



**National Military Family Association, Inc.**

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Statement of

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Before the

**SUBCOMMITTEE ON MILITARY PERSONNEL**

And the

**SUBCOMMITTEE ON READINESS AND MANAGEMENT SUPPORT**

of the

**SENATE ARMED SERVICES COMMITTEE**

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The National Military Family Association (NMFA) is the only national organization whose sole focus is the military family. The Association's goal is to influence the development and implementation of policies that 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 National Military Wives Association, NMFA is a non-profit 501(c)(3) primarily volunteer organization. NMFA represents the interests of family members and survivors of active duty, reserve component, 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 does not have or receive federal grants or contracts.

NMFA's website is: <http://www.nmfa.org>.

Joyce Wessel Raezer joined the staff of the Government Relations Department of the National Military Family Association as a volunteer in September 1995. She served in several paid positions within the Department before being promoted to Director in December 2001. In February, 2007, she was named Chief Operating Officer. In that position, Joyce guides the management of the Association's programs and initiatives that serve the families of the Uniformed Services.

Joyce has represented military families on several committees and task forces for offices and agencies of the Department of Defense (DoD) and military Services. She has been a member of the Defense Commissary Agency (DeCA) Patron Council since February 2001. 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. Joyce has served on several committees of The Military Coalition, an organization of 36 military-related associations, and is co-chair of the Coalition's Personnel, Compensation, and Commissaries Committee.

In 2004, Joyce authored a chapter on "Transforming Support to Military Families and Communities" in a book published by the MIT Press, *Filling the Ranks: Transforming the U.S. Military Personnel System*. She 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. In 2006, she was named a recipient of the Gettysburg College Distinguished Alumni Award.

A Maryland native, Joyce earned a B.A. in History from Gettysburg College, and a M.A. in History from the University of Virginia. An Army spouse of 25 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 Community Schools Board of Education in 1993, serving until August 1995.

Chairman Akaka, Chairman Nelson, and Distinguished Members of these Subcommittees, the National Military Family Association (NMFA) would like to thank you for the opportunity to present testimony today discussing the tie between military readiness and the readiness of military families. Once again, we thank the Members of the Senate Armed Services Committee for your focus on the many elements of the quality of life package for service members and their families: access to quality health care, robust military pay and benefits, support for families dealing with deployment, and special care for the families of those who have made the greatest sacrifice.

## **Readiness**

Webster defines readiness as “the quality or state of being prepared or capable of promptly reacting.” Military readiness must include quality training, state of the art equipment, highly motivated personnel, and a strong commitment to the ideals of service and country. Developing quality training and procuring equipment are fairly straightforward processes. Benchmarks are easily determined and results are easily measured. Motivation, dedication and commitment, however, are not so simply procured. Service members must have faith in their leadership in order to willingly step into harm’s way for the good of the Nation. This faith is cultivated in a variety of ways. Perhaps none is as important as the belief that the family will be taken care of while the service member is supporting the mission and defending the Nation. A key component of readiness is motivation. A key component of motivation is family support and security.

As we speak, policy changes are being implemented that will affect many military families. The Army is extending active duty deployments by three months, from one year to 15 months. Several National Guard units are being readied for a second deployment, on an accelerated timetable from the guideline calling for one year deployed and five years at home. Readiness is threatened because of a shortage of equipment for training and the fact that training itself is being shortened. The readiness of the world’s greatest fighting force is being threatened. How does family readiness work to make a difference, to make our warriors ready?

Service members and their families feel that they are partners with DoD and the Federal Government in their service to the Nation. DoD recognized this partnership several years ago in its development of the Social Compact. It is important for service members and families to see that promises are kept, that families have time to rebuild relationships after deployment, that retirees have access to affordable military health care, that the wounded and their families are well cared for, and that the survivors of those who have made the supreme sacrifice are cherished and honored.

We often hear of how the military “grows their own”. Many children of military families follow their parents into a life of military service. If they perceive a degradation of benefits and programs for their parents’ generation, if they remember their childhood as a time of stress and separation from their parent, will they continue to volunteer for this life of selfless service? NMFA asserts that

keeping promises and setting realistic expectations is essential to maintaining the readiness of a quality force.

### **How do families contribute to readiness?**

Families are an integral part of the military readiness equation, as supporters of the service member and of his/her mission. It has become common for speakers before this Committee to highlight that today's military "recruits the service member and retains the family." Spouses also point out this link. As one applicant for this year's NMFA spouse scholarship program wrote: *"Who holds down the fort while our soldiers and sailors are deployed? Who gives them encouragement and support as they face the daily challenges of the military? The spouse. Happiness often lies in personal development, and one happy military couple means one motivated who is ready to respond to the call of duty."*

The Nation has an obligation to support the quality of life for service members and their families not only because it is the right thing to do, but because strong quality of life programs aid in the retention of a quality all volunteer force. At a recent hearing, Master Chief Petty Officer of the Navy (MCPON) Joe R. Campa, Jr. summed up the importance of caring for families: *"Quality of life does affect retention and it impacts recruiting. Young Americans deciding whether the Navy is right for them look at quality of life initiatives as indicators of the Navy's commitment to sailors and their families. Our goal is to leave no family unaccounted for or unsupported. Our vision of today's Navy family is one who is self-reliant yet well connected to our Navy community and support programs."*

Military families are proud of their service members and of their service to the Nation. Family members serve as well. Last year, General Peter Pace, Chairman of the Joint Chiefs of Staff, told a group of military families: *"Spouses and families serve this country as well as anybody that's ever worn the uniform. In some ways it's harder for the folks back home than it is for the troops deployed in places like Afghanistan and Iraq."*

Family members serve in a myriad of ways even while existing in their own constant state of readiness. As they prepare for deployment, endure the challenges of deployment, and then recover from a deployment even while they know it will soon be time to prepare for another, they remain the glue holding their community together. Among the hardest working are the family members who volunteer as family support staff in commander's programs—the Family Readiness Group Coordinators, Key Volunteers, Ombudsmen, and Key Spouses. The family readiness volunteers do not work alone, but enlist the help of other volunteers to make phone calls, plan meetings, organize fund raisers, and gather folks to fill the never ending parade of care packages to their deployed service members. In addition to providing support to their unit and its families, military family volunteers continue to serve the installation community in ways they always have: as Red Cross workers, home room moms, thrift shop volunteers, chapel religious education teachers, spouse club members. They perform these duties as single parents, who have the added job of providing a sense of normalcy and comfort to others dealing with the stress of deployment. Those left behind step up and take over as soccer

coaches, scout leaders, and serve in other community support positions left vacant by deployed service members. General and Flag Officer spouses serve as advisors to family groups and mentor younger spouses. Military family volunteers come forward, not only on military installations, but in towns and cities across the country, to serve in their local armories or reserve centers, work with National Guard youth programs and reach out to other families in their units. In these communities, parents and siblings of deployed National Guard and Reserve members serve with spouses in many volunteer positions.

Deployed service members rely on their families for individual support. Letters and packages from home, phone calls, and e-mails help improve the morale and ease the concerns of service members, allowing them to better deal with the chaos and danger of the combat zone. Service members are reassured when their families feel secure, are well informed, and aware of support resources. If problems occur, the families know where to turn for help and don't need to burden the deployed service member with worries that he or she can do nothing about. Without these tools, if a crisis arises the alternative is for the service member to return to solve the problem.

The Army's recently-released Third Mental Health Advisory Team report documents the need to address family issues as a means for reducing stress on deployed service members. The team found the top non-combat stressors in theater were deployment length and family separation. They noted that Soldiers serving a repeat deployment reported higher acute stress than those on their first deployment. They found that multiple deployers felt they were better prepared due to improved pre-deployment training, but they also acknowledged their families are experiencing more stress. The study also determined that leading suicide risk factors were relationship issues at home and in theater.

***NMFA believes our Nation must make a commitment to ensure military families remain strong and resilient, with the tools to handle deployments and the problems that emerge so their service members may remain focused on the mission, secure in the knowledge their families are safe and secure, both physically and emotionally.***

### **Challenges to Family Readiness**

In this sixth year of the Global War on Terror, as many service members and families are experiencing their second or third deployments, family readiness is more imperative than ever. The needs of and support required for the family experiencing repeated deployments are often different than those of the first deployment. The family that was childless in the first deployment may have two toddlers by now. Middle schoolers have grown into teenagers with different needs. Parents age and the requirements of the "sandwich generation" grow. Commanders cannot assume that "experienced" families have the tools they need to weather each new deployment successfully. The end strength increases in the Army and Marine Corps will bring many new families needing to learn the basics of military life and family support while experiencing their first deployments.

The effect of multiple deployments is burning out many volunteers and families. At high operational tempo installations such as Fort Bragg, Camp Pendleton, and Fort Drum, volunteers and staff are constantly on alert, dealing with families at multiple stages of deployment. Sustaining a high level of engagement with families at rear detachment and installation commands is extremely draining. New challenges seem to constantly appear, including: the grief of unit families when a service member is wounded or killed, extensions, and reductions in funds and support staff. Many spouses who hear military and political leaders' pronouncements of a long war wonder if there is ever a light at the end of the tunnel.

NMFA is especially concerned with the burnout of the most experienced family volunteers and the command spouses who often must shoulder much of the burden for the well-being of families within their service members' commands. Senior spouses have stated to NMFA that training has not kept up with the challenges they encounter. Although the Services do a good job of providing educational opportunities for spouses of newly-appointed commanders, much of the training received at various Army senior Service courses, for example, has not changed since the start of the Global War on Terror. The reliance on military family member volunteers as the front line of family support and readiness has not changed, either, despite the increased complexity of the challenges they face. Military families know they now must exist in a "new normal," in which service members' repeated deployment to combat zones is a given. The spouse leaders they turn to for guidance and mentorship must have the tools and support they need to assist others. They need a clear picture of what is expected of them and assurance there are professional resources available to them.

NMFA believes creating a three-pronged approach to unit family readiness might be the solution. The family readiness triad would consist of volunteer, active duty, and civilian components. The volunteer, such as a Key Spouse, Family Readiness Group leader, Key Volunteer, or Ombudsman needs standardized training from professionals in order to play an integral role in the command team and provide the communication conduit to military families. The active duty military member who is charged by the Commanding Officer with taking care of families must be trained and committed to that duty. Professional support by trained civilians tasked specifically to provide counseling and relieve the burden challenging the family volunteers must be the third prong of the support network.

