

Statement of

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Before the

**PERSONNEL SUBCOMMITTEE**

Of the

**SENATE ARMED SERVICES COMMITTEE  
UNITED STATES SENATE**

March 11, 2003

Not for Publication  
Until Released by  
the Committee

## **Joyce Wessel Raezer**

### **Director, Government Relations**

Joyce was promoted to Associate Director, Government Relations for the National Military Family Association in December 2000. An Association by-laws revision, effective December 2001, changed the position title to Director, Government Relations. Joyce started her volunteer work with NMFA in September 1995 and became Education Specialist in 1996. In February 1998, she was selected for the paid position of Senior Issues Specialist for the Association and was named Deputy Associate Director of the Government Relations Department in June 1999. Joyce monitors issues relevant to the quality of life of the families of the Uniformed Services and represents the Association at briefings and meetings of other organizations, Members of Congress and their staffs, and members of the Executive branch.

Joyce has represented military families on several committees and task forces for offices and agencies of the Department of Defense and military Services, including the Department of Defense Education Activity (DoDEA) and the TRICARE Management Activity (TMA). She has been a member of the Defense Commissary Agency (DeCA) Patron Council since February 2001, representing active duty family members. She is a member of the Army's Youth Education Working Group. Joyce serves on four committees of The Military Coalition and is co-chair of the Personnel, Compensation and Commissaries Committee. She served as a beneficiary representative, from September 1999 to December 2000, on a Congressionally mandated Federal Advisory Panel on DoD Health Care Quality Initiatives. She was a member of the planning committee for the national conference on "Serving the Military Child" held October 1998 in Arlington, VA. From June 1999 to June 2001, Joyce served on the first national Board of Directors for the Military Child Education Coalition.

Joyce was the 1997 recipient of NMFA's Margaret Vinson Hallgren Award for her advocacy on behalf of military families and the Association. She also received the "Champion for Children" award from the Military Impacted Schools Association in 1998.

A Maryland native, Joyce earned a B.A. in History from Gettysburg College, Gettysburg, Pennsylvania and a M.A. in History from the University of Virginia. An Army spouse of 20 years and mother of two children, she has lived in Washington, D.C. (3 tours), Virginia, Kentucky, and California. She is a former teacher and is an active volunteer school parent. She was elected to the Fort Knox (KY) Community Schools Board of Education in 1993 and served until August 1995. She currently serves on the PTA board for her daughter's school in Fairfax County, Virginia.

Mister Chairman, the National Military Family Association (NMFA) thanks you for the opportunity to present this testimony on behalf of military families. We thank you and the Members of this Distinguished Subcommittee for your attention to issues affecting the quality of life of servicemembers and their families and for your understanding of the link between quality of life and the retention of a quality force. We thank you, especially, for your efforts in the 107<sup>th</sup> Congress, which included:

- A pay package that provided an across-the-board increase of 4.1% and targeted increases up to 6.5%;
- Funding increases for the Basic Allowance for Housing (BAH) to decrease average out-of-pocket costs for the DoD standard for each grade to 7.5 percent;
- Improvements and adequate funding for the Defense Health System, including a needed change in eligibility for TRICARE Prime Remote;
- Appropriation of \$30 million in DoD supplemental Impact Aid funding for civilian schools serving large numbers of military children, as well as additional funding to help them serve military children with special education needs; and
- Permanent authority for DoD to provide additional family support, child care, and youth programs, especially for families of deployed servicemembers.

These improvements have not gone unnoticed or unappreciated in the military community. NMFA believes, however, that the most important message we can bring to you today is that these improvements are not enough. The critical issues facing military personnel and families prior to September 11, 2001—pay, housing, health care, family support, and education for their children—have not gone away. The families we represent, including our 120 installation NMFA Representatives who report to us regularly, say they recognize the support the Congress has given them over the past few years and see the very real benefits of your actions. They also tell us, however, that military families today face great challenges.

Military families are resilient, show amazing strength of spirit and energy in times of crisis, and understand the importance of the jobs their government is asking their servicemembers to perform. They understand the risks of life in today's military and will support the servicemembers, their country, and each other however they can for as long as a crisis lasts. Unfortunately, many have been providing this support for a very long time, without much relief. In recent testimony, the Chief Master Sergeant of the Air Force, Gerald Murray, described the concern he hears in every visit with airmen about the effects of the high operations tempo: "Wherever I go, our airmen clearly demonstrate to me they're highly motivated and ready, but they're also tired." NMFA believes that CMSAF Murray's statement about the airmen he met also most accurately sums up the state of military families today: supportive of the mission, but tired, and growing more so.

NMFA endorses the provisions as outlined in the testimony submitted by The Military Coalition, which provides a wide-ranging discussion of the issues affecting our active and reserve component military personnel, retirees, and their families and survivors. In this statement, we will expand on some of the most urgent needs of military families as they support a wartime military mission, including: family readiness, the special challenges facing families of mobilized National Guard and Reserve members, health care, family member education, and child care.

