

Statement of

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The National Military Family Association (NMFA) is the only national organization whose sole focus is the military family and whose goal is to influence the development and implementation of policies which will improve the lives of those family members. Its mission is to serve the families of the seven uniformed services through education, information and advocacy.

Founded in 1969 as the Military Wives Association, NMFA is a non-profit 501(c)(3) primarily volunteer organization. NMFA today represents the interests of family members and the active duty, reserve components and retired personnel of the seven uniformed services: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service and the National Oceanic and Atmospheric Administration.

NMFA Representatives in military communities worldwide provide a direct link between military families and NMFA staff in the nation's capital. Representatives are the "eyes and ears" of NMFA, bringing shared local concerns to national attention.

NMFA receives no federal grants and has no federal contracts.

NMFA's web site is located at <http://www.nmfa.org>.

Joyce Wessel Raezer, Director, Government Relations

Joyce joined the staff of the Government Relations Department of the National Military Family Association (NMFA) as a volunteer in September 1995. In February 1998, she was selected for the paid position of Senior Issues Specialist and subsequently served as the Department's Deputy Associate Director and Associate Director before being promoted to Director in December 2001. In that position, Joyce monitors issues relevant to the quality of life of the families of the uniformed services and represents the Association at briefings, hearings, 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. 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.

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 23 years and mother of two children, she has lived in the Washington, D.C. area (4 tours), Virginia, Kentucky, and California. She is a former teacher and was elected to the Fort Knox (KY) Community Schools Board of Education in 1993, serving until August 1995. She is an active volunteer parent in her son's school in Fairfax County, Virginia, and sings in her church choir.

Mr. Chairman and Distinguished Members of this Subcommittee, the National Military Family Association (NMFA) would like to thank you for the opportunity to present testimony on quality of life issues affecting servicemembers and their families. NMFA is also grateful for your leadership in the 108th Congress in:

- Making increases in the Family Separation Allowance and Imminent Danger Pay permanent.
- Ending the age-62 Survivor Benefit Plan offset.
- Providing funding to support the education of military children.
- Including quality of life factors in considerations regarding commissary closures.
- Allowing the “Families First” re-engineering of the DoD household goods movement process to continue on schedule.

As a founding member of The Military Coalition, NMFA subscribes to the recommendations contained in the Coalition’s testimony presented for this hearing. We especially endorse the Coalition’s recommendations to:

- Eliminate the Dependency and Indemnity Compensation (DIC) offset to SBP.
- Enhance education and outreach to improve military family readiness and support families of deployed active duty, National Guard, and Reserve servicemembers.
- Gradually adjust grade-based housing standards used to determine Basic Allowance for Housing to a more realistic and appropriate level reflecting the responsibilities and seniority of each pay grade.
- Increase household goods weight allowances for mid-grade and senior enlisted servicemembers and allow the shipment at government expense of a second privately-owned vehicle for servicemembers on accompanied assignments to overseas locations (including Alaska and Hawaii).
- Expand access to the full range of mental health/family counseling services regardless of the beneficiaries’ location
- Allow servicemembers to establish flexible spending accounts for pre-tax payment of dependent care and health care expenses.
- Fully-fund the commissary benefit and scrutinize proposals to close commissaries or combine exchange services.
- Ease the transition of Guard and Reserve families to TRICARE when the servicemember is mobilized by providing a choice of purchasing TRICARE coverage when in drill status or receiving Federal payment of civilian health care premiums when the servicemember is mobilized.
- Fully-fund the Defense Health Program budget to provide access to quality care for all beneficiaries.
- Authorize full Basic Allowance for Housing (BAH) for Guard and Reserve members mobilized for more than 30 days.

In this statement, NMFA will address issues related to military families in the following subject areas:

- Family Readiness throughout the Deployment Cycle
- Health Care

- Survivors
- Injured Servicemembers
- Spouse Employment
- Child Care
- Education of Military Children
- Transformation, Global Re-basing, and BRAC

Family Readiness Throughout the Deployment Cycle

NMFA is pleased to note the Services continue to refine the programs and initiatives to provide support for military families in the period leading up to deployments, during deployment, and the return and reunion period. Our message to you today is simple: the increased emphasis on family readiness is paying off! However, family readiness over the long term requires that resources must be directed not just at deployment-related support programs, but also to sustain the full array of baseline installation quality of life programs. We have visited installations that benefited from new and enhanced family programs and outreach to families of deployed servicemembers, provided partially through wartime appropriations funding. The National Guard Bureau has opened additional Family Assistance Centers in areas with large numbers of mobilized Guard and Reserve members. The Services are providing additional child care for active duty families through their military child development centers and Family Child Care providers and developing arrangements with child care providers in other locations to serve Guard and Reserve families. Families are better able to communicate with deployed servicemembers and enhanced Service efforts ease servicemembers' return and reunion with their families.

Increased funding and prioritization given to family support is making a difference, but still sporadically. As referenced in its 2004 analysis report, "Serving the Home Front: An Analysis of Military Family Support from September 11, 2001 through March 31, 2004," consistent levels of targeted funding are needed, along with consistent levels of command focus on the importance of family support programs. NMFA is very concerned about recent reports from Service leadership and from individual installations about potential shortfalls in base operations funding and appropriated fund support for MWR and other quality of life programs. While some of these cuts may be temporary, in programs and facilities seeing declines in patronage due to the deployment of units from the installations, others are in services that support families, such as spouse employment support, volunteer support, child development center hours, or family member orientation programs. These core quality of life programs, family center staff, chaplains, other support personnel, MWR, child care, commissary and exchange programs make the transition to military life for new military members easier and lessen the strain of deployment for all families. NMFA does not have the expertise to ferret out exact MWR funding levels from Service Operations and Maintenance budgets. We are concerned about the state of this funding—both appropriated and non-appropriated fund support—because of what we hear from servicemembers and families, what we read in installation papers chronicling cutbacks, and from Service leaders who have identified shortfalls in base operations funding in the administration's FY 2006 budget request.

We are also apprehensive about the potential impact of multiple and simultaneous initiatives by the Office of the Secretary of Defense (OSD) and the military Services—including transformation, Global Repositioning, Army Modularity, and Base Realignment and Closure (BRAC)—on these essential quality of life benefits. NMFA continues to hear that installations or Service commands or agencies must divert resources from the basic level of installation quality of life programs to address the surges of mobilization and return. Resources must be available for commanders and others charged with ensuring family readiness to help alleviate the strains on families facing more frequent and longer deployments.