High operational tempo and frequent family separations test the mettle of military families on a daily basis. That military families carry a special burden is especially apparent after every announcement of unit extensions in a combat zone, earlier-than-scheduled deployments, or a surge in the number of troops into theater. When the deployment of the 172<sup>nd</sup> Stryker Brigade from Fort Wainwright, Alaska, was extended just before the brigade was to return home last summer, families experienced a myriad of emotions and crises. How did the Army respond to the needs of these families? It began with a 90-minute conference call from the brigade commander in Iraq talking with the family readiness group leaders, who in turn passed the information on to the family members in their groups.

Communication and rumor control were crucial in this situation. The Army brought extra staff from other installations to help in the support and allay some of the affected families' stress. New family assistance centers opened at Fort Wainwright and Fort Richardson to help families deal with nonrefundable airline tickets, powers of attorney that were about to expire, relocation concerns, and mental health issues. The Army augmented local support staff with child psychologists, adolescent counselors, and specially-trained chaplains with advanced degrees in family counseling. Families appreciated the extra measure of support. These initiatives became a template on how to rally resources and support for units and installations when future unexpected events happen.

But what happens when a surge affects National Guard or Reserve families who cannot rely on a military installation? Following the President's January announcement of the troop surge to Iraq, the Minnesota National Guard reached out aggressively to support affected families. A robust family readiness and training network had already been in place, supported by Minnesota Governor and Mrs. Tim Pawlenty. The Guard augmented this network with additional military family life consultants and a full-time mental-health coordinator who encouraged mental-health providers across the state to support deployed National Guard members' families. DoD also generated a Tiger Team to analyze needs and allocate resources to support families affected by the surge. With the announcement of more extensions, additional Tiger Teams were stood up to augment medical services, counseling resources, and legal services and to help with commercial obligations.

Individual Augmentees (IA) and their families are especially vulnerable to falling through the cracks. Military families who previously knew how to navigate their unit chain of command become confused about who will provide information and support when their service members become individual augmentees. Is it the command giving up the service member or is it the gaining command—or both? This confusion can lead to frustration when a problem arises and the resolution does not come quickly. NMFA commends the Navy for its recognition of the challenges faced by IA families when their service members have been deployed as individuals or small groups in support of ground combat operations. The Navy is implementing a policy to address the IA "support" issue. The original command support system and unit Ombudsman remain responsible for supporting the IA family. The Expeditionary Combat Readiness Center, a component of Naval Expeditionary Combat Command, was created to provide the communication link between family members and the IA. Families receive a toll free number and access to a website providing information and a comment section for family questions related to the deployment. The Navy Reserve has hired a full-time Family Support Manager to oversee Reserve military families' support. Five additional Family Support Managers will be in the field providing support to the "Prairie Navy." This new support structure has been hard-fought because of funding challenges. Yet, without these innovations in Navy family support, service members who are serving in harm's way would have to work harder to resolve pay problems, housing issues, and family concerns.

NMFA is pleased to note that access to information and support has improved overall since the start of the War on Terror. For example, the National Guard continues to promote the state Joint Family Assistance Centers as a resource for all military families. The Guard Family Program website, [www.guardfamily.org](http://www.guardfamily.org), provides lists of many local resources. Training for Guard and Reserve family volunteers has improved and, in the case of the Marine Forces Reserve, Key Volunteers attend training side by side with the Marine Family Readiness Officers (FROs). This training helps to create realistic expectations on both the part of the professional and the volunteer.

Recently, top military family program leaders from across the Services gathered at a Family Readiness Summit, convened by Assistant Secretary of Defense for Reserve Affairs Thomas Hall, to answer tough questions on how to work better together. While focusing on the reserve component, delegates agreed that communication across the Services and components is key to bringing families the best support possible. Effective use of technology and partnerships with community agencies were listed as best practices, along with Military OneSource and the use of volunteers. Challenges identified include the need for consistent funding for family programs and full-time support personnel to help avoid burnout for the full-time staff and volunteers. Some participants expressed concern that current funding is tied to current operations and worried those funds will not always be available to address the long-term needs of service members and families. Participants also identified the need for clear, non-confusing nomenclature for programs that families could recognize regardless of Service or component. Everyone saw reintegration as a challenge and expressed the concern that the single service member not be forgotten in the process. Outreach to parents, significant others, and other family members is essential in helping the service member recover from the combat experience. The concerns raised at this summit mirror those raised to NMFA by families since the beginning of Operations Enduring Freedom and Iraqi Freedom. NMFA has reported these findings in our annual Congressional testimony and in the Association's published reports in 2004 and 2006 on families and deployment: ***Serving the Homefront*** and ***The Cycles of Deployment Survey Report***. These reports are available in the Publications section of the NMFA website: [www.nmfa.org](http://www.nmfa.org).

NMFA regards Military OneSource ([www.militaryonesource.com](http://www.militaryonesource.com)), DoD's version of an employee assistance program, as a solid resource for military families, regardless of Service affiliation or geographical location. While DoD agencies and the OneSource contractor have increased their outreach efforts this year, NMFA remains disappointed that families' usage of OneSource is low and that OneSource is not yet well-integrated into other Service, component, and installation support systems. This integration is important not just to meet the wide-ranging needs of today's military families, but also to make the best use of increasingly scarce resources at the installation level. More efforts must be made to enable family center personnel and unit family readiness volunteers to become the "experts" on OneSource so they can then encourage more families to take advantage of the service. OneSource must also do a better job of connecting families to support services already provided by DoD and the Services.

***NMFA urges these Subcommittees to direct the Services to develop a training system and support structure to meet the needs of the senior officer and enlisted spouses who bear the heaviest burden for supporting other military family unit volunteers. It is essential that professional support personnel are tasked to serve as back-up to unit volunteers to ensure families in crisis receive appropriate assistance. The Services must recognize their responsibility to reach out to families to ensure families understand how to access available support services.***

### **Cut Backs in Base Operations**

Families and the installation professionals who support families tell NMFA that shortfalls in installation operations funding are making the challenges of military life today more difficult. Families are grateful for the funding increases Congress has provided since the start of the Global War on Terror for deployment-related programs, such as counseling, family assistance for Guard and Reserve families, and expanding access to child care services. However, the military families who contact NMFA, as well as many of our more than 100 installation volunteers, also tell us they are worried about consistent funding levels for these programs, as well as for core installation support programs: family center staffing, support for volunteer programs, maintenance on key facilities, and operating hours for dining halls, libraries, and other facilities.

Shortages in base operations funding are nothing new. What seems to make the crisis worse now is that war needs have exacerbated the negative effects of a long history of cutbacks. Deployed service members expect their installation quality of life services, facilities, and programs to be resourced at a level to meet the needs of their families. Cutbacks hit families hard. They are a blow to their morale, a sign that perhaps their Service or their nation does not understand or value their sacrifice. They also pile on another stressor to the long list of deployment-related challenges by making accessing services more difficult. Families are being told the cutbacks are necessary in order to ensure funds are available for the war, and in the case of Army communities, the ongoing Army transformation. Just when they need quality of life programs most, families should not be asked to do without. Their commanders should not have to make the choice between paying installation utility bills or providing family support services.

***NMFA asks Congress to direct DoD to maintain robust family readiness programs and to see that resources are in place to accomplish this goal. We ask these Subcommittees to exercise their oversight authority to ensure critical base operations programs are maintained for the service members and families who depend on them.***

### **Caring for Military Children and Youth**

At a recent hearing, the Service Senior Enlisted Advisors put child care as one of their top two quality of life concerns. Frequent deployments and long work hours make the need for quality affordable and accessible child care critical. We thank Congress for making additional funding available for child care since the

beginning of the Global War on Terror. We also applaud several of the innovative ways the military Services have attempted to meet the demand, including:

- the Navy's 24 hour centers in Virginia and Hawaii;
- the purchase of additional child care slots in private or other government agency facilities;
- partnerships with provider organizations to connect military families with providers; and
- use of additional funding provided by Congress to make improvements to temporary facilities to increase the number of child care slots on military installations.

While these efforts have helped to reduce the demand for child care, more is needed. NMFA understands that the House and Senate have included in their versions of the FY 2007 Supplemental Appropriations bill the \$3.1 billion previously cut from the FY2007 continuing resolution. This funding is critical to ensuring that the additional child care spaces required by BRAC and rebasing can be in place when families begin to arrive at new duty stations. In addition to being disappointed that the Supplemental Appropriations bill has not yet become law, NMFA remains concerned that, in the reality of scarce resources and delayed funding, child care centers will take a back seat to operational funding priorities. Even with these new centers, the Services—and families—continue to tell NMFA that more child care spaces are needed to fill the ever-growing demand.

Multiple deployments have also affected the number of child care providers, both center and home based. Child and Youth Service (CYS) programs have historically counted heavily on the ranks of military spouses to fill these positions. Service CYS programs report a growing shortage of spouses willing to provide child care as the stress of single parenting and the worry over the deployed service member takes their toll. The partnerships between the Services and the National Association of Child Care Resource and Referral Agencies (NACCRRRA) are helping and have grown over the past two years; however, not all families qualify for the subsidies and not all programs are the same. As always, getting the word out to families that such programs exist is challenging. Military OneSource must do a better job of putting the NACCRRRA programs at the top of their list when referring families to child care services within their neighborhood. Too often, a family will call OneSource and receive the closest child care option to their home address, NOT to the program that is currently working with the military and providing subsidies.

Unexpected extensions also wreak havoc on the availability of care. NMFA applauds the Army's efforts to address this shortage with an innovative program: CYS Transition Mobile Teams (TMT). The Army created the TMTs as a response to the emergency shortage of child care providers due to the extension of the 172<sup>nd</sup> Stryker Brigade Combat Team from Fort Wainwright, Alaska. The Army organized teams of volunteers within the CYS department willing to "deploy" to Fort Wainwright for a limited time to fill those shortages. This program was so successful it has been incorporated as a permanent aspect of the Army's CYS program.

Innovative strategies are also needed when addressing the unavailability of after hour (before 6 A.M. and after 6 P.M) and respite care. Families often find it difficult to obtain affordable, quality care, especially during hard-to-fill hours and on weekends. Both the Navy and the Air Force have piloted excellent programs that provide 24-hour care. The Navy has 24-hour centers in Norfolk and Hawaii, which provide a home-like atmosphere for children of Sailors working late night or varying shifts. The Air Force provides Extended Duty Child Care and Missile Care (24 hour access to child care for service members working in the missile field). These innovative programs must be expanded to provide care to more families at the same high standard as the Services' traditional child development programs.