### ***Family Readiness in Time of War***

The all-volunteer military today is predominantly a young, married force with children. Currently, 53 percent of the military is married and studies show that military members tend to marry younger and begin to have children at a younger age. Nearly one million children, or 73 percent of all military children, are under age 11; 40 percent are five years of age or younger. Approximately 6 percent of military members are single parents, ranging from a low of 3 percent of Marines to a high of almost 8 percent of Army members.

Today, the military family's lifeline—its community—is feeling the strain that comes from multiple missions with no end in sight. Family services are important even to an installation not pressured by high perstempo or war-related deployments. Family centers, military chaplains, and installation mental health professionals help ease the transition to the military environment for newly-arrived families. They provide financial counseling, information on accessing local social services, parenting classes, opportunities to learn about the community, as well as opportunities to volunteer to help others. Military youth programs offered by installation youth services and chaplains provide meaningful activities for many military youth, especially in the vulnerable preadolescent years. Additional services set up to support families when units deploy include counseling services, e-mail and video teleconferencing centers, and special family activities. These services ease the strain of deployment for families left behind and reassure the servicemember of the family's well-being.

Too often, the funding provided for contingency operations does not include enough for the support services needed at home. Essential family support includes the proper staffing and funding for MWR programs at the home installation. During the early years of the Bosnia operation, NMFA heard from families in Germany that installation MWR programs were cut back in order to make more resources available for the servicemembers in Bosnia. While pleased that deployed servicemembers had access to a wide range of MWR programs, families faced shortened hours for bowling alleys, swimming pools, and other activities they depended on to keep children active and their attention diverted from their separation from the service member. NMFA hopes that the current deployments will not again pull key MWR personnel and resources out of communities that rely on the services they provide. Commanders should not have to choose between funding recreation programs for deployed servicemembers or for the servicemembers' children at a time when, as one military spouse told NMFA, we "have the stress of a deployed spouse, single-parenting stressed-out kids, no maintenance on our quarters, lots of 'isn't this war horrible' news and demonstrations and all the 'normal' deployment stresses." This spouse said what we've heard from many other families: "Keeping the quality of life programs viable is necessary to counter depression, horrid morale, and ultimately prevent soldiers from getting out due to the discontent of their families."

NMFA is grateful to Congress for granting DoD permanent authority to provide additional child care, education, and youth services to families of servicemembers deployed or ordered to active duty in connection with Operation Enduring Freedom and other contingency operations. The intent of this provision was to ensure that DoD had the authority not only to provide the types of family support services provided during the Persian Gulf War, but whatever new types of support services are needed in the current environment. Some resources for

information and support are more accessible now, thanks to the Internet and e-mail, than they were in Desert Storm and more units have family readiness groups with a network of better-trained volunteers than those who rallied to support the troops and each other in Desert Storm. Desert Shield and Desert Storm came at the end of a decade of military build-up and increased resources, but by the end of the war, most observers noted that the family support structure was stretched to the end of its limits. The current operations tempo began at the end of a decade of military downsizing and increased missions. Many volunteers and installation support staff were already strained before September 11, 2001—NMFA wonders where the back-up is for these dedicated front-line family support workers when we will need to rely on them for a long term measured in years rather than months.

NMFA applauds the Office of Military Community and Family Policy in the Office of the Secretary of Defense (OSD) for its creation of a Joint Family Support Contingency Working Group to promote better information-sharing and planning among OSD and the military Service headquarters family support staff, including the reserve components. NMFA appreciates the invitation to participate in this working group, an innovative concept that grew out of the successful collaboration in the operation of the Pentagon family assistance center after the attack on the Pentagon. The working group recognizes that most military families live off-base and is encouraging better communication and new ways of helping families that are not all centered on an installation family center. NMFA has long promoted more outreach by family centers and installation support personnel into the civilian communities where most military families live so that family members unable to get to the installation for these programs can still receive the assistance they provide. The possibility of further incidents that could heighten the demand for support programs while, at the same time, causing installations to restrict access makes this outreach even more imperative. We are encouraged that outreach to all families is now a high priority.

One new vehicle for communicating with family members and helping them access assistance when needed wherever they are located is being tested by Marine Corps Community Services (MCCS). The new program “MCCS One Source,” provides 24 hour-a-day, 7 days-a-week, telephone and online family information and referral, situational assistance, and links to military and community resources. Since February 1, the service has been available to active duty and Reserve Marines and their family members. The Army has also made this service available to soldiers and families at select installations. Employee Assistance Programs such as “One Source” provide an accessible source of information for service members and families and, if properly coordinated with other support services, should allow Service family support professionals to devote more time and attention to supporting unit volunteers and assisting families with more complicated problems.