NMFA is particularly troubled by what we see as mixed signals regarding DoD's long-term commitment to quality of life services and programs. During a recent hearing on recruiting and retention before the Personnel Subcommittee of the House Armed Services Committee, an official from OSD and the Service Personnel Chiefs emphasized bonuses as a priority, making little to no reference to the importance of support for military families and quality of life programs in meeting recruiting and retention challenges. On the other hand, in a hearing last month before the Military Quality of Life and Veterans' Affairs Subcommittee of the House Appropriations Committee, the Service Senior Enlisted Advisors emphasized the importance of addressing quality of life issues for active, National Guard and Reserve servicemembers and their families. They listed child care and housing as top priorities, in addition to pay, health care, and educational opportunities for service members and their families. NMFA is concerned that this inconsistent emphasis among military leaders may give the perception that DoD is not serious about the value of non-pay elements of the military benefit package.

What's Needed for Family Support?

Family readiness volunteers and installation family support personnel in both active duty and reserve component communities have been stretched thin over the past 3½ years as they have had to juggle pre-deployment, ongoing deployment, and return and reunion support, often simultaneously. Unfortunately, this juggling act will likely continue for some time. Volunteers, whose fatigue is evident, are frustrated with being called on too often during longer than anticipated and repeated deployments. Family member volunteers support the servicemembers' choice to serve; however, they are worn out and concerned they do not have the training or the backup from the family support professionals to handle the problems facing some families in their units. Military community volunteers are the front line troops in the mission to ensure family readiness. They deserve training, information, and assistance from their commands, supportive unit rear detachment personnel, professional backup to deal with family issues beyond their expertise and comfort level, and opportunities for respite before becoming overwhelmed. NMFA is pleased to note that the Army's paid Family Readiness Group assistants are getting rave reviews from commanders and family readiness volunteers—more of these positions are needed.

NMFA knows that complicated military operations can result in deployments of unexpected lengths and more frequent deployments. But we also understand the

frustrations of family members who eagerly anticipated the return of their servicemembers on a certain date only to be informed at the last minute that the deployment will be extended. Others hope to enjoy a couple of years of family time with the servicemember only to be told that the unit will be deployed again within a year or less. Other than the danger inherent in combat situations, the unpredictability of the length and frequency of deployments is perhaps the single most important factor frustrating families today. Because of this unpredictability, family members need more help in acquiring the tools to cope. They also need consistent levels of support throughout the entire cycle of deployment, which includes the time when servicemembers are at the home installation and working long hours to support other units who are deployed or gearing up their training in preparation for another deployment. As one spouse wrote to NMFA:

This is really starting to take a toll on families out here since some families are now on the verge of their third deployment of the servicemember to Iraq. Families are not so much disgruntled by the tempo of operations as they are at a loss for resources to deal with what I've started calling the "pivotal period." This is the point where the honeymoon from the last deployment is over, the servicemember is starting to train again for the next deployment in a few months and is gone on a regular basis, the family is balancing things with the servicemember coming and going and also realizing the servicemember is going to go away again and be in harm's way. We have deployment briefs that set the tone and provide expectations for when the servicemember leaves. We have return and reunion briefs that prepare families and provide expectations for when the servicemember returns. These two events help families know what is normal and what resources are available but there is an enormous hole for that "pivotal period." No one is getting families together to let them know their thoughts, experiences and expectations are (or aren't) normal in those in-between months. Deployed spouses have events, programs, and free child care available to them as they should—but what about these things for the in-betweeners who are experiencing common thoughts and challenges?

As deployments have continued, the Services have refined their programs to educate servicemembers and family members about issues that may surface after the homecoming and immediate reunion. Efforts to improve the return and reunion process must evolve as everyone learns more about the effects of multiple deployments on both servicemembers and families, as well as the time it may take for some of these effects to become apparent. Information gathered in the now-mandatory post-deployment health assessments may also help identify servicemembers who may need more specialized assistance in making the transition home over the long term. Many mental health experts state that some post-deployment problems may not surface for several months after the servicemembers return. Assessments done at crowded de-mobilization sites where servicemembers' primary wish is to complete their outprocessing checklist and go home may not capture either the immediate needs of the servicemember for counseling services or be an accurate predictor of future needs. NMFA applauds the announcement made in January by the Assistant Secretary of Defense for Health Affairs that DoD would mandate a second assessment at the four-to-six month mark following the

servicemember's return. We urge Congress to ensure the military Service medical commands have the personnel resources needed to conduct these assessments.

NMFA is concerned that much of the research on mental health issues and readjustment has focused on the servicemember. More needs to be done to study the effects of deployment and the servicemembers' post-deployment readjustment on family members. Families also tell us they need more information and training on how to recognize signs of Post Traumatic Stress Disorder (PTSD) in their servicemember and how to handle the situations they are told may be common after the servicemember's return. While return and reunion training is getting better and more families are participating, some family members are saying more must be done to support families following the return. According to one spouse:

The problem comes in when it's you and hubby at home and he just woke up screaming, or threw an object across the room because he's angry or freaks out in a crowd. Yes, they tell you it could happen, but what do you do when it does? Where is the help when this stuff happens? We don't think the problem is the reunion classes, it's the follow-up.

Return and reunion issues are long-term issues. NMFA believes more also needs to be done to ensure proper tracking of the adjustment of returning servicemembers. This tracking becomes more difficult when servicemembers are ordered to a new assignment away from the unit with which they deployed. Post-deployment assessments and support services must also be available to the families of returning Guard and Reserve members and servicemembers who leave the military following the end of their enlistment. Although they may be eligible for transitional health care benefits and the servicemember may seek care through the Veterans' Administration, what happens when the military health benefits run out and deployment-related stresses still affect the family?

NMFA is pleased that DoD has intensified its marketing efforts for Military OneSource as one resource in the support for families throughout the entire deployment cycle. Military OneSource provides 24/7 access, toll-free or online, to community and family support resources, allowing families to access information and services when and where they need them. DoD, through OneSource, has committed to helping returning servicemembers and families of all Services access local community resources and receive up to six free face-to-face mental health visits with a professional outside the chain of command.

While NMFA believes OneSource is an important tool for family support, it is not a substitute for the installation-based family support professionals or the Family Assistance Centers serving Guard and Reserve families. NMFA is concerned that some of the recent cuts in family program staff at installations suffering a shortfall in base operations funding may have been made under the assumption that the support could be provided remotely through OneSource. The OneSource information and referral service must be properly coordinated with other support services, to enable family support professionals to manage the many tasks that come from high optempo. The Services must also ensure the OneSource contractor has up-to-date information on military installation

services and military benefits, such as TRICARE. The responsibility for training rear detachment personnel and volunteers and in providing the backup for complicated cases beyond the knowledge or comfort level of the volunteers should flow to the installation family center or Guard and Reserve family readiness staff. Family program staff must also facilitate communication and collaboration between the rear detachment, volunteers, and agencies such as chaplains, schools, and medical personnel. The OneSource counseling must be provided with an understanding of the TRICARE benefit and assist with a smooth handoff if the provider determines that the beneficiary needs medical mental health services rather than the relationship and “coping with stress” counseling offered by OneSource.