Older children and teens cannot be overlooked. School personnel need to be educated on issues affecting military students and be sensitive to their needs. To achieve this goal, schools need tools. Parents need tools too. Military parents constantly seek more resources to assist their children in coping with military life, especially the challenges and stress of frequent deployments. Parents tell NMFA repeatedly they want resources to "help them help their children." Support for parents in their efforts to help children of all ages is increasing but continues to be fragmented. New federal, public-private initiatives, and increased awareness and support by DoD and civilian schools educating military children have been developed; however, military parents are either not aware that such programs exist or find the programs do not always meet their needs.

In their report: *"The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report"* (Feb 2007), the American Psychological Association states: *"Having a primary caretaker deployed to a war zone for an indeterminate period is among the more stressful events a child can experience. Adults, in the midst of their own distress are often anxious and uncertain on how to respond to their children's emotional needs. The strain of separation can weigh heavily on both the deployed parent and the caretakers left behind. Further, reintegration of an absent parent back into the family often leads to complicated emotions for everyone involved."* These emotional challenges are further exacerbated when the service member's time at home between deployments is shortened, leaving precious little time for reintegration before preparations for the next deployment begin.

NMFA is working to identify the cumulative effects multiple deployments are having on the emotional growth and well-being of military children and the challenges posed to the relationship between deployed parent and child in this very stressful environment. The NMFA **Operation Purple** summer camp program, currently in its fourth year, provides a free camp experience to military children, with priority given to children of deployed service members. Unique in its ability to reach out and serve military children of different age groups (8-18), **Operation Purple** provides a safe and fun environment in which military children feel immediately supported and understood. Its curriculum focuses on giving children the tools to cope with deployment. This year, NMFA will also host a camp specifically for children of the wounded. This first of its kind camp will focus on the special needs and challenges faced by military children whose lives have been

forever altered. It is our hope to reinforce coping skills and begin to collect data which will add to the scant literature on this subject.

***NMFA urges Congress to ensure resources are available to meet the child care needs of military families. NMFA also strongly requests that Congress add funding for further research on the effects deployments have on children of all ages, birth through teen, and support programs that increase the resiliency of the military family, especially of the military spouse who plays a key role in how children cope with deployments and any unfavorable outcomes.***

### **Education of Military Children**

As increased numbers of military families move into new communities due to Global Rebasing and BRAC, their housing needs are being met farther away from the installation. Thus, military children may be attending school in districts whose familiarity with the military lifestyle may be limited. Educating large numbers of military children will put an added burden on schools already hard-pressed to meet the needs of their current populations. Impact Aid has traditionally helped to ease this burden; however, the program remains under-funded. NMFA was disappointed to learn the DoD supplement to Impact Aid was funded at a compromise level of \$35 million for FY 2007. An additional \$10 million was provided to school districts with more than 20 percent military enrollment that experience significant shifts in military dependent attendance due to force structure changes, with another \$5 million for districts educating severely-disabled military children. While the total funding available to support civilian schools educating military children is greater than in recent years, we urge Congress to further increase funding for schools educating large numbers of military children. This supplement to Impact Aid is vital to school districts that have shouldered the burden of ensuring military children receive a quality education despite the stresses of military life.

NMFA also encourages Congress to make the additional funding for school districts experiencing growth available to all school districts experiencing significant enrollment increases and not just to those districts meeting the current 20 percent enrollment threshold. We also urge you to authorize an increase in the level of this funding until BRAC and Global Rebasing moves are completed. The arrival of several hundred military students can be financially devastating to any school district, regardless of how many of those students the district already serves. Because military families cannot time their moves, they must find available housing wherever they can. Why restrict DoD funding to local school districts trying to meet the needs of military children simply because they did not have a large military child enrollment to begin with?

***NMFA asks Congress to increase 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. We also ask Congress to allow all school districts experiencing a significant growth in their military student population due to BRAC, Global Rebasing, or installation housing changes***

***to be eligible for the additional funding currently available only to districts with an enrollment of at least 20 percent military children.***

### **Financial Readiness**

Financial readiness is a critical component of family readiness. NMFA applauds the passage of the Talent/Nelson Amendment (Sec. 670) to the FY 2007 National Defense Authorization Act. This legislation was desperately needed to protect service members and their families from unscrupulous business practices. We are concerned, however, that some lenders are attempting to create loopholes to allow them to circumvent the intent of this important legislation. NMFA is very disappointed with the draft regulation recently released by DoD to implement this legislation. The regulation appears to be more focused on protecting the ability of creditors to function than with ensuring service members and their families are protected from unscrupulous and predatory lenders. As currently drafted, the regulation is so narrow in scope that even payday lenders may be able to continue business as usual with only a few minor changes to their practices. Some of the most damaging products—privilege pay, overdraft protection, and credit cards with exorbitant fees—are completely excluded from the regulation. While DoD has not carved out banks and credit unions by name, the Department has certainly chosen to carve them out completely by product. While NMFA fully recognizes the Military Lending Act could impede the ability of some service members and their families to obtain short term loans, we believe this risk is justified given the negative impact of the use of predatory loans. We also believe better education about other available resources and improved financial education for both the service member and spouse will also reduce the risk.

The chief complaint among lenders centers on the breadth of the protections. Lenders contend the legislation as written will result in the denial of credit to military members and their families. NMFA contends that legitimate lenders have no need to fear an interest rate cap of 36 percent. We encourage DoD to continue to make military families aware of the need to improve their money management skills and avoid high cost credit cards and other lenders. The Department must continue to monitor high cost, low value financial products targeted at military families.

***NMFA asserts that the protections provided under the Talent/Nelson amendment must be implemented in their entirety as written. We urge Congress to oppose strongly any changes to the statutory provisions enacted in the FY2007 Defense Authorization Act and to monitor DoD's implementation of the legislative provision to ensure full protections are made available to military families.***

### **Spouse Education and Employment**

Today's military is comprised of predominantly young adults under the age of 35. Sixty-six percent of military spouses are in the labor force, including 87 percent of junior enlisted spouses (E-1 to E-5). For many, working to pay bills and cover basic expenses is the primary reason for working. Studies show the gap between the financial well-being of military families and their civilian peers is largely due to

the frequent moves required of the military family and the resulting disruptions to the career progression of the military spouse. In a 2005 report by the RAND Corporation: *Working Around the Military: Challenges to Military Spouse Employment and Education*, researchers found that military spouses, when compared to their civilian counterparts, were more likely to live in metropolitan areas and are more likely to have graduated from high school and have some college. Yet the RAND study found that all things being equal, military spouses' civilian counterparts tended to have better employment outcomes and higher wages. Surveys show that a military spouse's income is a major contributor to the family's financial well-being and that the military spouse unemployment rate is much higher (10%) than the national rate. The loss of the spouse's income at exactly the time when the family is facing the cost of a government ordered move is further exacerbated when the spouse is unable to collect unemployment compensation. Lacking the financial cushion provided by the receipt of unemployment compensation, the military spouse must often settle for "any job that pays the bills" rather than being able to search for a job that is commensurate with his or her skills or career aspirations. This in turn hurts morale and affects recruitment and retention of the service member

With a concern that spouses desiring better careers will encourage service members to leave the military, DoD is acknowledging the importance of efforts to support spouse employment. Recent DoD initiatives include the collaboration between DoD and Department of Labor (DoL), which focuses on:

- establishing *Milspouse.org*, a resource library for military spouse employment, education and relocation information,
- establishing One Stop Career Centers near major military installations (Norfolk, Va.; San Diego, Calif.; Fort Campbell, Ky.),
- expanding opportunities for Guard and Reserve members and military spouses to access training and education grants,
- exploring options with states to offer unemployment compensation to military spouses when unemployment is the result of a permanent change of station (PCS) move, and
- improving reciprocity for state certifications and licensing requirements.

Unfortunately, funds for this promising collaboration have run out and are not due to be reinstated. NMFA believes this lack of funding is a significant blow to the promise of these early initiatives. We also believe the Department of Labor is best positioned to provide the coordination necessary with states and other agencies to promote opportunities for military spouse employment.

DoD has also sponsored a partnership with Monster.com to create the Military Spouse Career Center ([www.military.com/spouses](http://www.military.com/spouses)) and recently announced the availability of free career coaching through the Spouse Employment Assessment, Coaching and Assistance Program (SEACA). However, with more than 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 applauds current partnerships through the Army Spouse

Employment Partnership (ASEP) where currently 26 corporate and government partners have pledged to provide solid employment opportunities to military spouses. Although marketed as an Army initiative, all military spouses may take advantage of this program. Unfortunately, without the ability to track the actual hiring numbers, it is difficult to determine the success of these partnerships.

Despite greater awareness of the importance of supporting military spouse career aspirations, some roadblocks remain. In addition to their inability to qualify for unemployment compensation in many states, military spouses may not be eligible for the many labor and workforce development opportunities offered in the states in which their service member is assigned. As the military streamlines operations and contracts out many services, military spouses may find the contract positions have significant disadvantages over positions as non-appropriated fund (NAF) or civil service employees. While one could argue that the ability to be a contractor provides a spouse with some flexibility, this "opportunity" also brings significant monetary implications for the military spouse. What many spouses do not realize until it is too late is that, as a contractor, a spouse enjoys none of the regular employee benefits available through NAF or civil service positions. In addition, they must file quarterly tax statements to pay self-employment tax. NMFA asserts it is time to take a closer look at the efficiencies of contracting and the resulting impact on military spouses who frequently fill these contractor positions.

Many military spouses trying to improve their employment prospects encounter another set of barriers as they seek further education. As one spouse stated in a recent NMFA on-line spouse education and employment survey: *"My resume looks like I cannot hold a job, never mind that I have worked since I was 15! Low salary, no time to accrue seniority, no time for education to improve skills all lead to low self esteem. Never mind that when my husband retired he had access to the MGIB and subsequently has finished two masters' degrees while my options are still limited."*

In the 2006 DMDC Survey for Military Families, 87 percent of spouses report education/training is a personal goal and 54 percent report training would have helped during their last relocation. The high cost of education, the lack of uniformly-authorized in-state tuition, and the high cost of transferring certifications and licenses from state to state are challenges that must be addressed.