NMFA also applauds the high quality coordination between the religious ministries and many MWR and other family support programs. Religious ministries are active participants in the life of military communities. Religious youth programs, for example, supplement the program offerings available from the Youth Centers and are highly-praised in many communities. Religious programs also draw retirees and their families back to the installations. A program offered by Army Chaplains, “Building Strong and Ready Families” is targeted at improving relationship skills and assisting initial-entry soldiers and their families with making

the transition into military culture. The skills gained through this program support both mission readiness and strong families. Coordination between chaplains, their staff, and other recreational and support programs enhances the stability of the military communities. Unfortunately, military judge advocates have indicated that current guidelines, regulations and laws do not establish clear authority for the use of appropriated funds to pay for soldiers and immediate family members' meals, lodging, transportation, conference fees, and other expenses associated with command-sponsored, chaplain-lead training and conferences. The FY 2003 Defense Appropriations Act contained a provision clarifying the legal authority surrounding the use of appropriated funds in supporting military chaplains' programs for strong and ready families. NMFA requests that this Subcommittee make this language permanent in the FY 2004 Defense Authorization.

One very necessary improvement needed in the family support arena is closer collaboration between all the various helping individuals and agencies who assist in the development and maintenance of strong emotional and mental health in both individuals and families in the military community. As was seen in the Fort Bragg (NC) domestic violence cases during the summer of 2002, not all military family members or servicemembers make use of the counseling and support services available to them. While the TRICARE benefit is rich by the standards of many health plans, it does not have a preventive care component. For TRICARE to pay for services, there must be a medical diagnosis, thus discouraging many family members from seeking care. Many members and families also believe that seeking counseling services through military programs may harm their careers or that these services are only intended for families identified as having problems. The authors of the report examining the Fort Bragg domestic violence incidents noted that the various agencies that could have provided support to the servicemembers and families do not often coordinate their activities. Medical personnel, family centers, chaplains, schools, and local civilian agencies must communicate and work together to help families deal with stress and promote better mental health. NMFA also believes that the TRICARE mental health benefit must include a wider range of preventive care services. Just as the TRICARE medical benefit covers preventive services such as well baby checks, immunizations, and mammograms in order to prevent beneficiaries from getting sick and needing more costly care, so should the mental health benefit be geared toward helping beneficiaries learn how to cope with stress and improve their well-being so that they do not need more costly outpatient care. An emphasis on emotional health rather than treatment may also make beneficiaries more likely to seek appropriate services earlier.

**NMFA applauds efforts to enhance inter-Service coordination on family support and readiness issues and to leverage technology and the best practices in the civilian sector to provide easily accessible information and referral to families regardless of geographic location. Since quality family support contributes to the readiness of the mission, NMFA believes that the cost of family support must be factored into the cost of the contingency and appropriate funding budgeted and provided upfront. NMFA also requests that the Services receive the authority to allow appropriated funds to be used to support command-sponsored family training and conferences conducted by military chaplains.**

### ***National Guard and Reserve Families***

As of March 5, 176,533 National Guard and Reserve members were on active duty in support of contingency operations around the world. Our Guard and Reserve families are meeting the challenge of our rapidly-changing times and increasing military demands with varying degrees of success. While many of the challenges they face are similar to those of active component families, these families must face them with a less-concentrated and mature support network and in many cases without prior experience with military life. Although there is much talk within OSD and the Services about the “total force” comprised of the active and reserve component melded together to accomplish the mission, NMFA hears from Guard and Reserve families that the “total force” concept has not yet fully reached the family support arena.

Unlike active duty units located on one installation with families in close proximity, reserve component families are often miles from the servicemember’s unit. Therefore, when the unit conducts a pre-deployment briefing, family members are not afforded an opportunity to attend unless they pay their own way. NMFA has heard the frustrations family members experience when trying to access information and understand their benefits. The lack of accurate benefit information and unrelenting communication difficulties are common themes among Guard and Reserve families.

NMFA thanks the state family readiness coordinators and unit volunteers for helping to provide family members with basic information. Unfortunately, some units do not have adequate programs because of the lack of volunteers. Additional family readiness staffing and support for the unit level volunteers during emergency contingencies could ensure information is forwarded the families who are unable to attend unit briefings. Guard and Reserve unit volunteers, even more than many of their active duty counterparts, are stressed because of the numbers of families they must assist and the demands placed on them. At the very minimum they ask for funding for child care to enable them to more efficiently perform their expected tasks. Funding to enable families to attend a pre-deployment briefing would also help strengthen the ties between the units and the families and the families with each other.

DoD has developed several key initiatives that address the needs of Guard and Reserve families. NMFA applauds this effort, but there is still much to be done. For example, the OSD Reserve Affairs office maintains an excellent website. Its Family Readiness Toolkit and Deployment Guide provide practical information; however, many families report it difficult to use. Guard and Reserve families ask for standardized materials that are appropriate to all services, so that if an Army Reserve member happened to live close to a Navy installation, he or she would understand how to access services there. The establishment and funding of a joint Family Readiness program would facilitate the understanding and sharing of information between all military family members within any single community. NMFA suggests that DoD also strengthen and perhaps formalize partnerships with national organizations such as the American Red Cross and U.S. Chamber of Commerce to enlist their assistance through their local chapters in setting up community-based support groups for military family members. The groups could include not only spouses and significant others of deployed members, but also the parents of servicemembers. Involving the local community leaders in setting up these support groups would address two of the common concerns expressed by some of these isolated families:

the feeling that they are the only families in town going through the strain of deployment and the sentiment that people not associated with the military do not appreciate their sacrifice.