Guard and Reserve Families

NMFA appreciates the focus that has been placed on enhancing programs for the families of deployed Guard and Reserve members. Ongoing training programs for family readiness volunteers and family readiness liaisons and rear detachment commanders address the concern that was raised in the NMFA analysis report, “Serving the Home Front,” that all members of the family readiness team train together in order to more effectively serve their families. NMFA staff observed the effectiveness of this training first hand at a reserve unit training in January where servicemembers training as family readiness liaisons or “frills” experienced epiphanies as they viewed problems and miscommunications from the family side instead of the command side. This collaboration can go a long way in bettering communication on all sides.

Geographically-isolated Guard and Reserve families must depend on a growing but still patchy military support network. As indicated in the NMFA analysis report, one way to effectively multiply resources is an increased use of community programs to reach out to those families who are geographically dispersed. Countless local and state initiatives by government organizations and community groups have sprung up to make dealing with deployment easier for Guard and Reserve family members. One new initiative that has the potential to network these local efforts is the National Demonstration Program for Citizen-Soldier Support. This community-based program is designed to strengthen support for National Guard and Reserve families by building and reinforcing the capacity of civilian agencies, systems, and resources to better serve them. Initiated by the University of North Carolina at Chapel Hill, with \$1.8 million in seed money provided in the FY 2005 Defense Appropriations Act, the Citizen-Soldier Support Program will be coordinated closely with existing military programs and officials in order to avoid duplication of effort and to leverage and optimize success. Communities want to help. Leveraging this help with federal funding and programs can be a win-win situation. NMFA recommends authorization of this program and continued funding to allow it time to develop a model that can be replicated in other locations and to set up training to achieve this replication.

NMFA applauds the various initiatives designed to meet the needs of servicemembers and families wherever they live and whenever they need them and requests adequate funding to ensure continuation both of the “bedrock” support programs and implementation of new initiatives. Higher stress levels caused by open-

ended deployments require a higher level of community support. We ask Congress to ensure that the Services have base operations funding at the level necessary to provide robust quality of life and family support programs during the entire deployment cycle: pre-deployment, deployment, post-deployment, and in that “pivotal period” between deployments. Accurate and timely information on options for obtaining mental health services and other return and reunion support must be provided to families as well as to servicemembers. NMFA recommends increased funding for community based programs to reach out to meet the needs of geographically dispersed servicemembers and their families.

Health Care

This year, NMFA is monitoring the after-effects of the transition to the new round of TRICARE contracts and the continued transition of mobilized Guard and Reserve members and their families in and out of TRICARE. We are concerned that the Defense Health Program may not have all the resources it needs to meet both military medical readiness mission and provide access to health care for all beneficiaries. The Defense Health Program must be funded sufficiently so that the direct care system of military treatment facilities and the purchased care segment of civilian providers can work in tandem to meet the responsibilities given under the new contracts, meet readiness needs, and ensure access for all TRICARE beneficiaries. Families of Guard and Reserve members should have flexible options for their health care coverage that address both access to care and continuity of care

TRICARE Prime

The change to three TRICARE Regions and three regional Managed Care Support Contractors (MCSC) did not go as smoothly as expected. The large number of Primary Care Manager (PCM) changes, particularly in the West Region, created significant angst among beneficiaries. NMFA believes that most of these issues have been resolved, but it certainly did not make for a hassle free transition for many beneficiaries!

The most egregious problem that surfaced during the transition was the inability of DoD to satisfactorily roll-out its electronic referral program. The program was intended to facilitate electronic referrals by the PCM to specialists, often while the beneficiary was still in the PCM's office. At the last minute, it became apparent that the system was not ready for "prime time" and, in fact, is still not up and running. A date for it to be so has not been determined. In order for referrals to be made, both the MCSCs and the military treatment facilities (MTF) had to quickly devise a paper process that met the contract specifications of "first refusal" by the MTF. Some rather obvious bottlenecks within the process were identified and have for the most part been rectified. Originally some MTFs were holding referrals in-house even though they or any other MTF within the drive time Prime standard did not have the necessary specialty. While that issue is being improved, the time the paper process is taking in most cases increases the likelihood that the Prime access standard of 28 days for specialty care may be exceeded by anywhere from a week to two or three weeks. The MCSCs were forced to quickly hire and train hundreds of new employees in order to facilitate the paper referral process. They, we assume, will be reimbursed for their extra expenses by DoD. The MTFs, on the

other hand, have had to handle the problem without any increase in staffing. While the MCSCs are in most cases meeting the 28 day standard from the time they receive the referral, the delay appears to be in receiving the referral from the MTF. We have had few complaints of the 28 day access window being exceeded when the referral was totally within the civilian network. The problems seem to be almost totally tied to the "first refusal" right of MTFs. NMFA has no problem with the concept of "first refusal" as we support a well-utilized direct care system and believe the vast majority of Prime enrollees prefer to receive their care in an MTF. We are most concerned, however, that the promised access standards for Prime are not being met. We believe that just as the enrollee is tied to certain contract requirements to receive care, the government should be held accountable for its side of the contract that includes promised access standards.

In late 2004, NMFA conducted a voluntary web survey of TRICARE Prime access standards. We were disappointed to note that in each category where Prime access standards were not being met, beneficiaries enrolled at MTFs had higher rates of noncompliance than did those enrolled in the civilian network. Most notably, the one hour drive time for a specialist appointment was exceeded more than 15 times as often for those enrolled at an MTF. In addition, four out of ten respondents enrolled at an MTF were unable to get an urgent care appointment within 24 hours and more than one in three enrolled at an MTF were unable to get a routine appointment within the one week Prime access standard. We were surprised at the number and length of comments provided on the survey. Some beneficiaries were most complimentary of the TRICARE program. By far the largest number of negative comments referenced referrals and difficulty accessing assistance on the toll free numbers both in length of time on the phone and ability of the representative to answer questions or solve problems.

The change of PCMs and the convoluted referral and authorization process overwhelmed the MCSCs' telephone systems, with long waits for beneficiaries who sometimes found their problems remained unresolved once they were finally connected. All of the MCSCs have worked hard on the problem and the telephone situation has vastly improved. NMFA appreciates that both the MCSCs and DoD are working to expedite the referral and authorization process. We are concerned about the cost of the additional manpower and of the work-around procedures needed in the absence of DoD's promised electronic referral system.