NMFA has also been aware of these challenges. In 2006, the Association's Joanne Holbrook Patton Military Spouse Scholarship Program garnered slightly over 8000 applicants! An analysis of responses reaffirmed that military spouses have a strong commitment to educational advancement even as they struggle to juggle school, work and family, especially with today's current deployments. They understand that service life brings unique educational challenges, which often influences their career choices as well. NMFA is developing educational tools to enhance a spouse's ability to navigate through the frustrating years it can take to complete a degree. The *NMFA Military Spouse Education Resource Guide* is now in its second printing. In January of this year, NMFA launched its new on-line Military Spouse Education web section, a comprehensive resource about higher education

tailored for the military spouse. (<http://www.nmfa.org/spouseeducation>). But even with all these initiatives and scholarship opportunities the need continues to be great. As one spouse put it: *"I have searched for education or tuition reimbursement for military spouses and I have found no help. I don't qualify for grants or financial aid because my spouse makes too much money...I see many scholarships for military children or children of the fallen but very little for spouses. How can a spouse further her education when there is very little help for us?"*

NMFA is pleased to report that some states are examining their in-state tuition rules and licensing requirements to 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. DoD has also recognized that it is imperative that programs be developed to move the 22,500 military spouses without a high school degree towards General Education Development (GED) certificates and address the 52,000 military spouses with a high school diploma who need to move toward an Associate or technical degree.

***NMFA asks that the partnership between DoD and DoL be realigned to give DoL the authority to serve military spouses through legislative changes designating military spouses as an eligible group for funds for training and education. Furthermore, NMFA asks Congress to promote federal and state coordination to provide unemployment compensation for military spouses as a result of Permanent Change of Station (PCS) orders. NMFA asks Congress to promote federal and state coordination to make college credits and fees more easily transferable and adopt state education policies that permit a military spouse to qualify for in-state tuition regardless of service member's duty location. NMFA also supports programs or legislative changes that would give local Workforce Investment Boards the opportunity to provide education and training assistance to military spouses. Private sector employers who protect employment and/or education flexibility of spouses and other family members impacted by deployment should be applauded as role models.***

### **Mental Health Challenges**

As the war continues, families' need for a full spectrum of mental health services—from preventative care to stress reduction techniques, to individual or family counseling, to medical mental health services—continues to grow. In a recent meeting in Alaska with Chairman of the Joint Chiefs of Staff General Peter Pace, military spouses asked him for more counseling resources to help them recognize potential difficulties their service members were facing as a result of combat experience. They also asked these services be made available to service members and commanders grappling with these problems. The recent press reports on Walter Reed Army Medical Center also emphasized the need for additional counselors and mental health services for both wounded service members and their families.

NMFA was dismayed to learn recently that Medicare reimbursement rates for mental health services were lowered, thus also lowering TRICARE reimbursement rates. These cuts for mental health service can be as high as 9 percent. Currently, California, North Carolina and Kentucky have implemented the rate change. All three of these states contain military installations experiencing high operational tempos. NMFA is hearing psychiatrists will continue to see current patients, but will be reluctant to accept additional TRICARE patients. Given the shortage of mental health specialists, rate cuts will only further erode access to quality mental health services for military families during a time of war when they need them most.

As service members and families experience numerous lengthy and dangerous deployments, NMFA believes the need for confidential, preventative mental health services will continue to rise. It will also remain high for some time even after military operations scale down in Iraq and Afghanistan. NMFA has seen progress in the provision of mental health services, access to those services, and military service member and family well-being. However, the progress is ongoing and barriers to quality mental health care remain.

### **Progress Made**

NMFA has been impressed with the increased range of mental health support offered in theater for service members, especially with the use of combat stress teams. Combat stress teams move out when needed to the unit level to provide advice, support, and counseling to soldiers who are having some adjustment problems or issues related to combat. They assess the troops, work at preventive mental health, find out what stresses they are struggling with, and assist the commander in helping the service members deal with that stress.

NMFA has often expressed concern about the deployment of service members who had been diagnosed with mental health conditions. We have been especially concerned about the use of psychiatric medications in theater and the ability of mental health providers to monitor service members' use of these medications and address possible side effect issues in a combat environment. We congratulate DoD for issuing policy guidance on the deployment of service members with mental health diagnoses and the monitoring of their conditions ([http://www.ha.osd.mil/policies/2006/061107\\_deployment-limiting\\_psych\\_conditions\\_meds.pdf](http://www.ha.osd.mil/policies/2006/061107_deployment-limiting_psych_conditions_meds.pdf)). We hope this guidance will provide consistency among the Services in how they determine service members' fitness for deployment and the support available to them in theater.

Some communities have also adopted the combat stress team model to support the families of the deployed during periods when they know the unit is engaged in combat or has experienced casualties. In NMFA's *Cycles of Deployment* survey report (<http://www.nmfa.org/site/DocServer/NMFACyclesofDeployment9.pdf?docID=5401>), respondents stated professional mental health resources need to be directed to support the volunteer leadership of the Family Readiness/Support Groups (FRGs). The Rear Detachment of the 1<sup>st</sup> Brigade of the 1<sup>st</sup> Armored Division, based in the Freidberg/Giessen area of Germany, made providing this support a community

priority. It established a Combat Operational Stress Team made up of social workers, Alcohol and Substance Abuse Counselors, and other mental health providers and assigned them as resources to the various battalions' FRGs. By bringing these available community-based mental health resources to the battalion volunteers, the team could identify problem areas more quickly and target their support efforts. For example, when it was apparent that several of the survivors of active duty deaths were choosing to remain in Germany rather than immediately go back to the United States, the rear detachment formed a Bereavement Support Group, assisted by members of the stress team.

The 1<sup>st</sup> Armored Division communities were also among the handful of Army installations to create Care Teams to assist families when the unit has a casualty. The concept behind the Care Team is that rear-detachment commanders and Family Readiness Group leaders have volunteers ready to provide immediate support as the notification teams leave, rather than scrambling around. Care Teams—each with two or three members—train to do everything from looking after children, to anticipating potential crises, to fending off “concerned” neighbors at a vulnerable time. Each Care Team goes through careful screening and training, then undergoes debriefings after helping families to make sure they do not suffer themselves from what is always an emotional test.

As deployments have continued, the military Services have refined programs dealing with the return and reunion process. Families worry about how the reunion will go even as they are worrying about the service member's safety in theater. Recent concerns about military divorce rates have prompted even more programs aimed at couples' reunion and reintegration. The Services recognize the importance of educating service members and their families about how to achieve a successful homecoming and reunion and have taken steps to improve the return and reunion process. Information gathered in the now-mandatory post-deployment health assessments may also help identify service members who may need more specialized assistance in making the transition home. Successful return and reunion programs will require attention over the long term.

Multiple deployments are no longer the exception but rather the norm. Families experiencing a second or third deployment never start from the same place. Along with skills acquired during the first deployment, there are unresolved anxieties and expectations from the last. New families are entering the cycle, whether they are new recruits, service members deploying with new units, or families whose life situations have changed since the last deployment. An example of the progress made in supporting the more complicated readjustments now becoming commonplace is the Army's new *Battlemind* program ([www.battlemind.org](http://www.battlemind.org)). The *Battlemind* training videos, currently available for post-deployment training provide service members with common scenarios they might face on their return home, as well as show them how skills developed on the battlefield to keep themselves alive may make their readjustment more difficult. NMFA is pleased future *Battlemind* programs will be aimed at helping family members with their readjustment.

According to the NMFA *Cycles of Deployment* survey report, families are also concerned about the relationships among other family members during this critical reunion phase. How children, especially the very young or the teenagers, will re-connect with a parent was a common theme. NMFA would like to see the concept behind the couples' programs extended to focus on the reintegration of the entire family. As pointed out in the recently-released American Psychological Association report,

*(<http://www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf>),* scholarly research is needed on the short- and long-term effects of deployment on military families, especially the children. We urge Congress to direct DoD to enter into research agreements with qualified research organizations to expand our Nation's knowledge base on the mental health needs of the entire military family: service members, spouses, and children. Special attention must be paid to issues affecting wounded service members and their families, as well as surviving spouses, children, and other family members. Solid research on the needs of military families is needed to ensure the mix of programs and initiatives available to meet those needs is actually the correct one.

Because military families look to schools for support and because schools have a vested interest in ensuring children are able to focus on learning, NMFA recommends more resources be targeted to provide counseling and make available mental health services in the schools. To determine what is needed, an assessment should be made of existing mental health services provided by DoD and civilian schools serving large populations of military children. This assessment should also attempt to validate anecdotal reports that disruptions and stress among military children related to deployments are resulting in increased medication use, behavioral problems, or declines in educational performance.

Information gathered in the now-mandatory post-deployment health assessments may also help identify service members who may need more specialized assistance in making the transition home. Successful return and reunion programs will require attention over the long term, as well as a strong partnership at all levels between the various mental health arms of the DoD and VA.

The DoD contract for Military OneSource enables service members and families to receive up to six free face-to-face mental health visits with a professional outside the chain of command. NMFA is pleased DoD has committed to funding the counseling provided under the OneSource contract. This counseling is not medical mental health counseling, but rather assistance for family members in dealing with the stresses of deployment or reunion. It can be an important preventative to forestall more serious problems down the road.

Since May 2004, MHN, the behavioral health division of HealthNet, has provided under contract with DoD short-term, solution focused, non-medical family and daily living counseling to active duty, National Guard and Reserve members, and their families (CONUS and OCONUS). The Military and Family Life Consultant (MFLC) program is preventative in nature and designed to reach out proactively to service personnel and their families with assistance as they cope with the stressors

of deployment and reunion. The program complements existing installation resources, including medical, social services, alcohol and substance abuse programs, schools, and chaplains. Support is provided to all Service branches, although the greatest utilization has been by the Army, followed by the Marines. The program also makes available behavioral and financial consultants at a number of Navy installations in Hurricane Katrina-affected areas and supports airmen and their families at a number of OCONUS locations. Currently, there are approximately 150 licensed consultants providing support in Europe, the Pacific Rim and stateside.

While the consultants are equipped to address various needs, a significant amount of support is focused on coping with stress and marriage and family issues. Counselors generally work out of the military centers and are available to assist units or family readiness groups. They try to be visible when service members are returning to their installations or during drill weekends for recently-returned Guard and Reserve members. While many service members and their families are able to benefit solely from the support offered through the consultants, there are, on occasion, instances when more extensive support is required. In such cases, the consultants (all licensed social workers or psychologists) guide the member to the clinical and professional resources available at military installations, as well as via TRICARE.

NMFA has found that families and family support professionals have generally welcomed these additional counseling resources to their communities. We believe the Marriage and Family Life Consultants are most effective when fully integrated into ongoing support activities on an installation. Thus, their success is dependent on the buy-in from the family center personnel. The consultants working in overseas communities experience a greater challenge in integrating their services with other installation programs. Host-nation rules generally limit the time these counselors may work in one location to only a few weeks. Thus, their effectiveness is dependent on both the willingness of local family center staff to use them and on the consultants' ability to do a smooth hand-off with their replacements. While important in enhancing the preventative mental health capabilities in a community, these consultants are not a replacement for the mental health providers who have been deployed. Families continue to raise concerns that more providers who can do long-term counseling and treatment are needed.