Through our contact with Guard and Reserve families and family support personnel over the past year, NMFA has heard wonderful stories of individual states, units, and families caring for and supporting each other. NMFA is aware of leadership involvement at all levels to help ease the challenges faced by servicemembers and families. NMFA is especially proud of the efforts of the Employer Support for Guard and Reserve (ESGR) as an advocate for the reserve component member facing employment issues. ESGR is encouraging employers to set up their own family support programs and to provide information to employers and their other employees about the legal rights of reserve component members. By providing this information in the workplace, ESGR is helping civilian communities gain a better understanding of the valuable role the Guard and Reserve play in the defense of our nation.

Compensation issues continue to be of paramount concern among Guard and Reserve members. Many have taken cuts in pay, without their employer volunteering to pay the difference between their civilian pay and the Guard or Reserve salary. In addition to earning less, some Guard and Reserve members have experienced some problems with pay processing. For some families, the delay in receiving a paycheck has led to overdue payments on bills, and occasional threats to foreclose on their mortgage or turn them over to collection. Pay and personnel systems for activated Guard and Reserve members must work in coordination so families do not have to deal with bill collectors.

**The cost of meeting unique family readiness needs for National Guard and Reserve families must be calculated in Guard and Reserve operational budgets and additional resources provided. These resources must include support, training, and assistance with some of the costs incurred in the course of their duties by unit family readiness volunteers. DoD must partner with other organizations and explore new means of communication to provide information and support to geographically dispersed Guard and Reserve families.**

### *Health Care Gains for Military Families*

After a rocky start over several years, the TRICARE system is providing most of the promised benefit for most active duty military families. Recent legislative provisions have improved the benefit, especially by providing the correction to the TRICARE Prime Remote Program enabling family members in the program to maintain eligibility when the servicemember receives orders for an unaccompanied assignment overseas. NMFA is waiting for news of how the new provision opening Prime Remote to family members of activated National Guard and Reserve members will be implemented. We are concerned, however, that the legislation made these family members eligible for Prime Remote if the servicemember is on active duty orders of more than 30 days while Guard and Reserve families living in areas where Prime Remote is not available can only receive the Prime benefit if the servicemember has orders for more than 179 days. NMFA believes that a goal for the Department of Defense and Congress should be that active duty families--all active duty families—must have access to the cost savings of the TRICARE Prime benefit.

NMFA is also pleased to report that the partnership established between the DoD Office of Health Affairs, the TRICARE Management Activity (TMA), and the beneficiary associations continues, to the benefit of both beneficiaries and the Department. NMFA appreciates the information received in these meetings and the opportunity for dialogue with the persons responsible for managing DoD health care policies and programs. Through this collaboration, NMFA and other organizations have been able to raise areas of concern, provide feedback on the implementation of new programs and benefits, and help to provide better information to beneficiaries about their health care benefit.

### ***Health Care Challenges Remain***

However grateful we are for recent benefit improvements, program implementations, and for the increased opportunities for beneficiary input, NMFA remains apprehensive about several issues: funding, beneficiary access to health care, the implementation of a new generation of TRICARE contracts, and the ability of National Guard and Reserve families to transition easily into TRICARE when the servicemember is called to active duty. Although the FY 2004 budget request calls for what is believed to be an accurate level of funding for the Defense Health Program, NMFA urges this Subcommittee to continue its efforts to ensure full funding of the entire Defense Health Program, to include meeting the needs for military readiness and of both the direct care and purchased care segments of TRICARE.

Although recent TRICARE surveys highlight improvements in beneficiary access to care, NMFA continues to hear of problem geographic locations and scenarios that point to unresolved access issues. TRICARE Prime beneficiaries, including active duty members, continue to tell NMFA they are unable to obtain an appointment at their Military Treatment Facility (MTF) within the Prime access standards. At some locations, we suspect that the full range of resources needed for MTF optimization have not been provided; we have also been concerned about reports of staffing shortages within military Service health care specialties. At other locations, we suspect the problem is rooted in the alternative financing provisions in the TRICARE regional contracts. In TRICARE Regions 1, 2, and 5, the contract calls for the MTF rather than the managed care support contractor to pay for care received by a Prime beneficiary enrolled to the MTF who must be sent for care in the civilian sector. The TRICARE Prime access standard for a specialty appointment is thirty days. Beneficiaries tell us, however, they often are told by clinics and appointment clerks at the MTFs that appointments are not available and that they should “call back next month.” They are not offered the option to schedule an appointment with a TRICARE network provider downtown. They report that when they use the magic words “access standard” or ask to be referred to a civilian provider, an appointment often becomes available. NMFA is concerned that the alternative financing contract provision creates a barrier to the cooperation needed between the MTF and the managed care support contractor to ensure beneficiaries receive care within TRICARE Prime access standards.

Today, NMFA’s greatest concern about access is prompted by reports from the field that the deployment of military medical personnel is causing more MTFs to exceed the promised access standards for families enrolled in TRICARE Prime. Access standards are part of the promise made to servicemembers and their families when they accepted enrollment in Prime. The public-private partnership of TRICARE was specifically set up so those enrolled could be referred to civilian providers when access standards could not be met using military providers.