NMFA believes that "rosy" predictions when significant contract changes are being made are a disservice to both beneficiaries and the system. NMFA is appreciative of the intense effort being made to improve the referral and authorization process, but is concerned about the cost of the work-around and the prospect of a new round of disruptions when DoD's electronic referral and authorization system is implemented. It is imperative that whatever changes are made, the promised Prime access standards must be met.

TRICARE Standard

NMFA is most appreciative of the requirements included in the FY 2004 NDAA for improving TRICARE Standard. The results of the first survey of market areas

required in the NDAA have proved disappointing as the Office of Management and Budget limited the number of questions to three. "Are you accepting new patients?" "Are you accepting new TRICARE Standard patients?" If the answer to the second question was no, then the providers were asked "Why?" Obviously one cannot tell if the provider is accepting new Medicare patients and not new TRICARE Standard patients (the reimbursement would be the same in most cases). One cannot tell even if the provider was aware of the difference between being in the TRICARE network or simply being an authorized TRICARE provider. One does not know if the new patients that are being accepted are private pay versus insured. One also does not know how long the provider has not been accepting new TRICARE Standard patients, so one does not know if the more complicated claims process, that no longer exists, could be the reason for not accepting TRICARE patients. Perhaps the biggest unknown is whether or not the provider previously accepted new TRICARE Standard patients and has stopped doing so and the reason for the change. In other words, the results gave a piece of the picture, but by no means the entire picture.

Even with this limited information, the survey results show a significant difference between providers accepting any new patients and those accepting new TRICARE Standard patients. The difference in percentages ranged from a low of 4 percent to a high of 35 percent with the average for all market areas being 15.5 percent. Without additional knowledge, getting to the root cause of the difference is problematic. NMFA hopes the DoD surveys of additional market areas will be able to include more questions so the picture can be complete.

DoD has added a Standard provider directory on its TRICARE web site to assist beneficiaries in finding physicians. However, the law allows providers to decide for each appointment whether or not they will accept TRICARE Standard reimbursement. Hence a provider whose name is in the directory may not take a particular TRICARE Standard patient or may not accept TRICARE reimbursement for all of that patient's care.

NMFA would like to note that, with the start of the new TRICARE contracts, DoD also sent a beneficiary handbook to every household with a TRICARE (not TRICARE for Life) beneficiary. Having DoD provide a handbook to every beneficiary has long been a goal for NMFA. We are exceedingly grateful that this action was taken! We note, however, that more needs to be done to educate Standard beneficiaries about their benefit and any changes that might occur to that benefit—they should not have to wait for the next contract turnover to receive another handbook!

NMFA believes ending the TRICARE Standard access problem that is a constant complaint of beneficiaries cannot be accomplished if the reasons providers do not accept TRICARE Standard cannot be ascertained.

Guard and Reserve Family Health Care

Despite increased training opportunities for families, the problem still persists of educating Guard and Reserve family members about their benefits. New and improved benefits do not always enhance the quality of life of Guard and Reserve families as

intended because these families lack the information about how to access these benefits. NMFA is closely watching the impending implementation of the TRICARE Reserve Select health care benefit for the reserve component. We have several concerns about the implementation of this program, especially regarding beneficiary education on the new benefit. Presently, when Guard or Reserve members are mobilized, their families have the option of enrolling in TRICARE Prime or TRICARE Prime Remote. Under TRICARE Reserve Select, families will only be allowed to use the TRICARE Standard option. The rules governing the program state that the servicemember must declare his/her intention to commit to further service in the reserve component and sign up for Reserve Select before leaving active duty. Both the servicemember and the family need to understand the coverage provided under Reserve Select, the costs, and, most importantly, how Reserve Select differs from the TRICARE Prime or Prime Remote benefit the family used while the servicemember was on active duty. We do not want servicemembers to believe they are signing up for a TRICARE Prime-like benefit when they are, in reality, signing up for TRICARE Standard.

NMFA is grateful to Congress for its initial efforts to enhance the continuity of care for National Guard and Reserve members and their families. Unfortunately, these improvements, including Reserve Select, are not all that is needed. Information and support are improving for Guard and Reserve families who must transition into TRICARE; however, NMFA believes that going into TRICARE may not be the best option for all of these families. Guard and Reserve servicemembers who have been mobilized should have the same option as their peers who work for the Department of Defense: DoD should pay their civilian health care premiums. The ability to stay with their civilian health care plan is especially important when a Guard or Reserve family member has a special need, a chronic condition, or is in the midst of treatment. While continuity of care for some families will be enhanced by the option to allow Guard and Reserve members to buy into Reserve Select after they return from a deployment, it can be provided for others only if all Selected Reserve are allowed buy into TRICARE or to choose to remain with their civilian health insurance while receiving a subsidy from DoD.

NMFA also believes it is time to update the Transitional Assistance Management Program (TAMP) health care benefit to reflect recent changes in the TRICARE Prime benefit. Currently, servicemembers who have been demobilized and their families are eligible for 180 days of TAMP health care benefits. If TRICARE Prime is available, they may re-enroll in Prime during the TAMP benefit period. Servicemembers and families who live in areas where there is no Prime network were eligible for TRICARE Prime Remote when the servicemember was on active duty. During the TAMP benefit period, they are no longer eligible for Prime Remote because the servicemember is no longer on active duty. In some cases, the family must find another provider, thus disrupting continuity of care. Families formerly in Prime Remote must revert to Standard, with its higher cost shares and deductibles. NMFA believes that the legislative language governing the TAMP benefit should be updated to reflect the availability of TRICARE Prime Remote and that servicemembers and families in TAMP be allowed to remain in Prime Remote.

Emphasis must continue on promoting continuity of care for families of Guard and Reserve servicemembers. NMFA's recommendation to enhance continuity of care for this population is to allow members of the Selected Reserve to choose between buying into TRICARE when not on active duty or receive a DoD subsidy allowing their families to remain with their employer-sponsored care when mobilized. NMFA also recommends that the rules governing health care coverage under TAMP be updated to allow the servicemember and family to remain eligible for TRICARE Prime Remote.

Alarming Discovery

Over the years, NMFA has received anecdotal information from family members that providers are not accepting them as TRICARE patients because the TRICARE reimbursement level was below that provided by Medicaid. Needless to say, family members have been outraged! However, since TRICARE reimbursement is tied by law to Medicare reimbursement, NMFA has believed the problem far larger than the military health care system.