***We ask Congress to encourage DoD to expand research into the emotional, educational, and deployment-related challenges affecting military families. NMFA also requests that Congress investigate the effects of recent TRICARE mental health reimbursement rate cuts on military families' access to care.***

### **Barriers to Care**

The military offers a variety of mental health services, both preventative and treatment, across many helping agencies and programs. On a typical installation, families can access stress management classes through the family center staff, the military and family life consultants, chapel programs, hospital, family readiness group meetings, or through orientation programs such as Army Family Team

Building. They can find marriage and family counseling through the family centers, chaplains, or social workers at the military hospitals. They can call Military OneSource and request a visit with a counselor outside the military system paid through that contract. If a medical condition, such as depression or an anxiety disorder, is suspected, families can receive services, where available, through military treatment facilities or TRICARE civilian providers.

As outlined above, DoD and the individual Services have added many deployment-related support, counseling, and stress management programs to supplement existing mental health programs. These programs, however, are primarily stand-alone. Coordination across the spectrum is rare. Families tell NMFA that the proliferation of programs, while beneficial to those who seek them out or are able to take advantage of them, has increased their confusion about where to go or who to see to get the help they need. A first step in this needed coordination would be to integrate training among OneSource counselors, installation-based family support professionals, and Family Assistance Center employees of the Guard and Reserve to facilitate information, collaboration, and counseling efforts to best support military families. A second step would be to increase linkages at the local level between military installation mental health providers, civilian providers, and school personnel to enhance training and access to care.

Timely access to the proper provider remains one of the greatest barriers to quality mental health services for service members and their families. NMFA and the families it serves have noted with relief that more providers are deployed to theaters of combat operations to support service members. The work of these mental health professionals with units and individuals close to the combat action they experience have proved very helpful and will reduce the stress that impedes service members' performance of their mission and their successful reintegration with their families.

While families are pleased more mental health providers are available in theater to assist their service members, they are less happy with the resulting limited access to providers at home. Families report increased difficulty in obtaining appointments with social workers, psychologists, and psychiatrists at their military hospitals and clinics. The military fuels the shortage by deploying some of its child and adolescent psychology providers to the combat zones. Providers remaining at home stations report they are frequently overwhelmed treating active duty members who either have returned from deployment or are preparing to deploy to fit family members into their schedules. A recent survey on counseling conducted by the European Command documents the access problems NMFA has heard from military families both CONUS and OCONUS. Many respondents stated that appointments are difficult to obtain, that chaplains and family center staff are also overworked, and that the specialized care needed for children and adolescents is persistently difficult to obtain.

National shortages in this field, especially in child and adolescent psychology, are exacerbated in many cases by low TRICARE reimbursement rates, TRICARE rules, or military-unique geographical challenges: large populations in rural or

traditionally underserved areas. Over the past year, several groups of civilian mental health providers who are willing to donate their services to service members and family members have contacted NMFA. One of these groups is SOFAR, the Strategic Outreach to Families of All Reservists ([www.sofarusa.org](http://www.sofarusa.org)). SOFAR providers, mostly based in New England, provide stress management sessions to Family Readiness Groups and individual counseling to family members, to spouses and children, as well as non-military-ID card holders, such as parents and significant others. The non-profit Give an Hour ([www.giveanhour.org](http://www.giveanhour.org)) asks mental health providers to donate one hour per week for a year to assist service members or family members who need these services. NMFA applauds the spirit to help military families that drives these ventures and believes that well-trained providers in these organizations can supplement local support services available to family readiness groups and unit rear detachment/party personnel, especially for isolated Guard and Reserve units. However, we are concerned about the difficulties in coordinating care provided outside the TRICARE system in case more serious issues emerge and the patient must come back into the system. While willing to see military beneficiaries in a voluntary status, these providers often tell us they will not participate in TRICARE because of what they believe are time-consuming requirements and low reimbursement rates. More must be done to persuade these providers to participate in TRICARE and become a resource for the entire system.

NMFA also believes a legislative change is needed to expand the TRICARE provider base. Currently, by law, clinical social workers and marriage and family therapists can independently treat TRICARE beneficiaries for TRICARE-covered mental health conditions. Licensed mental health counselors are professionals with master's or doctoral degrees in counseling or a related discipline, training similar to that of clinical social workers and marriage and family therapists. They were excluded from the legislative authority to treat TRICARE patients as independent providers and may only see TRICARE patients under the supervision of a physician. This requirement increases the difficulty for TRICARE patients in accessing care, limits their choice of provider, and may, by providing an additional step in the process of obtaining care, discourage beneficiaries from seeking care. A provision to grant licensed mental health counselors independent practice authority under TRICARE was included in the House version of the FY 2006 and 2007 NDAs, only to fall out of the final conference versions. NMFA asks Congress to try again this year to achieve this necessary change to expand the military medical facility and TRICARE provider base by authorizing independent practice by licensed mental health counselors.

NMFA continues to hear that some service members and families feel the stigma against seeking mental health care and choose to try to "ride out" the rough spots on their own. We believe, however, based on our survey data and conversations with family members that the increased stress caused by multiple deployments is causing more families to seek help. While this increased stress in the military family is bad news, the good news for family support professionals who believe military families are reluctant to seek help for mental health issues is that many now recognize counseling is an option for them. Families perceive counseling and mental health support as especially helpful if it is confidential and with a

professional familiar with the military. One spouse who met recently with General Pace in Alaska noted what she felt she and her service member spouse needed most: *"When my husband talks to me, I don't even know how to respond to some of the things he says. If they can talk among themselves, without fear of repercussion, maybe that would help."*

To measure the stigma associated with seeking behavioral health care, the Army's Third Mental Health Advisory Team (MHAT) asked Soldiers five different questions. The team found that the number of Soldiers who agreed there was stigma associated with seeking this care decreased significantly from MHAT I to MHAT III. While these findings are encouraging, we include the persistent stigma as a barrier that must still be addressed. Commanders must be engaged in this process to model behaviors that promote the seeking of counseling and support.

Many mental health experts state that some post-deployment problems may not surface for several months or years after the service member's return. NMFA is especially concerned that not as many services are available to the families of returning Guard and Reserve members and service members who leave the military following the end of their enlistment. They may be eligible for transitional health care benefits and TRICARE Reserve Select. The service member may seek care through the Veterans' Administration, but what happens when the military health benefits run out and deployment-related stresses still affect the family? Reports of Vietnam and even World War II veterans showing up at VA facilities in need of counseling after viewing news reports of the war in Iraq remind all of us that PTSD and other mental health effects of the war can linger for years, thus requiring the availability of care for many years in the future. Congress must address not just the current needs of the force and families, but also their long-term need for continued access to services.

We ask Congress to also address the distance issues families face in linking with military mental health resources and obtaining appropriate care. Isolated Guard and Reserve families do not have the benefit of the safety net of services provided by military treatment facilities and installation family support programs, however strained. They look to resources in their communities. Often, however, these local providers may not have an understanding of military life or an appreciation of the service member's choice to serve. Especially when dealing with the mental health consequences of deployment, families want to be able to access care with a provider who understands or is sympathetic to the issues they face. More education to civilian health care providers, as well as religious and education professionals, will help to broaden the support base for military families and improve the quality of the mental health services they receive. Alternative methods for providing mental health services to rural areas should be explored, such as telemental health.

In the sixth year of the war on terror, care for the caregivers must become a priority. NMFA hears from the senior officer and enlisted spouses who are so often called upon to be the strength for others. We hear from the health care providers, educators, rear detachment staff, chaplains, and counselors who are working long

hours to assist service members and their families, known as compassion fatigue. Unless these caregivers are also afforded a respite and care, they will be of little use to those who need their services most.

NMFA also sees a need for specific training in bereavement and other counseling for family readiness group leaders, ombudsmen, and key volunteers. Many widows say they suddenly felt shut out by their old unit or community after the death of their service member. Often the perceived rejection is caused by a lack of knowledge on the part of other families about how to meet the needs of the survivors in their midst. Because they find contact with survivors difficult, they shy away from it. In some communities, support groups outside the unit family support chain have been established to sustain the support of the surviving families in the days and months after the death of the service member. As part of the standardization and improvement of the casualty assistance process, more effort needs to be placed at the command level on supporting the long-term emotional needs of survivors and of communities affected by loss. The implementation of the Care Team process on a broader scale not only supports survivors, but also those community volunteers who bear the burden of support.

Because the VA has as part of its charge the "care for the widow and the orphan," NMFA was concerned about recent reports that many Vet Centers did not have the qualified counseling services they needed to provide promised counseling to survivors, especially to children. DoD and the VA must work together to ensure surviving spouses and their children can receive the mental health services they need. New legislative language governing the TRICARE behavioral health benefit may also be needed to allow TRICARE coverage of bereavement or grief counseling. While some widows and surviving children suffer from depression or some other medical condition for a time after their loss, many others simply need counseling to help in managing their grief and helping them to focus on the future. Many have been frustrated when they have asked their TRICARE contractor or provider for "grief counseling" only to be told TRICARE does not cover "grief counseling." Available counselors at military hospitals can sometimes provide this service and certain providers have found a way within the reimbursement rules to provide needed care, but many families who cannot access military hospitals are often left without care because they do not know what to ask for or their provider does not know how to help them obtain covered services. Targeted grief counseling when the survivor first identifies the need for help could prevent more serious issues from developing later.

Many of the issues facing survivors also face service members who were wounded or injured and their families. Because many of these service members are medically retired and will continue to access military health care benefits, in addition to VA assistance, appropriate mental health services must be available in both systems to them and their families. Counselors working with these families must understand the effects of trauma and help them deal with the ongoing challenges involved in the care of the service member, as well as the upheaval that injury has caused to the family as a whole. Mental health professionals must have a greater understanding of the effects of mild Traumatic Brain Injury in order to help

accurately diagnose and treat the service member's condition. They must be able to deal with polytrauma—PTSD in combination with multiple physical injuries.