We strongly believe that allowing access standards to go by the wayside, even for a short period of time, has the potential to negatively harm the readiness of military members who are deployed. A soldier in the field who receives an e-mail from his or her spouse that the MTF has no appointment for their six-month old child cannot focus completely on the military mission!

When MTFs cannot meet access standards due to the deployment of personnel and are unable supplement their staffs with reserve component members or contract providers, they must work with the managed care support contractors to enable their beneficiaries to obtain care in the civilian sector. A robust civilian provider network is essential in ensuring that the TRICARE public-private partnership works as intended. Although the TRICARE contractors' lists of network providers in many communities seem adequate at first glance, beneficiaries who call these providers for an appointment are often told that they are taking no new TRICARE patients. MTF commanders and the managed care support contractors must work together to ensure that the proper provider mix is available in the community to handle patient demand. MTF staff must also understand the importance of the agreement made with Prime patients to provide care within the access standards. Anecdotal evidence suggests to us that Prime beneficiaries are more likely to be referred to the civilian sector for care within access standards when appointments are made through the managed care contractors. Prime patients should not be asked to delay health care simply because their MTF has deployed staff; families are already supporting the war effort in countless other ways. Where civilian assets exist in the network, they should be used. Where the number of civilian providers is too small to handle the overflow, MTFs must be provided the staff and other resources needed to provide this care in house.

This scarcity of providers is not just a problem for TRICARE Prime patients. Beneficiaries using TRICARE Standard also report that providers are unwilling to have too high a proportion of TRICARE patients in their caseloads. Providers cite problems with TRICARE claims processing, low reimbursement rates, and the hassles associated with becoming authorized as a TRICARE provider as reasons not to participate. Beneficiaries look both to DoD and the TRICARE contractors to ease the administrative burden on providers, fix the claims problems, and ensure that reimbursement rates are set at the proper level. On paper, TRICARE is a very robust health care program and benefit compared to many other insurance plans; however, a robust benefit is no benefit if the beneficiary cannot find a provider willing or able to provide the needed health care.

As we watch DoD prepare to implement a new round of TRICARE contracts, NMFA is concerned that some of the issues affecting beneficiary access, provider satisfaction, and costs to the government may remain unresolved. A clear line of command and accountability must be established so that beneficiaries with problems accessing care or with concerns about the quality of their care can be assured their problem will be fixed. Both MTFs and civilian contractors must be held to high standards for meeting access standards. Beneficiary and provider education must be consistent across regions and must include information not just for Prime beneficiaries and network providers, but also for TRICARE Standard beneficiaries and non-network providers. Although DoD has made progress in improving portability and providing a uniform benefit across the regions, the elimination of regional differences and barriers to portability remains a challenge for the new round of contracts.

**As the military Services deploy medical personnel to support overseas missions, beneficiary access to health care must be maintained. Robust provider networks and adequate reimbursement levels to encourage providers to treat TRICARE Standard beneficiaries are needed in the purchased care segment of TRICARE to provide care to beneficiaries unable to obtain care within the MTFs. In the new TRICARE contracts, the rules governing beneficiaries' access to the TRICARE benefit must be standardized across all regions and communicated in multiple formats to beneficiaries and providers.**

### *Health Care for Guard and Reserve Families*

Accessing providers willing to accept TRICARE patients and understanding the benefit and the rules inherent in the military medical system are especially worrisome issues for some of TRICARE's newest beneficiaries: the families of Guard and Reserve members called to active duty. The varieties of Guard or Reserve orders, the complexities of the TRICARE system, and the geographic dispersion of a unit's members and families combine to make communication about the benefit and access to assistance when there is a problem very difficult. TRICARE contractors and representatives of the TRICARE region Lead Agents routinely conduct TRICARE briefings for members of units about to mobilize; unfortunately, in most cases, family members—the people who will actually have to deal with the system once the servicemember deploys—are not in attendance. If the servicemember lives in a different TRICARE region from where his or her unit is located, he or she will receive the wrong region's information for the family at the briefing. A servicemember's enrollment in Prime at his or her mobilization site can also have consequences for family members' options for and costs of receiving care.

DoD eased the transition of Guard and Reserve families into TRICARE by creating a demonstration project to help patients maintain the continuity of care and continue seeing the family's civilian doctor at minimal cost. Many families have not heard about the demonstration, and thus are unable to make an informed choice about whether to join TRICARE Prime, the lowest cost option in TRICARE. Because Prime is managed care, and Prime patients must go to a provider in the Prime network, the patient may not be able to continue to see their current doctor. The pregnant spouse of a Guard or Reserve member activated for over 179 days should be offered the option of remaining in TRICARE Standard (with no deductible and higher reimbursements under the demonstration) so that she could stay with her civilian doctor even if the doctor is not part of the TRICARE network. Unfortunately, because all families are not being told about this option, some women are signing up for Prime, and then told in the middle of their pregnancies that they must switch providers.