Alarm bells resounded, however, when NMFA was recently informed of the situation in the Hampton Roads area of Virginia. Medicaid reimbursement for a normal pregnancy, including prenatal care, delivery and post partum care is \$2,200 in that area. The maximum TRICARE allowance is \$1,500. The largest network provider group in the area has therefore dropped out of the Prime network. Some of its providers are refusing to accept TRICARE at all, and others will only take TRICARE Standard patients if the patients pay the allowed 15 percent above the TRICARE allowable. NMFA cannot even imagine the reaction of a deployed servicemember when his spouse reports that she cannot go back to her usual obstetrician for the baby that will be delivered while the member is in Iraq, because TRICARE reimbursement rates are \$700 less than Medicaid! Since learning of the situation in Virginia, NMFA has learned of other locations where the Medicaid reimbursement for obstetrical or pediatric procedures exceeds that of TRICARE. NMFA believes the people of this country would not feel comfortable with these statistics.

NMFA does not know how prevalent this problem may be across the country and urgently requests that Congress require DoD to compare the reimbursement rates of Medicaid with those of TRICARE. We are particularly concerned with the rates for pediatric and obstetrical/gynecological care where Medicare has little experience in rate setting.

Survivors

NMFA believes that the government's obligation as articulated by President Lincoln, "to care for him who shall have borne the battle and for his widow and his orphan," is as valid today as it was at the end of the Civil War. As seen in media reports and in questions we hear from military families and others concerned about military families, there is a lot of misinformation and confusion about what the complete benefit is for those whose servicemembers have made the ultimate sacrifice. We know that there

is no way to compensate them for their loss, but we do owe it to these families to help ensure a secure future.

NMFA strongly believes that all servicemembers' deaths should be treated equally. Servicemembers are on duty 24 hours a day, 7 days a week, 365 days a year. Through their oath, each servicemember's commitment is the same. The survivor benefit package should not create inequities by awarding different benefits to families who lose a servicemember in a hostile zone versus those who lose their loved one in a training mission preparing for service in a hostile zone. To the family, the loss is the same.

After the death of the servicemember, the spouse encounters a confusing array of decisions that must be made, the consequences of which will influence his or her life and the lives of the children for years to come. NMFA has heard surviving spouses say "My husband told me I'd be well taken care of if something were to happen to him. I don't feel that he would be happy with the way things have been handled". These spouses feel betrayed and poorly served as they transition from active duty status to the confusing status of widow or widower. What should be a seamless transition is often complicated by unnecessary hurdles presented when people who are supposed to help the survivors do not understand the nuances of the survivor benefits, from the widow whose SBP payment was delayed because "her husband was too young to retire" to the pharmacy that charges a widow to fill prescriptions because they believe she is no longer eligible for the TRICARE benefit.

NMFA believes the benefit change that will provide the most significant long term protection to the family's financial security would be to end the Dependency Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP). The DIC is a special indemnity (compensation or insurance) payment that is paid by the Department of Veterans Affairs (VA) to the survivor when the servicemember's service causes his or her death. It is a flat rate payment, which for 2005 is \$993 for the surviving spouse and \$247 for each surviving child. The SBP annuity, paid by the Department of Defense (DoD), reflects the longevity of the service of the military member. It is ordinarily calculated at 55 percent of retired pay.

Two years ago, surviving spouses of all servicemembers killed on active duty were made eligible to receive SBP. The amount of their annuity payment is calculated as if the servicemember was medically retired at 100 percent disability. The annuity varies greatly, depending on the servicemember's longevity of service. As the law is currently written, if the amount of SBP is less than \$993, the surviving spouse receives only the DIC payment of \$993 per month. If the amount of SBP is greater than \$993, the surviving spouse receives the DIC payment of \$993 per month (which is non-taxable) plus the difference between the DIC and the SBP. For example, if the SBP is \$1,500, the surviving spouse receives \$993 from DIC (non-taxable) and \$507 from SBP that is subject to tax each month. The DIC payment of \$247 for each child is not offset.

Surviving active duty spouses have the option of several benefit choices depending on their circumstances and the ages of their children. Because SBP is offset by the DIC payment, the spouse whose SBP payment would be less than the amount of DIC may choose to waive her SBP benefit and select the “child only” option. In this scenario, the spouse would receive the DIC payment and her children would receive the full SBP amount until the last child turns 18 (23 if in college), as well as the individual child DIC until each child turns 18 (or 23 if in college). Once the children have left the house, the spouse who has chosen this option will be left with an annual income of \$11,916 (in 2005 dollars). If there are no dependent children, the surviving spouse whose SBP benefit is less than the \$993 DIC payment will experience this income decline just six months following the servicemember’s death. In each case, this is a significant drop in income from what the family had been earning while on active duty. The percentage of income loss is even greater for survivors whose servicemembers had served longer on active duty. Those who give their lives for their country deserve fairer compensation for their surviving spouses.

As we have described, the interaction between SBP and DIC is a complex procedure to understand. Consider trying to make decisions about this payment distribution a month after losing your spouse, while still in a state of shock and denial. The military Service casualty assistance officer has received training to help the family through these difficult times. This assistance, however, is often performed as an extra duty and the officer is not an expert in survivor issues or financial counseling. Understanding all the benefits and entitlements is a complex process. We have heard from surviving families that they greatly appreciated the help and support provided by the casualty assistance officer in those first days as he or she served as a representative of their parent service. The presence of the casualty assistance officer demonstrates to the family that “we take care of our own” and can be a great comfort to the family as they go through the military funeral and honors. Sometimes, however, training for this extra duty can be hurried or incomplete and may result in misinformation or a missed step in a procedure that is not discovered until months down the road with consequences that are irrevocable.

NMFA recommends the following changes to support surviving family members of active duty deaths:

- ***Treat all active duty deaths equally. The military Services have procedures in place to make “line of death” determinations. Do not impose another layer of deliberation on that process.***
- ***Eliminate the DIC offset to SBP. Doing so would recognize the length of commitment and service of the career servicemember and spouse. Eliminating the offset would also restore to those widows/widowers of those retirees who died of a service-connected disability the SBP benefit that the servicemember paid for.***
- ***Improve the quality and consistency of training for Casualty Assistance Officers and family support providers so they can better support families in their greatest time of need.***

- *In cases where the family has employer sponsored dental insurance treat them as if they had been enrolled in the TRICARE Dental Program at the time of the servicemember's death, thus making them eligible for the three-year survivor benefit.*
- *Update the TRICARE benefit provided in three-year period following the servicemember's death in which the surviving spouse and children are treated as their active duty family members and allow them to enroll in TRICARE Prime Remote.*
- *Allow surviving families to remain in government or privatized family housing longer than the current six-month period if necessary for children to complete the school year, with the family paying rent for the period after six months.*
- *Expand access to grief counseling for spouses, children, parents, and siblings through Vet Centers, OneSource, and other community-based services.*
- *To provide for the long-term support of surviving families, establish a Survivor Office in the Department of Veterans' Affairs.*

Wounded Servicemembers Have Wounded Families

Post-deployment transitions could be especially problematic for servicemembers who have been injured and their families. NMFA asserts that behind every wounded servicemember is a wounded family. Wounded and injured servicemembers and their families deserve no less support than survivors. Spouses, children, and parents of servicemembers injured defending our country experience many uncertainties. Fear of the unknown and what lies ahead in the weeks, months, and even years, weighs heavily on their minds. Other concerns include the injured servicemember's return and reunion with their family, financial stresses, and navigating the transition process to the Department of Veterans Affairs (VA).