***DoD must balance the demand for mental health personnel in theater and at home to help service members and families deal with unique emotional challenges and stresses related to the nature and duration of continued deployments. Rear detachment personnel and family readiness volunteers need mental health professionals dedicated to assist them in supporting families of the fallen and injured and others who may become overwhelmed by the stresses of deployment. We ask Congress to encourage DoD to step up the recruitment of uniformed mental health providers and the hiring of civilian providers to assist service members in combat theaters AND at home stations to care for the families of the deployed and service members who have either returned from deployment or are preparing to deploy. TRICARE contractors should be tasked with stepping up their efforts to attract mental health providers into the TRICARE networks and to identify and ease the barriers providers cite when asked to participate in TRICARE.***

### **Access to Health Care**

NMFA thanks Members of these Subcommittees for their continued support for a robust military health care system. We ask you to remember the multi-faceted mission of this system. It must meet the needs of service members and the Department of Defense (DoD) in times of armed conflict. The Nation must also acknowledge that military members, retirees, their families, and survivors are indeed a unique population with unique duties, who earn an entitlement to a unique health care program. We ask you to recognize that the military health care system, which showed signs of stress even before the start of the Global War on Terror, is now significantly taxed.

NMFA and the families it serves have been gratified to see the medical improvements on the battlefield and in military hospitals, which have raised the survival rate of casualties. NMFA asserts, however, as we have done for several years, that access to care remains the number one problem facing TRICARE beneficiaries, especially those who depend on military treatment facilities (MTFs). We were dismayed, but unfortunately not surprised, by the recent press reports highlighting the problems wounded service members face in accessing care at Walter Reed Army Medical Center. As we have stated in previous testimonies before the Personnel Subcommittee, military families often cite problems accessing care at MTFs. What was particularly disturbing to us was that we know families are willing to wait longer than they should for care so that service members can receive first priority. Families have every right to be horrified, therefore, when they find those who bear the scars of battle are having the same or worse access issues.

Recent statements by the Service Surgeons General before the new Task Force on the Future of Military Health Care highlighted the funding problems facing the direct care system. These shortfalls are experienced first-hand by military families enrolled in TRICARE Prime when they find their MTF cannot meet

prescribed access standards. No one is more cognizant of the need for superior health care to be provided to service members in harm's way than their families. In addition, no one is more willing to change providers or venues of care to accommodate the need for military health care providers to deploy than the families of those deployed. However, a contract was made with those who enrolled in Prime. Beneficiaries must seek care in the manner prescribed in the Prime agreement, but in return they are given what are supposed to be guaranteed access standards. When an MTF cannot meet those standards, appointments within the civilian TRICARE network must be offered. In many cases, this is not happening and families are told to call back next week or next month. In other cases, MTFs must send enrolled beneficiaries to providers in the civilian network, thus increasing costs to the system as a whole.

Because operational requirements have reduced the number of uniformed health care personnel available to serve in the MTF system, a more coordinated approach is needed to optimize care and enable MTFs to meet access standards. We continue to hear that difficulties in the Service contracting process prevent MTFs from filling open contract provider slots and thus optimizing care within their facilities. Efficient contracting for health care staffing could increase the amount of care provided in the direct care system, thereby reducing the overall cost of care to the military health care system. NMFA suggests Congress direct DoD to reassess the resource sharing program used prior to the implementation of the T-Nex contracts and take the steps necessary to ensure MTFs meet access standards with high quality health care providers.

MTFs must have the resources and the encouragement to ensure their facilities are optimized to provide high quality, coordinated care for the most beneficiaries possible. They must be held accountable for meeting stated access standards. If funding or personnel resource issues are the reason access standards are not being met, then assistance must be provided to ensure MTFs are able to meet access standards, support the military mission, and continue to provide quality health care.

***NMFA asks all Members of Congress to hold DoD accountable for providing access to quality care to all TRICARE beneficiaries and to ensure the system is adequately resourced to provide that access.***

### **Help for Families Far From Home**

NMFA is concerned with the inequity of health care options being offered to pregnant spouses of service members who are stationed at remote embassies in Africa, Eastern Europe, Asia and other overseas areas. Appropriate medical care for the delivery does not exist at their duty station. As their delivery date approaches, pregnant women at remote sites in Africa and Eastern Europe are often sent to Landstuhl Military Medical Center in Germany to await the birth of their child. They may arrive as early as six weeks before their due date. They are put up in the "Stork's Nest"—a Visiting Officers' Quarters (VOQ) in Landstuhl with other waiting mothers-to-be. If they have other children, they must find care for them at their home station or bring them with them at their own expense to Landstuhl. They

endure a long bus ride to the hospital for appointments and another long bus ride back.

What's wrong with this picture? The wife of the ambassador, consul or staffer working for the State Department can choose to go back to the states at government expense and stay with family until the birth of their child. So can military spouses who are stationed in Central and South America. In some cases, spouses in other locations will receive permission and funding to travel back to the states to have their babies; however, families report no consistency in how the policy is followed and who might be "lucky" enough to receive permission and funding to go to the states. Until recently, NMFA had been told this issue could be settled by policy within DoD Health Affairs. Now, we are hearing legislation is needed to give pregnant military spouses the choice of coming back to the states to have their child or staying alone in Landstuhl at the Stork's Nest while they wait to deliver.

***NMFA requests that Congress investigate the policy governing OB care given military spouses in remote locations and require that pregnant military spouses stationed in these locations be given a choice as to where to deliver their children at government expense.***

### **Support for Families With Special Needs**

NMFA is grateful to Congress for directing DoD, in Section 717 of the FY 2007 NDAA, to develop a plan to provide services to military dependent children with autism. This complicated condition places a burden on many military families. Unfortunately, current TRICARE policies increase that burden because families cannot access the care their children need. Frequent military moves make it difficult for these children to receive a consistent level of services. Deployment of a service member removes a caregiver from the home, making managing therapy and doctors' appointments, negotiating with school officials for suitable services, and caring for other children in the family difficult for the parent remaining behind. In the FY 2002 NDAA, Congress authorized the Extended Care Health Option (ECHO) to provide additional benefits to active duty with a qualifying mental or physical disability in recognition of extraordinary challenges faced by active duty families because of the service member's deployment or frequent relocations that often make accessing services in the civilian community difficult.

As we stated last year, families with autistic children reported difficulties in obtaining Applied Behavioral Analysis (ABA) therapy since the implementation of ECHO. We appreciate your support of Section 717 and its recognition that DoD was not fulfilling its obligation to these families. We thank Congress for requiring the Department to seek family member input in developing its plan and are monitoring this process closely. DoD sought parent input through a special e-mail address and is also working with selected parents on aspects of the plan. NMFA is also gathering additional input from parents, which it has shared with the TRICARE Management Activity. We will be working to ensure the concerns of these military service members and spouses are addressed in the plan. We also thank Service leaders,

especially in the Marine Corps, for their interest in this issue and in ensuring the plan will be responsive to family and mission needs.

We remain concerned that military service members with special needs family members continue to battle a lack of information or support and are often frustrated by the failure of the military health care and family support systems to work together and with civilian agencies to support their families' needs. Like the service members featured in the recent press reports of problems at Walter Reed, special needs military families often experience a system that relies on them to connect the dots and seek out resources rather than providing the care coordination they need.

***NMFA requests this Subcommittee monitor DoD's development of a plan to support military family members with autism and to ensure service members with special needs family members are provided the support they need.***

### **Military Moves**

NMFA is gratified that Congress set a deadline in the FY 2007 NDAA for DoD to implement the "Families First" program for Permanent Change of Station (PCS) moves. This program is long overdue. It will provide much needed protections to military families entrusting their most precious possessions to movers, as well as full replacement value reimbursement for goods lost or damaged in a move. We implore you to continue to hold DoD's feet to the fire to deliver this long awaited program for military families.

We also ask Congress to recognize that military spouses accumulate professional goods over the course of a military career. Frequent moves make it difficult to establish and maintain professional materials used for a job or volunteer activities that will ultimately count against the family's weight allowance when the time to move arrives. Military members are permitted a professional goods weight allowance to compensate for the computers, books and equipment that must accompany them from duty station to duty station. We request that spouses be provided this professional courtesy as well.

Finally, a PCS move to an overseas location can be especially stressful. Military families are faced with the prospect of being thousands of miles from extended family and living in a foreign culture. At many overseas locations, there are insufficient numbers of government quarters resulting in the requirement to live on the local economy away from the installation. Family members in these situations can begin to feel extremely isolated; for some the only connection to anything familiar is the local military installation. Unfortunately, current law permits the shipment of only one vehicle to an overseas location, including Alaska and Hawaii. Since most families today have two vehicles, they sell one of the vehicles. Upon arriving at the new duty station, the service member requires transportation to and from the place of duty leaving the military spouse and family members at home without transportation. This lack of transportation limits the ability of spouses to secure employment and the ability of children to participate in extra curricular

activities. While the purchase of a second vehicle alleviates these issues, it also results in significant expense while the family is already absorbing other costs associated with a move. Simply permitting the shipment of a second vehicle at government expense could alleviate this expense.

***NMFA requests that Congress ease the burden of military PCS moves on military families by authorizing a professional goods weight allowance for military spouses and by authorizing the shipment of a second vehicle for families assigned to an overseas location on accompanied tours.***

### ***Wounded Service Members in Transition***

As revealed in the series of articles about Walter Reed Army Medical Center, post-deployment transitions to and from a variety of DoD, VA, and civilian medical facilities and between military and civilian life can be especially problematic for injured service members and their families. NMFA asserts that behind every wounded service member is a wounded family. Spouses, children, parents, and siblings of service members injured defending our country experience many uncertainties. Fear of the unknown and what lies ahead in future weeks, months, and even years, weighs heavily on their minds. Other concerns include the injured service member's return and reunion with their family, financial stresses, and navigating the transition process to the VA. The system should alleviate, not heighten these concerns, and provide for coordination of care that starts when the family is notified the service member has been injured and ends with the DoD and VA working together to create a seamless transition as the injured service member transfers from active duty status to veteran. Interruption in their continuity of care can occur when the transfer of medical records between the two health care systems does not occur smoothly. The lack of a standardized DoD and VA electronic health record prevents the seamless transfer of information, which effects the quality of care given and received by wounded services members. NMFA urges Congress to request status reports on DoD and VA's partnership initiatives.

Traumatic Brain Injury (TBI) is the signature wound for Operation Enduring Freedom and Operation Iraqi Freedom injured service members. Long-term effects and appropriate treatment for this condition have not been adequately assessed. NMFA is concerned with DoD's decision to cut funding for basic research by 9 percent and 18 percent for applied research. Accurate diagnosis and proper treatment for TBI requires forward leaning initiatives by DoD and VA founded on solid research.

