (TAMP) provides **180 days health care coverage** as a transition to civilian life. Under TAMP, the service member and family members are eligible to use TRICARE.

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

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

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

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

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

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

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

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

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

# **Rural Veterans**

Rural veterans face different challenges than urban veterans with health-related issues, such as access to technology, distribution of pharmaceutical providers, collaborations with Federal and community partners, and recruitment and retention of providers in rural areas. Rural veterans tend to have poorer health and are more likely to live below the poverty level compared to the rest of the country which is magnified by the shortage of health professionals. According to according to the VA Health Services Research and Development Office these veterans have worse physical and mental health quality of life problems than urban veterans. Rural Americans serve in the armed forces at higher rates than their proportion of the population. While only 19 percent of the Nation live in rural areas, but 44 percent of U.S. military recruits are from rural America.

Of the approximately eight million veterans enrolled in the Department of Veterans Affairs (VA) health care system about three million veterans live in rural areas, and the majority of that population 39 percent are Operations Iraqi Freedom and Enduring Freedom veterans. Many of the rural veterans are also National Guardsmen and Reservists who do not have the benefit of being located near or associated with a military base, and often also are not near VA facilities or doctors. These veterans too often cannot find a way to travel to see a doctor or other health care providers

Too often government agencies rely on passive means to disseminate information via websites on the internet, but this falls short of outreach. The VA publishes excellent information that is "above the fold" on search engines, but if the veteran can't afford or don't have availability to high speed internet access, the needed information lies fallow.

While DoD and the VA have been working on seamless transfer of health information, the transfer of information about who needs health care isn't reaching everyone who needs to work with the individuals. Veterans returning to rural areas can easily get lost.

The challenge for rural veteran health care is the "white space" between the health care providers. All options of partnership should be explored, to shorten the distance between patient and health professional. Other federal agencies should be considered. Examples of this could be the Department of Homeland Security with Coast Guard bases, or the US Public Health service through Indian Health Services.

ROA encourages this committee to evaluate the need for a more vigorous oversight system of the VA so that no veteran is left behind.

#### **TBI Treatment**

ROA and REA are concerned that DoD and perhaps VA leadership as well have not embraced alternative treatments for traumatic brain injury (TBI) that have been proven in the private sector.

Hyperbaric treatments have become increasingly utilized over the past few years in the private sector. It has been used to treat decompression sickness resulting from diving and other medical issues such as diabetic sores, carbon monoxide poisoning, radiation tissue damage as well as TBI. For TBI this therapy allows for greater oxygen plasma saturation that facilitates greater oxygen delivery to tissues, assists in cellular function without the use of hemoglobin and raises oxygen levels to areas of the brain affected by oxygen deprivation. Furthermore this treatment can be provided as an inpatient or outpatient service and it is already approved by Medicare, Blue Cross and many third party payers.

The U.S. Navy and the Air Force already has some hyperbaric chambers that could be used. **ROA** and **REA** encourage the committees to urge **DoD** and **VA** leadership to pursue hyperbaric and other treatments proven by the private sector. Too many of our service members and veterans have lost precious time on less effective treatments and addictive medications.

## **Agent Orange**

Many Soldiers, Sailors, Marines, and Airmen from both the Active and Reserve Components were exposed to Agent Orange and other toxic herbicides during the Vietnam War. While many ailments may appear to be that of an aging population, statistically the incidents of these ailments are much more prevalent than the general populations. In addition to those veterans whose illnesses have been exacerbated by exposure, there are other veterans who remain ineligible that suffer from ailments that are recognized by the VA.

ROA and REA believe that blue-water sailors, and blue-sky airmen need to be included under the eligibility for VA treatment of ailments relating to exposure to toxic herbicides. The current litmus test of "boots on the ground" is inadequate when the effects of exposure extended beyond the boundaries of Vietnam.

Decisions made by these committees will affect not only veterans of the Southeast Asia conflict, but also later generations, such as veterans who have fought in the Southwest Asia during Desert Storm, and the Iraq and Afghanistan contingency operations. Precedents will be set, for not only contemporary conflicts but for the next generations' wars as well.

ROA members have a resolution, number 11, that passed in 2008 that talks to "Preserving Veteran Status and Benefits for Those Who Have Served in Theaters of Operations" that originates from the lack of available treatment for certain Vietnam veterans. We also have a resolution, number 26, passed in 2004 that provides "Recognition of Illnesses Caused by Hazardous Warfare Agents" which focuses on veterans affected in the Gulf as well as the Vietnam and Korean Wars.

ROA and REA recognizes that exposures to chemicals, toxins and heavy metals can occur in any war and that these can be spread more widely by airborne drift or water-borne runoff than calculated computer models. It remains vitally important in any theater of contingency operations that individuals are recognized for their service and remain eligible for health benefits regardless of the manner of exposure whether on land, sea, or in the air. Medical treatment of serving members as well as veterans needs to take precedence over determining statistical correlations.

# CONCLUSION

ROA and REA appreciate the opportunity to submit testimony, and we reiterate our profound gratitude for the progress achieved by these committees such as providing a GI Bill for the 21<sup>st</sup> Century and advanced funding for the VA.

ROA and REA look forward to working with the Senate and House Veterans' Affairs Committees, where we can present solutions to these and other issues, and offer our support, and hope in the future of an opportunity to discuss these issues in person.