Comprehensive Support and Assistance

Support, assistance, and above all, counseling programs, which are staffed by real people who provide face to face contact, are needed for the families of wounded/injured servicemembers. Whenever feasible, Military OneSource should be used as a resource multiplier. Mental health services and trained counselors need to be available and easily accessible for all servicemembers and their families who may suffer "invisible" injuries like PTSD. Distance from MTFs or VA Centers should not preclude servicemembers and their families from seeking and receiving care. Even those families of servicemembers who are not considered severely disabled could have difficulties in making the transition from active duty to civilian life and should have safety net programs available. Respite care options should be provided and accessible for family members who care for the seriously wounded.

The transition between the DoD and the VA health system can be confusing for servicemembers and their families. Transition time lines and available services extended to wounded servicemembers sometimes vary by Service. Each military Service has developed unique programs for treating seriously injured servicemembers: the Army Disabled Soldier Support System (DS3), the Marine For Life (M4L) and the Air Force

Palace HART. These programs do not offer the same support services for the injured servicemember. NMFA has been told that the new DoD Military Severely Injured Joint Operations Center can only provide assistance when the parent Service requests it for an injured servicemember. The role of the Department of Defense (DoD) and the VA should be clearly explained and delineated and joint efforts between all the Services and the VA in support of the servicemember and family must be the priority. In the case of severely disabled, there should be an individual written transition plan that is explained in full to the supporting family members. Robust transition, employment and training programs for wounded/injured servicemembers and their family members are also important for seamless transition to occur.

Providing for family financial stability

Both immediate and long term financial pressures affect the family of a wounded/injured servicemember. The initial hospitalization and recovery period often requires the servicemembers' family to leave work for an extended period of time in order to be with their loved one, thus potentially losing a source of income and incurring tremendous travel expenses, childcare costs and other unexpected living expenses during an already stressful time. Although servicemembers continue to draw basic pay and some other allowances during their hospitalization, some families need financial assistance in the immediate period following the injury or during the critical transition until eligibility for VA benefits and disability compensation programs is established or until the servicemember is returned to active duty. NMFA encourages Congress to consider initiatives to provide additional compensation to the servicemember during hospitalization and recovery. Possible solutions would be to continue the servicemember's combat pays and eligibility for the combat zone tax exclusion during the recovery period; provide a disability "gratuity" to the severely injured; or establish a premium-based Servicemember Group Disability Insurance Program as a rider on the Servicemembers' Group Life Insurance Program, to provide a lump sum or monthly payment while the servicemember is recovering.

NMFA also recommends extending the same three-year medical and dental benefit now provided to survivors of those killed on active duty to the servicemembers who have been medically retired and his/her family.

MTF Family Assistance Centers

Family Assistance Centers (FACs) established at Walter Reed and other major medical centers have proved invaluable in assisting families of wounded servicemembers and in providing a central location to filter community offers of help. NMFA believes these centers are urgently needed in every MTF that treats injured servicemembers. In addition to the recreation, travel and emergency support that these centers already provide, part of the mission of these centers should be to prepare the family for the servicemember's transition back home.

Because "wounded servicemembers have wounded families," NMFA recommends the following changes to support wounded and injured servicemembers and their families:

- *Direct the military Services, OSD, and the VA to improve their coordination in support of the wounded servicemember and family.*
- *Consider initiatives to enhance the short term financial stability of the wounded servicemember's family, such as: continuing combat pays and tax exclusion, creating a disability gratuity, or implementing a Servicemember Group Disability Insurance Program.*
- *Extend the three-year survivor health care benefit to servicemembers who are medically retired and their families.*
- *Enhance servicemember and spouse education benefits and employment support.*
- *Establish a Family Assistance Center at every MTF caring for wounded servicemembers.*

Education for Military Children

A significant element of family readiness is an educational system that provides a quality education to military children, recognizing the needs of these ever-moving students and responding to situations where the military parent is deployed and/or in an armed conflict. Children are affected by the absence of a parent and experience even higher levels of stress when their military parent is in a war zone shown constantly on television. The military member deployed to that dangerous place cannot afford to be distracted by the worry that his or her child is not receiving a quality education. Addressing the needs of these children, their classmates, and their parents is imperative to lowering the overall family stress level and to achieving an appropriate level of family readiness. But it does not come without cost to the local school system.

NMFA is pleased to report that most schools charged with educating military children have stepped up to the challenge. They are the constant in a changing world and the place of security for military children and their families. The Department of Defense is supporting this effort in several significant ways. It has an education website (www.militarystudent.org) to provide information on a variety of education topics to parents, students, educational personnel, and military commanders. NMFA is also pleased to report that other Services are following the Army's lead and hiring fulltime School Liaison Officers at certain installations. The Army not only has School Liaison Officers at all locations, but has also expanded to provide these information services to the reserve components, recruiters and other remotely-assigned personnel and their families.

NMFA is appreciative of the support shown by Congress for the schools educating military children. It has consistently supported the needs of the schools operated by the DoD Education Activity (DoDEA), both in terms of basic funding and military construction. Congress has also resisted efforts by a series of administrations to cut the Impact Aid funding so vital to the civilian school districts that educate the majority of military children. NMFA is also appreciative of the approximately \$30 million Congress adds in most years to the Defense budget to supplement Impact Aid for school districts whose enrollments are more than 20 percent military children and for the

additional funding to support civilian school districts who are charged with educating severely disabled military children. NMFA does not believe, however, that this amount is sufficient to help school districts meet the demands placed on them by their responsibilities to serve large numbers of military children. Additional counseling and improvements to security are just two needs faced by many of these school districts. NMFA requests asks this Subcommittee for its assistance in securing an increase in the DoD supplement to Impact Aid to \$50 million so that the recipient school districts have more resources at their disposal to educate the children of those who serve.

DoDEA

Department of Defense schools are located in overseas locations (DoDDS) and on a small number of military installations in the United States (DDESS). The commitment to the education of military children in DoD schools between Congress, DoD, military commanders, DoDEA leadership and staff, and especially military parents has resulted in high test scores, nationally-recognized minority student achievement, parent involvement programs and partnership activities with the military community. This partnership has been especially important as the overseas communities supported by DoDDS and many of the installations with DDESS schools have experienced high deployment rates. DoD schools have responded to the operations tempo with increased support for families and children in their communities. We ask that Congress work with DoD to ensure DoD schools have the resources they need to handle their additional tasks.