NMFA believes that activated Guard and Reserve members and their families deserve access to the same TRICARE benefit as any other active duty families. We urge this Subcommittee to ensure that legislative barriers to this access be eliminated and that it direct DoD to remove regulatory barriers, such as the 179-day requirement for eligibility in TRICARE Prime. NMFA also believes that the continuity of the health care provided to many families of activated Guard and Reserve members could also be enhanced if DoD could do on a larger scale what it is already doing for its own civilian employees who called to Guard or Reserve duty: paying the cost of their civilian premiums.

Because of the complexity of the TRICARE system, Guard and Reserve families need accurate information tailored for their needs. The number one complaint NMFA hears from Guard and Reserve families about TRICARE is that they do not understand it and thus may be making costly or unwise decisions about how to obtain health care once the servicemember is activated. NMFA applauds the efforts of the TRICARE Management Activity, regional Lead Agents, and the managed care support contractors for their educational efforts to the Guard and Reserve population and have been working with them to ensure that both servicemembers and their families receive understandable, accurate, and appropriate information concerning their TRICARE benefit and how to use it. NMFA believes that every TRICARE region's Lead Agent should have a Guard and Reserve liaison to improve the flow of accurate information to beneficiaries and provide a reliable source of assistance should beneficiaries experience difficulties.

**All families of National Guard and Reserve members mobilized for more than 30 days should have access to a Prime-like benefit or the option of remaining in their civilian health care plan, with premiums paid by the Department of Defense.**

### *Supporting the Schools that Support our Children*

Congressional assistance for schools—both DoD and civilian—that educate military children will be very important this year. Schools' mission to ensure military children are focused on learning became more complicated with the terrorist attacks and the subsequent deployments. Children are affected by the absence of a parent, even when the parent is just on a civilian business trip. Knowing the parent is away on a military mission that is featured on the nightly news adds tremendously to the stress for the child. Children under stress may "act out" in class or may not be able to concentrate on school work. The uncertainty of deployment length and, in some cases, the uncertainty about the whereabouts of the deployed member raises the stress level even further. Fears about possible further terrorist acts in the United States make things worse as children ask: "Why did Mom or Dad have to leave when we might be in danger here?"

NMFA thanks this Subcommittee for its support of schools operated by the Department of Defense Education Activity (DoDEA). DoD schools have received a wealth of favorable publicity during the past year on their test scores, minority student achievement, parent involvement programs, and partnership activities with the military community. The quality of these schools is a testament not only to the generous support provided by the government, but also military families' commitment to quality education. Reports of DoDEA cutbacks, necessitated by across-the-board rescissions within DoD, raised concerns among parents of children in DoD schools that the traditional high level of support services and program offerings might not be available just when they are most needed. We ask this Subcommittee to help ensure that DoD schools have the resources necessary to provide quality education to military children in this difficult environment.

Because approximately 80 percent of military children attend civilian public schools, NMFA is also grateful for Congressional support of quality education for these children and their civilian classmates. Congressional authorization and appropriations for DoD funding to supplement Impact Aid, and the additional funding for schools educating severely-disabled

military children, helps those districts most affected by the military presence. Given the continued underfunding of the Impact Aid program as well as the demands placed on these schools and the children they serve, NMFA recommends this funding be increased to \$50 million for FY 2004, with at least 10 percent designated to support districts educating severely-disabled military children. NMFA also encourages the Members of this Subcommittee to communicate the importance of quality schools in the military community to others in Congress and seek inclusion of Impact Aid funding for all categories of military students in the FY 2004 Budget Resolution. Now, in the wake of increased deployments and state education budget crises, is not the time to add to military parents' stress level by threatening to pull funding away from their children's schools!

Schools near military installations that educate many military children understand what happens in a deployment situation, but need to ensure that additional counseling and other resources are available to help. They often have access to family support personnel at the installation for assistance. On the other hand, schools with children of now-activated Guard and Reserve members are often dealing with "military children" for the first time and are doing it without that safety net of the installation family center, chaplains, health professionals, and counselors. While there have been some recent stories in the press about school personnel who have harassed or allowed the harassment of military children in their charge, NMFA knows that most school personnel are doing whatever they can to help children during this difficult time. They are calling us, looking for resources on how to set up support groups for children and families or on how to be aware of problems associated with a parent's deployment. Usually, the stresses facing families did not originate with the schools; however a school's inability to support a child through the stresses will affect that child's ability to learn. School can become the one stable element in a family's life during a deployment.

NMFA also urges Congress to be aware that several school districts—both DoD and civilian—are also facing challenges caused by the DoD initiative to privatize military family housing. As more housing for military families is built either on a military installation or in a part of the civilian community, the school district serving that committee may see shifts in enrollment and be called upon to provide more school facilities. NMFA believes that DoD and the Services must share in the solution to the school facility problem caused by the privatization initiative. Many schools will not have the resources to provide adequate school facilities or even buses to move children from the new housing to existing schools within the shortened construction timeline under the privatization ventures. NMFA believes that the increase in the DoD supplement to Impact Aid we have proposed could help school districts deal with facility or transportation needs caused by housing privatization. Additional funding may also be needed for DoD schools at CONUS installations undergoing privatization.