When designing support for the wounded/injured in today's conflict, the "government"—whether in the guise of commander, non-commissioned officer, Service personnel office, a family assistance center, an MTF, or the VA—must take a more inclusive view of military families and remember that a successful recovery depends on caring for the whole patient and not just the wound. Those who have the responsibility to care for the wounded service member must also consider the needs of the spouse, children, and the parents and siblings of single service members. It is time to update TRICARE benefits to meet the needs of this population by allowing medically-retired wounded service members and their

families to retain access to the set of benefits available to active duty families during a transitional period following the service member's retirement. These benefits would include the ability to enroll in TRICARE Prime Remote and to continue coverage of a disabled family member under the Extended Care Health Option (ECHO).

In the past, the VA and the DoD have generally focused their benefit packages for a service member's family on his/her spouse and children. Now, however, it is not unusual to see the parents and siblings of a single service member presented as part of the service member's family unit. In the active duty, and Reserve components, almost 50 percent are single. Having a wounded service member is new territory for many families. Regardless if the service member is married or single; their families will be affected in some way by the injury. As more single service members are wounded, more parents and siblings must take on the role of helping their son, daughter, sibling through the recovery process. Family members are an integral part of the health care team. Their presence has been shown to improve their quality of life and aid in a speedy recovery.

Spouses and parents of single service members are included by their husband/wife or son/daughter's Military command and their family support and readiness groups during the deployment. When that service member is wounded, their involvement in their loved one's life does not change. Spouses and parent(s) take time away from their jobs in order to travel to Walter Reed Army Medical Center or the National Naval Medical Center at Bethesda to be by their loved one. They learn how to care for their loved one's wounds and navigate an often unfamiliar and complicated health care system.

The DoD and each military Service have developed unique programs to assist wounded service members and their families: US Army Wounded Warrior Program (AW2), the Marine For Life (M4L), the Navy Safe Harbor, Air Force's Palace HART and the DoD Military Severely Injured Center (MSIC). When working well, these programs deliver information and provide support services for the injured and their families while still on active duty status. NMFA thanks the Services and the DoD for their efforts, but believes more must be done to ensure these programs are working the way they were intended to meet the needs of the growing number of wounded service members and their families. The role of the DoD and the VA must be clearly explained and delineated and joint efforts between the Services and the VA in support of the wounded service member and their families continue as a priority.

Because the increased number of wounded and the severity of wounds have strained Service programs, NMFA believes the Service wounded service member programs must be augmented with expanded case management support. A case manager could provide individual assistance for a wounded service member and their family while moving between the DoD to the VA health care systems. These individuals must have an understanding of the unique aspects presented in these cases, such as DoD and VA health care systems, eligibility for benefits and services, and the wounded service member's individual health care needs.

***To support wounded and injured service members and their families NMFA recommends Congress***

- ***Extend the three-year transitional survivor health care benefit to service members who are medically retired and their families and direct DoD to establish a Family Assistance Center at every MTF caring for wounded service members.***
- ***Allow for the wounded service member and family to have input into the location of rehabilitation and recovery care. The health care team would provide alternative sites, other Military Treatment Facilities, VA hospitals and civilian center of excellence in which to choose. The wishes/desires of the wounded service member must be kept in mind (i.e. close to home) along with a discussion of the potential positive/negative aspects each place offers for treatment and care.***
- ***Create a “case manager” assigned to individual wounded service members and their families to assist in the coordination of care during recovery and rehabilitation phases and transition from active duty to veteran status.***
- ***Establish requirements for “case workers” to be familiar with the unique aspects presented with these cases and receive standardized training to aid in maintaining the continuity of care and improve the service member’s quality of life.***
- ***Remove the TGSLI disparity for eligible service members enabling all those who served in support of OIF and OEF regardless of location after October 1, 2001 receive this benefit.***

### **Pay and Compensation Challenges**

NMFA thanks Members of these Subcommittees for their recognition that service members and their families deserve a comprehensive benefit package consistent with the extraordinary demands of military service. We ask you to continue to evaluate changing circumstances that may diminish the value of that package and threaten the retention of a quality force. We also ask you to recognize the interaction between the various elements of the compensation package and how they affect families’ eligibility for certain state and federal programs.

Despite regular annual pay increases, in addition to targeted raises, over the past several years, military pay for some service members still lags behind civilian pay. NMFA recommends a pay increase of not less than 3.5% for FY 2008. We further urge that future increases remain at least one-half percentage point above private sector pay growth until the estimated 4 percent pay gap is eliminated.

### **Military Allowances and Safety Net Programs**

In Congressional testimony since 2003, NMFA has raised a long-standing frustration for military families: the confusion involved in how and when military allowances are counted to determine eligibility for military and civilian programs. NMFA again reinforces the need for Members of Congress, as well as state officials, to assist in bringing a sense of order in how military allowances are counted for federal and state programs. We ask you to help ensure equitable access to these

safety net services and protect families against disruptions in benefit eligibility caused by the receipt of deployment pays. No family should have to face the prospect of losing valuable benefits for a disabled child because a service member has received deployment orders.

Families living off the installation are often there only because of insufficient on-base housing, yet endure higher expenses than families living on an installation. Ideally, therefore, NMFA believes tax free allowances such as BAH should not be counted under any safety net program, which is how they are now treated in determining eligibility for the Earned Income Tax Credit (EITC). NMFA understands this could increase the number of military families eligible for some of these programs, but believe this increase is justified given the need for equitable treatment of all service members, as well as the loss of spouse income due to military relocations and high operations tempo.

***Inconsistent treatment of military allowances in determining eligibility for safety net programs creates confusion and can exact a financial penalty on military families. A start in correcting this inequity would be to adopt a common standard in how BAH should be counted in eligibility formulas and to ensure that the receipt of deployment-related allowances do not cause military family members to become ineligible for support services, such as the Supplemental Security Income (SSI), for which they would otherwise be eligible.***

### **Commissaries and Exchanges**

The commissary is a key element of the total compensation package for service members and retirees and is valued by them, their families, and survivors. NMFA surveys indicate that military families consider the commissary one of their most important benefits. In addition to providing average savings of more than 30 percent over local supermarkets, commissaries provide an important tie to the military community. Commissary shoppers get more than groceries at the commissary. They gain an opportunity to connect with other military family members and to get information on installation programs and activities through bulletin boards and installation publications. Finally, commissary shoppers receive nutrition information and education through commissary promotions and educational campaigns contributing to the overall health of the entire beneficiary population.

The military exchange system serves as a community hub, in addition to providing valuable cost savings to members of the military community. Equally important is the fact that exchange system profits are reinvested in important Morale Welfare and Recreation (MWR) programs, resulting in quality of life improvements for the entire community. We believe that every effort must be made to ensure that this important benefit and the MWR revenue is preserved, especially as facilities are down-sized or closed overseas. Exchanges must also continue to be responsive to the needs of deployed service members in combat zones.

### **TRICARE Fees—What's the Answer?**

Last year's proposal by DoD to raise TRICARE fees by exorbitant amounts resonated throughout the beneficiary population. Beneficiaries saw the proposal as a concentrated effort by DoD to change their earned entitlement to health care into an insurance plan. NMFA appreciates the concern shown by Members of Congress last year in forestalling any premium increase, emphasizing the need for the Department to institute more economies, and suggesting further investigation of the issue through a report by the Government Accountability Office and the creation of a task force on the future of military health care. We appreciate your recognition of the need for more information about the budget assumptions used by DoD, the effects of possible increases on beneficiary behavior, the need for DoD to implement greater efficiencies in the Defense Health Care Program (DHP), and the adequacy of the DHP budget as proposed by DoD. We appreciate the continued Congressional oversight responsibilities of these issues, but ask for your help in avoiding a funding train wreck that could impede military families' access to quality care. NMFA urgently requests that Congress reinstate the \$1.9 billion deducted by DoD from the budget proposal for the Defense Health Program to reflect its savings due to their proposed policy initiatives, such as increased TRICARE fees.

As we stated last year, NMFA believes DoD has many options available to make the military health system more efficient and thus make the need for large increases in beneficiary cost shares unnecessary. NMFA urges Congress to request status reports on DoD's implementation of the cost-cutting measures included in recent National Defense Authorization Acts and to ensure the Department is exhausting all reasonable measures of economy prior to seeking beneficiary fee increases. We encourage DoD to implement cost saving measures such as: a systemic approach to disease management; an ongoing, aggressive marketing campaign to increase use of the TRICARE Mail Order Pharmacy; eliminating contract redundancies; delaying the re-competition of the TRICARE contracts; speeding implementation of the Uniform Formulary process; and optimizing Military Treatment Facilities (MTFs).

NMFA remains especially concerned about what we believe is DoD's continued intention to create a TRICARE Standard enrollment fee. The precursor to TRICARE Standard, the basic benefit provided for care in the civilian sector, was CHAMPUS, which was then, as TRICARE Standard is now, an extension of the earned entitlement to health care. Charging a premium (enrollment fee) for TRICARE Standard moves the benefit from an earned entitlement to an opportunity to buy into an insurance plan. Standard is the only option for many retirees, their families, and survivors because TRICARE Prime is not offered everywhere. Also, using the Standard option does not guarantee beneficiaries access to health care, which beneficiaries opting to use Standard rather than Prime understand. DoD has so far not linked any guarantee of access to their proposals to require a Standard enrollment fee.

In the ongoing debate about whether or not to raise TRICARE beneficiary fees, NMFA believes it is important for everyone participating in that debate to understand the difference between TRICARE Prime and TRICARE Standard and to distinguish between creating a TRICARE Standard enrollment fee and raising the

Standard deductible amount. TRICARE Prime has an enrollment fee for military retirees; however, it offers enhancements to the health care benefit. These enhancements include: lower out-of-pocket costs, access to care within prescribed standards, additional preventive care, assistance in finding providers, and the management of one's health care. In other words, enrollment fees for Prime are not to access the earned entitlement, but for additional services. These fees, which have not changed since the start of TRICARE, are \$230 per year for an individual and \$460 per year for a family.

	<b>Prime</b>	<b>Standard</b>
Enrollment fees	\$230/year for an individual; \$460/year for a family	None
Annual Deductibles	None	\$150/individual; \$300 for a family
Outpatient co-payment (Prime)/cost share (Standard) for individual providers	\$12	25% of allowed charges <sup>1,2</sup>
Inpatient co-payment/cost share for individual providers	None	25% of allowed charges <sup>1,2</sup>
Daily inpatient hospitalization charge	Greater of \$11 per day or \$25 per admission	Lesser of \$535/day or 25% of billed charges if treated in non-network hospital <sup>3</sup>
Emergency Services co-payment/cost share	\$30	25% of allowed charges
Ambulance Services co-payment/cost share	\$20	25% of allowed charges
Preventive Examinations (such as: blood pressure tests, breast exams, mammograms, pelvic exams, PAP smears, school physicals) co-payments/cost shares	None	25% cost share <sup>1,2</sup>

<sup>1</sup> Providers may charge 15% above the TRICARE allowable and the beneficiary is responsible for this additional cost, making the potential cost share 40%.