NMFA also asks this Subcommittee to understand the importance military parents attach to schools that educate their children well. DoD recently released the findings of a Congressionally-requested study to determine whether it could turn some DDESS districts over to neighboring civilian education agencies. While NMFA did not object to the concept of a report to determine whether school systems are providing a quality education, using tax dollars well, or are in need of additional maintenance or other support funding, we are concerned about the timing of the study and the reaction it has caused in communities already dealing with the stress of the war and deployments. Families in these communities wonder why something that works so well now seems to be threatened. We were relieved that DoD officials announced they would suspend any consideration of the recommendations in the report until after the selection of installations affected by Base Realignment and Closure (BRAC). We encourage Members of Congress to study those recommendations closely before making any decision that could damage the educational success the DDESS schools have achieved.

Schools serving military children, whether DoD or civilian schools, need the resources available to meet military parents' expectation that their children receive the highest quality education possible. Because Impact Aid from the Department of Education is not fully funded, NMFA recommends increasing the DoD supplement to Impact Aid to \$50 million to help districts better meet the additional demands caused by large numbers of military children, deployment-related issues, and the effects of military programs and policies such as family housing privatization. Initiatives to assist parents and to promote better communication between installations and schools should be expanded across all Services.

Spouse Employment

Today's military is comprised of predominantly young adults under the age of 35. Sixty-nine percent of all military spouses and 86 percent of junior enlisted spouses are in the labor force. For many families this second income is a critical factor in their financial well being. However, a 2003 Rand study found that the husband-and wife-earnings of a military family were \$10,000 a year less than similar civilian families largely due to military wives' lower income potential because of frequent moves. With such statistics and a concern that spouses desiring better careers will encourage servicemembers to leave the military, DoD is paying much-needed attention to spouse employment.

In the DoD Report of the 1st Quadrennial Quality of Life Review: "*Families also Serve,*" numerous initiatives were outlined that support military spouses career aspirations. DoD initiatives include:

- *Milspouse.org*: A military spouse employment web page, created in partnership with the Department of Labor, that provides easy access to employment and education opportunities.
- Military Spouse Corporate Employment Opportunities (MSCEO). Currently fifteen corporations and three government entities have partnerships with MSCEO, an Army initiative.
- A no-cost partnership with the ADECCO Group, one of the world's largest employment and staffing agencies, to provide job skills assessments and temporary and permanent placements for spouses.
- Impact JEMS (Jobs/Employment for Military Spouses). Pilot program at Scott Air Force Base, Ill., that provides placement services with links to 187 employers with a wide range of full- and part-time job opportunities.

DoD is also planning a partnership with Monster.com to promote spouse employment. Spouses can also receive career counseling through Military OneSource.

With 700,000 active duty spouses, the task of enhancing military spouse employment is too big for DoD to handle alone. Improvements in employment for military spouses and assistance in supporting their career progression will require increased partnerships and initiatives by a variety of government agencies and private employers. NMFA encourages more private employers to step up to the plate and form partnerships with local installations and DoD. One such initiative is the Military Spouse Corporate Career Network (MSCCN), which is a not for profit organization sponsored by Concentra, Inc. The MSCCN is in the process of launching a web portal that will provide military spouses opportunities to apply for employment with Concentra and its corporate partners.

Despite greater awareness of the importance of supporting military spouse career aspirations, some roadblocks remain. State laws governing unemployment compensation vary greatly. At this time very few states generally grant unemployment compensation eligibility to military spouses who have moved because of a servicemember's

government ordered move. Although reimbursed for many expenses, military families still incur significant out-of-pocket expenses when the servicemember is ordered to a new assignment. Lacking the financial cushion provided by the receipt of unemployment compensation, the military spouse must often settle for “any job to pay the bills” rather than being able to search for a job commensurate with his or hers skills or career aspirations. NMFA has been pleased to note, however, that some states are examining their in-state tuition rules and licensing requirements. These changes ease spouses’ ability to obtain an education or to transfer their occupation as they move. NMFA is appreciative of the efforts by DoD to work with states to promote the award of unemployment compensation to military spouses, eligibility for in-state tuition, and reciprocity for professional licenses. Its website, usa4militaryfamilies.org, provides details on these state initiatives.

NMFA is currently collecting input from spouses on this issue through a Spouse Employment Survey on its website that it hopes will provide additional insights to the career needs and goals of military spouses and the type of employment support they need. NMFA also recognizes that educational opportunities must be expanded for spouses and, with the support of corporate donors, has established a military spouse scholarship program. The program is in its second year. The 1,850 applications we have received for fewer than 40 scholarships attest to the need for more support for spouse education.

We ask Congress to promote Federal and State coordination to provide unemployment compensation for military spouses as a result of Permanent Change of Station (PCS) orders. State governments should be encouraged look at ways that college credits and fees are more easily transferable and also create a combined task force to explore paths towards national standards for licensing and professional certification. DoD and private sector employers who protect employment flexibility of spouses and other family members impacted by deployment should be applauded and used as role models for others to follow. Last, but not least, military spouses should be encouraged to use the current resources available to educate themselves about factors to consider regarding employment benefits, to include investments, healthcare, portability and retirement.

Child Care

On a recent visit to Europe, President and Mrs. Bush stopped at Ramstein Air Base, Germany, to thank the troops for their service and dedication to our nation. While visiting with families there, Mrs. Bush was made aware of a situation that is getting worse as time goes on: the lack of child care providers and options to meet the needs of military families in the community. This information is not new to NMFA. We have been hearing from our field Representatives that this is an on-going problem, especially OCONUS where child care options are limited. As one of our members in Germany stated:

Drawing from the pool of military spouses is no longer working over here. Big shortages. They are asking too much of the spouses as it is.

A recent online survey conducted by NMFA further outlines the need for more child care. Among survey respondents:

- 71 percent needed hourly or nights and weekends child care.
- 57.1 percent of Guard and Reserve needed full time care.
- Only 18 percent of all respondents and 14 percent of Guard and Reserve respondents stated that they have been offered free or low cost respite care.
- Almost 60 percent of respondents felt they did not have enough information about child care options.
- More than 30 percent of the respondents use word of mouth as their main source of information about child care. 18 percent use the military units or volunteer groups and 6 percent have used Military OneSource.

Of special interest in the survey results was the frustration from dual military parents. Dealing with deployments, drill weekends and lack of child care facilities were of great concern. Families also cited concerns about finding child care after relocating to a new area. Because the servicemember is often quickly deployed after relocation, the spouse must deal with the added stress as he/she looks for employment and childcare in the new location.