**NMFA urges Congress to ensure that the schools educating military children have the resources they need to provide high quality education in a secure setting. They must also have the resources to provide counseling and other assistance to students and families and training to teachers on the issues facing families of deployed servicemembers.**

### ***Military Child Care***

The military's child care system remains the national benchmark against which other programs are measured. High rates of accreditation, quality facilities, and well-trained staff are a testament to the priority given military child care by Congress and DoD. Despite considerable progress, NMFA sees some continuing challenges for DoD in meeting the child care needs of the force without breaking the bank or compromising quality. Approximately 63 percent of military spouses are in the work force. Dual-military members with children make up 2.5 percent of the force; 6.1 percent of service members are single parents. In 2002, the Services met approximately 65 percent of the reported child care need and expected to meet only 80 percent of that need by 2007.

NMFA hears of ever-increasing demand for child care and youth services from servicemembers and families. In recent testimony, for example, Sergeant Major of the Army Jack Tilley noted that during 2002, 27 percent of enlisted soldier parents reported lost duty time due to a lack of child care. Demand is especially growing for after-hours care or care closer to families' homes off the installations. Some installations have responded with extended duty child care, both at Child Development Centers and in Family Child Care homes, or are even waiving families' co-payments for these extended hours. As of September 2002, the Marine Corps, for example, had approved installation requests totaling more than \$200,000 to support child care needs resulting from Operation Enduring Freedom and related contingencies.

Child Development Centers and Family Child Care homes, however, cannot meet all of the need, especially for families living off the military installation. Most Guard and Reserve families do not live near a military installation where they can access a military Child Development Center, even if it had space for their child. Approximately 53 percent of Selected Reserve members are married with children; 5.4 percent of reserve component members are single parents, compared with 6.2 percent of the active force. When the service member is not home to help care for children, the family needs more child care. In some cases, military spouses are quitting their jobs or dropping out of school because they cannot find the child care they need at an affordable rate.

Since 2000, DoD has had the flexibility to increase the availability of child care and youth programs through partnerships with civilian agencies and other organizations. The Services set up pilot programs to take advantage of this flexibility and obtain more care for children off the installation; however, less than 10 percent of DoD child care is provided off-base. Guard and Reserve families, as well as active duty families living and/or working longer distances from an installation need assistance not just with finding quality child care near their homes, but also in paying for that care. When a military family enrolls their child in a military Child Development Center or Family Child Care home, the cost of that child's care is shared between the government through appropriated funds and the servicemember. When a military family who cannot access child care through the military places their child in a civilian child care facility, that family bears the entire cost.

Because the reserve components are essential to today's military mission, the child care needs of activated Guard and Reserve members must be calculated in DoD estimates of demand for child care services and assistance must be given to these families in accessing child care. This

should start with referral services, but will probably also need to include subsidies for certain members. Another possible way to assist servicemembers in paying for child care would be to set up flexible spending accounts through which military families could pay child care expenses with pre-tax dollars.

**NMFA urges DoD to intensify its efforts to increase access to child care for military families unable to use Child Development Centers and Family Child Care providers located on military installations. NMFA urges Congress to provide the resources necessary to assist families of all servicemembers called to support contingency operations in accessing and paying for necessary child care services.**

### *SSI and the Costs of Service*

Supplemental Security Income (SSI) is a special monthly payment from the Social Security Administration based on disability or blindness for persons with limited income and resources. Children under age 18 who are disabled or blind and have limited income and resources are also eligible. In many states, qualification for SSI automatically enables recipients to qualify for extended Medicaid services for the disabled. Some of the approximately 78,000 military family members enrolled in the Exceptional Family Member Program also qualify for SSI. Military families report that, while they appreciate the extra income, the real benefit to SSI qualification is that their disabled child can receive Medicaid. In many states, Medicaid will cover items such as personal care support, respite care, medical supplies, and certain therapies that TRICARE does not provide. Although TRICARE pays first for covered benefits for military beneficiaries, Medicaid is the safety net that enables these families to receive the extra support they often need to support the disabled child at home.

Because SSI eligibility is income-based, the complexities of the military pay and allowance system often create difficulties for families in qualifying for SSI or for retaining the payments and the accompanying Medicaid services. Families understand why they might lose certain safety net benefits as they receive pay raises. What puzzles them and NMFA is why they lose SSI benefits because of a DoD requirement related to the servicemember's service. Two DoD requirements currently threaten some of the most vulnerable military families' eligibility for the services they need. When military housing is privatized, by law, the servicemember must be paid Basic Allowance for Housing (BAH). When the BAH shows up on the servicemember's Leave and Earnings Statement (LES), it appears that the family income has increased even though the family is living in the same house and the BAH is immediately paid as an allotment to the developer of the housing for rent. Other military members find that, when they are deployed on contingency missions, the additional allowances and special pays, such as Family Separation Allowance and hazardous duty pay, will also remove the child from SSI eligibility.

Military families are not asking for more benefits than those to which they are entitled. They believe, however, that a DoD requirement such as payment of BAH for privatized housing or orders to deploy in service to their country should not disqualify their disabled child from receiving the services he or she needs. Servicemembers look for Congress to understand that their child should not be penalized by their military service.