<sup>2</sup> If care is accessed from a TRICARE Prime/Extra network provider the cost share is 20%.

<sup>3</sup> If care is received in a TRICARE Prime/Extra network hospital, the daily hospitalization rate is the lesser of \$250/day or 25% of negotiated charges. (For a more detailed comparison of TRICARE costs, go to:

**<http://www.tricare.mil/tricarecost.cfm>**)

DoD's proposal last year to increase TRICARE Prime enrollment fees, while completely out-of-line dollar wise, was not unexpected. In fact, NMFA had been surprised DoD did not include an increase as it implemented the recent round of new TRICARE contracts. While increases were at least temporarily forestalled by Congress last year, NMFA believes DoD officials continue to support large increased retiree enrollment fees for TRICARE Prime, combined with a tiered system of enrollment fees and TRICARE Standard deductibles. NMFA believes any tiered system would be arbitrarily devised and would fail to acknowledge the needs of the most vulnerable beneficiaries: survivors, wounded service members, and their families.

Acknowledging that the annual Prime enrollment fee has not increased in more than 10 years and that it may be reasonable to have a mechanism to increase fees, NMFA last year presented an alternative to DoD's proposal should Congress deem some cost increase necessary. The most important feature of this proposal was that any fee increase be no greater than the percentage increase in the retiree cost of living adjustment (COLA). If DoD thought \$230/\$460 was a fair fee for all in 1995, then it would appear that raising the fees simply by the percentage increase in retiree pay is also fair. NMFA also suggests it would be reasonable to adjust the TRICARE Standard deductibles by tying increases to the percent of the retiree annual COLA.

NMFA is dismayed DoD has taken only small steps to encourage migration to the TRICARE Mail Order Pharmacy (TMOP). Its marketing effort to promote the use of the TMOP came only after NMFA and other associations raised the issue in Congressional testimony last year in their push for the implementation of significant cost-saving measures prior to any increase in TRICARE fees. Promoting use of the TMOP makes sense, as it provides significant savings to beneficiaries as well as huge savings to the Department. If some additional cost share for the TRICARE Retail Pharmacy (TRRx) is instituted, NMFA believes it should not be implemented until all of the medications available through TRRx are also available through TMOP. Finally, it is well understood, and NMFA has no great argument with the premise, that the process of establishing a Uniform Formulary was to provide clinically appropriate drugs at a cost savings to the Department. We believe information must be gathered to determine if the Uniform Formulary process is meeting the desired goals.

***NMFA believes tying increases in TRICARE enrollment fees to the percentage increase in the retiree Cost of Living Adjustment (COLA) is a fair way to increase beneficiary cost shares should Congress deem an increase necessary. We encourage Congress to direct DoD to continue efforts to gain real efficiencies, improve the quality of care, and access. NMFA requests the Government Accountability Office be asked to conduct a review to see if the Uniform Formulary process is producing the savings projected and the extent, if any, beneficiaries believe they have been denied medications they and their provider believe would be more clinically appropriate for them.***

## Survivors

Recently, a story in the *Washington Post* raised concerns about some of the difficulties families encounter in the awarding of survivor benefits to the children of single service members. NMFA has always emphasized that service members and families must understand there is a package of survivor benefits. The death gratuity was originally intended to act as a financial bridge, to help with living expenses until other benefits such as the Dependency and Indemnity Compensation (DIC) payment, the Survivor Benefit annuity, and Social Security benefits begin to be paid. The Servicemembers Group Life Insurance (SGLI), is, as its name implies, an insurance. The death gratuity is not an insurance payment, even though its \$100,000 payment is bigger than many civilian life insurance plans. Service members may thus regard it as just another insurance plan.

As the law is currently written, the death gratuity must be awarded to the next of kin. The service member may designate multiple beneficiaries for the SGLI. If the parent or sibling of a service member is named as the single beneficiary or one of multiple beneficiaries, there is no stipulation in the SGLI regarding the use of that money for any particular purpose. It is of utmost importance, in light of the increased value of the survivor benefits, that the service member be informed about the difference between the death gratuity and the SGLI payment. It is also important that service members and their families discuss the implications and disposition of these payments, especially when there is a minor child involved. With the increased amount of survivor benefits, it is incumbent upon single service members with children or dual service member couples with children to create not only a family care plan, but an estate plan as well.

NMFA is concerned that the legal necessities of appointing a guardian for a minor child upon the death of their single service member parent may cause a delay in accessing the death gratuity at a time when the family may need this bridge payment the most. Legislation to change the way the death gratuity is awarded must meet two goals: preserving the intent of the death gratuity as a payment to assist with immediate financial needs following the death of the service member AND protecting the benefits due the minor child. NMFA would support legislation to allow the designation of a parent or sibling of the service member as the recipient of a portion of the death gratuity payment if there is a guarantee the payment would be used as that financial bridge for the minor child until other benefits are awarded, with the remainder placed in trust for the child. The protection of the financial future of the child is paramount. If the service member wants to provide for other family members, the proper mechanism is to designate those family members as beneficiaries of all or part of the SGLI.

NMFA appreciates the work being done by DoD and the Services to provide training to casualty assistance officers and to make sure survivors are receiving accurate information in a timely manner. The survivor guide published by DoD and available on-line, *A Survivor's Guide to Benefits: Taking Care of Our Own*, has already been updated several times as new benefits were implemented or needs for information identified. The Army set up the Families First Casualty Call Center, recently renamed Long Term Family Case Management (LTFCM), a one stop

resolution center to assist surviving family members with questions concerning benefits, outreach, advocacy and support. This call center is available for immediate and extended family members. The DoD/VA committee on survivors is still meeting and reviewing concerns as they arise. NMFA has surfaced concerns from family members who have reached out to us and have been pleased at the response of all the specific DoD and Service casualty assistance offices to these families. Unfortunately, we still occasionally hear of widows or parents who still do not know who to call when there is a concern.

NMFA still believes the benefit change that will provide the most significant long-term advantage to the financial security of all surviving families would be to end the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP). Ending this offset would correct an inequity that has existed for many years. Each payment serves a different purpose. The DIC is a special indemnity (compensation or insurance) payment paid by the VA to the survivor when the service member's service causes his or her death. It is a flat rate payment of \$1,067 for the surviving spouse and \$265 for each surviving child. The SPB annuity, paid by DoD, reflects the longevity of the service of the military member. It is ordinarily calculated at 55 percent of retired pay. Military retirees who elect SPB pay a portion of their retired pay to ensure that their family has a guaranteed income should the retiree die. If that retiree dies due to a service connected disability, their survivor becomes eligible for DIC.

Four years ago, survivors of service members killed on active duty were made eligible to receive SBP. The amount of their annuity payment is calculated as if the service member was medically retired at 100 percent disability. The equation is the basic pay times 75 percent times 55 percent. The annuity varies greatly, depending on the servicemember's longevity of service.

Surviving active duty spouses can make several choices, dependent upon their circumstances and the ages of their children. Because SPB is offset by the DIC payment, the spouse may choose to waive this benefit and select the "child only" option. In this scenario, the spouse would receive the DIC payment and the children would receive the full SBP amount until each child turns 18 (23 if in college), as well as the individual child DIC until each child turns 18 (23 if in college). Once the children have left the house, this choice currently leaves the spouse with an annual income of \$12,804, a significant drop in income from what the family had been earning while the service member was alive and on active duty. The percentage of loss is even greater for survivors whose service members served longer. Those who give their lives for their country deserve more fair compensation for their surviving spouses. We urge Congress to intensify efforts to eliminate this unfair "widow's tax" this year.

NMFA believes several other adjustments could be made to the Survivor Benefit Plan. These include allowing payment of SBP benefits into a trust fund in cases of disabled children and allowing SBP eligibility to switch to children if a surviving spouse is convicted of complicity in the member's death.

NMFA applauds the enhancement of medical benefits included in the FY 2006 NDAA making surviving children eligible for full medical benefits to age 21 (or 23 if they are enrolled in college) bringing them in line with the active duty benefit for dependent children. To complete the benefit package we ask Congress to allow surviving children to remain in the TRICARE Dental Program until they age out of TRICARE and, in cases where the surviving family had employer-sponsored dental insurance, treat them as if they had been enrolled in the TRICARE Dental Program at the time of the service member's death.

***NMFA recommends that surviving children be allowed to remain in the TRICARE Dental Program until they age out of TRICARE eligibility. NMFA recommends the DIC offset to SPB be eliminated to recognize the length of commitment and service of the career service member and spouse and relieve the spouse of making hasty financial decisions at a time when he or she is emotionally vulnerable. The surviving children of single service members who die on active duty require special protections to ensure the proper financial disposition of the enhanced survivor benefits. NMFA asks Congress to provide the proper protections for the child(ren) if allowing a guardian to receive the death gratuity and to remember the original intent of the death gratuity payment was to serve as a financial bridge until the initiation of the payment of the survivors' benefits.***

### **Strong Families – Strong Force**

Higher stress levels caused by open-ended and multiple deployments require a higher level of community support. We ask Congress to ensure a consistent level of resources to provide robust quality of life, family support, and the full range of preventative and therapeutic mental health programs during the entire deployment cycle: pre-deployment, deployment, post-deployment, and in that critical period between deployments.

Military families share a bond that is unequalled in the civilian world. They support each other through hardship, deployments, PCS moves, and sometimes, the loss of a loved one. The military community is close knit and must be so. It is imperative our Nation ensure the necessary infrastructure and support components are in place to support families regardless of where they happen to be located geographically. More importantly, we ask you and other Members of Congress to ensure that the measures undertaken today in the interest of cutting costs and improving efficiency do not also destroy the sense of military community so critical to the successful navigation of a military lifestyle.

Educating families on what support is being provided helps reduce the uncertainty for families. Preparation and training are key in reaching families and making sure they are aware of additional resources available to them. While NMFA appreciates the extraordinary support that was made available to address the special needs of the families during deployment extensions and the recent "Surge", our Nation must ensure this level of support is available to all families day in and day out. Military family support and quality of life facilities and programs require dedicated funding, not emergency funding. Military families are being asked to

sustain their readiness. The least their country can do is make sure their support structure is consistently sustained as well. Strong families equal a strong force. Family readiness is integral to service member readiness. The cost of that readiness is an integral part of the cost of the war and a National responsibility. We ask Congress to shoulder that responsibility as service members and their families shoulder theirs.