Senior military leaders are also taking note of these child care concerns. At the first meeting of the new Military Quality of Life and Veterans' Affairs Subcommittee of the House Appropriations Committee, three of the four Service Senior Enlisted Advisors cited child care as their number one concern for their servicemembers and families. The advisors spoke of lost duty time by servicemembers unable to find child care. DoD officials estimate that the Department needs at least 38,000 more slots. According to the Enlisted Advisors, the need may be greater: all spoke of waiting lists stretching into the thousands.

DoD is expanding partnerships to meet the demand described by the NMFA survey respondents and the Senior Enlisted Advisors. The National Association of Child Care Resource and Referral Agencies (NACCRA) initiated a program entitled Operation Child Care. The initiative provides donated short term respite and reunion child care for members of the National Guard and Reserve returning from Operation Enduring Freedom/Operation Iraqi Freedom for the two-week Rest and Recreation leave period. Another initiative through Military OneSource offers 10 hours of free childcare to each service member returning on R&R leave. NACCRA is also partnering with DoD on "Operation Military Child Care," which will help provide much needed government-subsidized, high quality child care for mobilized and deployed military parents who cannot access a military child development center. Other partnerships are being initiated in local communities with local bases and Installations.

NMFA asks Congress and DoD to consider authorizing military members' participation in Flexible Spending Accounts (FSAs) for child care. Ninety percent of private sector employers, plus the Federal civil service, allow their employees to pay dependent and health care expenses on a pre-tax basis through these accounts. Exempting

military members from Federal and State income tax and payroll taxes saves employees 15-40 percent or more, depending on tax rates.

More must be done to meet the active duty and reserve component requirement for full time child care, as well as innovative and effective ways to meet increased demand due to deployments and servicemember work schedules, regardless of the location of the family

Transformation, Global Re-basing, and BRAC

As the Base Realignment and Closure (BRAC) Commission prepares to receive DoD's list of installations recommended for realignment and closure, military beneficiaries are looking to Congress to ensure that key quality of life benefits and programs remain accessible. Members of the military community, especially retirees, are concerned about the impact base closures will have on their access to health care and the commissary, exchange, and MWR benefits they have earned. They are concerned that the size of the retiree, Guard, and Reserve populations remaining in a location will not be considered in decisions about whether or not to keep commissaries and exchanges open.

In the case of shifts in troop populations because of Service transformation initiatives, such as Army modularity, or the return of service members and families from overseas bases, community members at receiving installations are concerned that existing facilities and programs may be overwhelmed by the increased populations. NMFA does not have a position on whether or not downsizing overseas should occur or how or where troops should be based. Our interest in this discussion is in raising awareness of the imperative that military family and quality of life concerns be considered by policy-makers in their decision-making process and in the implementation of any rebasing or transformation plans.

Quality of life issues that affect servicemembers and families must be considered on an equal basis with other mission-related tasks in any plan to move troops or to close or realign installations. The quality of life infrastructure needed to support the military community includes housing, quality schools, commissaries, exchanges, child and youth programs, MWR facilities, family centers, chaplains' programs, and medical care. Maintaining this infrastructure cannot be done as an afterthought. Planning must include the preservation of quality of life programs, services, and facilities at closing installations as long as servicemembers and families remain AND the development of a robust quality of life infrastructure at the receiving installation that is in place before the new families and servicemembers arrive.

Ensuring the availability of quality of life programs, services, and facilities at both closing and receiving installations and easing service members and families' transition from one to another will take additional funding and personnel. DoD must program in the costs of family support and quality of life as part of its base realignment and closure calculations from the beginning, ask for the resources it needs, and then allocate them. It cannot just program in the cost of a new runway or tank maintenance

facility; it must also program in the cost of a new child development center or new school, if needed.

NMFA will closely monitor the Army's plan for stabilizing families and servicemembers at one installation for longer assignments. While stabilization has the potential to offer families more stability and a better quality of life, we know that the success of the program depends on the implementation and on the plan for European bases. Families are quick to note that, while they will stay put for a longer time under the plan, the servicemember will still deploy, perhaps frequently, and in many cases to Europe. Concerned about the constant routine of deployment and related family separations on their morale and quality of life, families point out that a deployment to a bare bones installation in Eastern Europe is still a deployment: the servicemember is still gone!

Additionally, NMFA would like to know what consideration has been given to the single soldier. The housing and support service needs will increase for the single soldier if they are expected to stay in one area for six to seven years.

The early moves connected with the Army transformation are causing some upheaval at some installations and in the surrounding communities. The world in which the American overseas downsizing occurred a decade ago no longer exists. Troop movements and installation closings and realignments today occur against the backdrop of the ongoing war on terror and a heavy deployment schedule. The military of today is more dependent on contractors and civilian agencies to perform many of the functions formerly performed by uniformed military members. Changes in military health care delivery and the construction and operation of military family housing will have an impact on the ability of an installation to absorb large numbers of servicemembers and families returning from overseas. Increased visibility of issues such as the smooth transition of military children from one school to another and a military spouse's ability to pursue a career means that more family members will expect their leadership to provide additional support in these areas. Army transformation is already having an impact at some CONUS installations. Installations such as Fort Drum, Fort Campbell, and Fort Lewis and their surrounding communities expect strains on housing availability—both on and off-base—health care access, and school capacity. The Department of Defense must ensure that communities have the resources to support increased populations BEFORE they arrive.

NMFA urges that every effort be made to preserve the availability of health care, commissaries, exchanges, and MWR programs during shifts in troop populations because of a CONUS BRAC or realignment of troops from overseas. The size of the military retiree, National, Guard and Reserve population in the vicinity of a closing installation and the impact of closure on these beneficiaries should be considered before decisions are made to close commissaries and exchanges. We look to Congress to ensure DoD's plans for these troop shifts will maintain access to quality of life programs and support facilities until the last servicemember and family leaves installations to be closed. In the same manner, we ask you to ensure that houses,

schools, child development and youth programs, and community services are in place to accommodate the surge of families a community can expect to receive as a result of the movement of troops to a new location.

Strong Families Ensure a Strong Force

Mr. Chairman, NMFA is grateful to this Subcommittee for ensuring funding is available for the vital quality of life components needed by today's force. As you consider the quality of life needs of servicemembers and their families this year, NMFA asks that you remember that the events of the past 3 ½ years have left this family force drained, yet still committed to their mission. Servicemembers look to their leaders to provide them with the tools to do the job, to enhance predictability, to ensure that their families are cared for, their spouses' career aspirations can be met, and their children are receiving a quality education. They look for signs from you that help is on the way, that their pay reflects the tasks they have been asked to do, and that their hard-earned benefits will continue to be available for themselves, their families, and their survivors, both now and into retirement.