**NMFA urges this Committee to work with Committees with oversight over Social Security to help protect servicemembers with severely- disabled family members from losing access to SSI and other safety net programs and benefits when their income is changed due to requirements of the Department of Defense.**

### ***Military Spouse Employment***

NMFA looks forward to seeing the DoD report requested in the FY 2002 NDAA and still owed Congress on the status of military spouse employment programs. A military spouse's ability to gain job skills and maintain a career despite multiple moves contributes to the financial well-being of the military family and its satisfaction with military life. A spouse who is provided with opportunities for employment and career advancement will be more likely to encourage the servicemember to remain in the military. Conversely, the prospect that the spouse would have to give up a good job—found with difficulty—and start over again after the next move with no assistance in finding employment may prompt a family decision that the servicemember should leave the military. NMFA is not asking DoD to create a jobs program for every military spouse; DoD is needed most to facilitate the transition of mobile military spouses into already existing opportunities and to target efforts where spouses are having the greatest difficulty accessing educational programs or employment.

Sixty-three percent of military spouses are in the labor force, including 87 percent of junior enlisted spouses (E-1 to E-5). The loss of the spouse's income at exactly the time when the family is facing the costs of a Permanent Change of Station move is further exacerbated when a spouse is unable to collect unemployment compensation due to provisions of state laws. In many states, the military spouse is not eligible to collect unemployment compensation when unemployment is due to the servicemember's change of duty location. States frequently determine that the decision of a military spouse to move with the servicemember is a "voluntary quit" and the benefit is denied. Spouses need the assistance of the military leadership and possibly friends in Congress to help raise the level of awareness about the inequities of these determinations so that more states will approve unemployment compensation for military spouses.

### ***Former Spouse Protection Act***

NMFA supports the proposals included in the 2001 DoD report on the Former Spouse Protection Act (FSPA), including changes to make the treatment of survivor benefits fairer to both the current and former spouse. For example, under current law if a former spouse is awarded benefits under the Survivor Benefit Plan (SBP), a current spouse is not also eligible for SBP. NMFA recommends the Subcommittee approve a prospective provision to permit multiple payments of SBP based on a proportional share of the retired pay received by the former spouse(s) and the retiree. Thus, if the former spouse is awarded 50% of the retired pay, a retiree may make an election to award the remaining 50% to the current spouse. NMFA supports a related proposal to permit a former spouse to waive SBP coverage. Also under current law, even if the retiree and spouse agree and the court issues an order directing that SBP premiums be withheld from the former spouse's share of retired pay, the Defense Finance and Accounting System (DFAS) will not honor the court order. NMFA recommends a change in statute to direct DFAS to honor such court orders. Finally, under FSPA, DFAS must be properly served with an SBP selection in a divorce decree within one year of divorce or SBP is forever waived. NMFA

recommends repeal the so-called one-year deemed election period to permit a former spouse to obtain SBP coverage beyond the one-year limitation.

We also encourage this Committee to seriously consider providing medical, commissary, and exchange benefits to 20-20-15 spouses. These former spouses were, for the most part, married to enlisted members and often have low incomes and a real need for opportunities for savings on the necessities of life. As referenced in The Military Coalition's testimony, NMFA strongly opposes any provision that would impose restrictions on retired pay awarded as property to former spouses in a divorce, such as limiting the number of years they could receive the retired pay. We believe the DoD proposal of basing property awards on the servicemember's rank and years of service at the time of divorce rather than time of retirement more accurately and fairly considers the length of marriage.

### ***Tax Relief for Military Families***

NMFA is pleased that legislation is before the Congress that would correct the oversight in the 1997 tax law that changed the capital gains on the sale of a personal residence without providing specific remedies as the previous law had done. We certainly hope that this year will finally see the oversight corrected.

### ***Military Families and Communities—Ready to Meet the Mission***

Members of the Uniformed Services—active and reserve component—are doing the nation's work today all over the world. They ask the nation to give them the tools they need to do that job: equipment, training, and leadership. They also look to the nation for recognition that their job is not nine to five and that it involves their families in ways few other jobs demand. Military members and their families want the nation to understand that the military family drives retention decisions, that the family's quality of life is a readiness requirement, and that even a community as strong as the military community will fall apart if it is asked to do too much with too little for too long. They also look to the nation to understand that quality of life is not just about pay. It is about having a safe, well-maintained place to live. It is about access to quality health care without bureaucratic complexities. It is about a quality education for children. It is about meeting the aspirations of a spouse for a career and a couple for a secure retirement. It is about respect for a job well done.

We thank this Subcommittee and Congress for your advocacy for pay and benefit improvements necessary to retain the quality force that now protects our homeland and wages war against terror. Your actions have helped to rebuild military members' trust and to ease the crisis in recruiting and retention. We ask you to remember that in time of war, even more than during peacetime deployments, mission readiness is tied to servicemember readiness, which is tied to family readiness. The stability of the military family and community and their support for the force rests on the Nation's continued focus on the entire package of quality of life components. Military members and their families look to you for continued support for that quality of life. Please don't let them down.