

**THE
MILITARY ORDER OF THE PURPLE HEART
OF THE U.S.A., INC.**



**THE ONLY CONGRESSIONALLY-CHARTERED VETERANS ORGANIZATION
EXCLUSIVELY FOR COMBAT-WOUNDED VETERANS**

ANNUAL TESTIMONY

**RON SIEBELS
NATIONAL COMMANDER**

**BEFORE A JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES ON VETERANS AFFAIRS**

MARCH 6 2014

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Chairman Sanders, Chairman Miller, Ranking Members, Senator Burr and Mr. Michaud, members of the committees, ladies and gentlemen.

As the National Commander of the Military Order of the Purple Heart (MOPH), it is an honor and a privilege to appear before this distinguished body representing members of the Order.

I will keep my oral testimony as brief as possible with the understanding that the full oral and written testimony will be entered into the record. As you are aware, MOPH is unique among Veteran Service Organizations (VSOs) in that our membership is comprised entirely of Combat Wounded Veterans who were wounded on battlefields worldwide, for which they were subsequently awarded the Purple Heart Medal.

Since organizing in 1932, the MOPH has been, and continues to be, the original wounded warrior veterans' organization. We continue to serve veterans of all wars by providing tangible benefits to those veterans and their families who require our assistance.

First and foremost, MOPH will assist any veteran in filing a claim with the Department of Veterans Affairs (VA). To assist veterans in this effort, MOPH has 95 service officers serving at 75 locations throughout the United States and its territories.

In 2013, at no charge to the veteran, our service officers were able to assist veterans and their dependents in filing VA claims that resulted in \$316 million in VA benefits.

MOPH also participates in the VA Volunteer Services (VAVS) program which provides volunteer services at VA Medical Centers, VA and State Nursing Homes. Last year MOPH volunteers logged 160,618 hours of service. The VA valued this service at \$3,556,083.

I think we can all agree that the VA budget can never cover all the costs of caring for veterans and this volunteer program is a great example of the Federal Government partnering with a non-profit to care for America's veterans.

Before talking with you about our legislative priorities for 2014, I would like to express our appreciation for your Committees' continuing efforts on behalf of America's veterans. You have been instrumental in many legislative victories for veterans, but some issues remain that, in our opinion, need your support.

MOPH 2014 PRIORITIES:

MOPH is in total support of Chairman Sander's legislation, S. 1950 (now reintroduced as S. 1982) the "Comprehensive Veterans Health and Benefits and Military Retirement Pay Restoration Act of 2014".

This legislation is one of the most comprehensive pieces of veterans' legislation ever introduced in Congress.

It is so encompassing that it addresses most of the issues that the MOPH advocates for. If this legislation has been passed prior to the date of my testimony before you today, I then thank the congress and will move to the remainder of my testimony.

However, since this legislation has not been signed into law as of this writing, I will present the other issues that MOPH continues to be concerned with in hopes that you will find a way to deal with them individually.

VA CLAIMS:

Like other Veteran Service Organizations (VSOs), MOPH is still very concerned about the efficiency of the VA Claims system. The timely and accurate processing of veteran claims must improve.

Congress has provided VA with the funding and support to address this issue and some progress has been made, but the system is still not working fast enough. Recent information from the VA indicates that the number of cases pending for more than four months has increased to a total of over 398,000 claims.

VA indicates that they are still on track to eliminating the backlog in 2015. The increased involvement of the VSOs in the process is a good step forward as the trained service officers for the VSOs can help the veteran provide as near a complete claim as possible to present to the VA.

While MOPH appreciates the fact that VA has a daunting task and its dedicated employees are doing their best, more progress must be made.

MOPH urges Congress to continue to provide necessary resources and oversight on this issue. MOPH also supports H.R. 357, the GI Bill Tuition Fairness Act which would eliminate all bonuses for VA senior Executives during fiscal years 2014-2018.

We feel a bonus would be appropriate if and when the VA claims backlog is reduced dramatically.

TRAUMATIC BRAIN INJURY (TBI)

A recent study conducted by the VA has indicated that since 2011 more than 276,000 members of the military have suffered some form of TBI. It is obvious that everything that can be done to assist these personnel must be done.

MOPH appreciates the efforts of Congress, the Administration, and the medical community regarding their efforts to deal with this debilitating injury.

In addition to all of the physical and mental health problems associated with the treatment of TBI, we urge you to support ongoing research efforts which may provide innovative efforts to deal with the untoward consequences of such injuries.

POST TRAUMATIC STRESS (PTS):

We realize that America is bringing troop's home and winding down after a decade of "boots on the ground" war with an all-volunteer force. But it remains a fact that too many of our military men and women have served multiple deployments to combat zones.

Unfortunately, many of these volunteers, including guard and reserves, are suffering from the effects of PTS.

MOPH appreciates the attention that Congress and the Administration have devoted to this issue. PTS affects not only the military member or veteran but also his or her family.

PTS is one of the very significant contributing causes of suicide, homelessness, substance abuse and acts of violence, including domestic violence, sexual assault and unemployment.

A recent study has discovered that PTS occurs in approximately 11 – 20 percent of Iraq and Afghanistan veterans, about 10 percent of Desert Storm veterans, and approximately 30 percent of Vietnam veterans. The study also concluded that TBI was the strongest predictor of PTS.

MOPH requests that the Congress and VA continue with funding for research and treatment of this condition.

WOMEN VETERANS HEALTH CARE:

Today approximately 16 percent of the active military force consists of women who are voluntarily serving this great nation.

In the city of DC alone there are about 4,000 women veterans according to VA statistics. There are over 2,271,000 women veterans in the United States and Puerto Rico. A VA fact sheet is enclosed with this testimonial record.

Women Veterans are the fastest growing segment of America's veteran population and as they leave military service this nation owes them the support and assistance they need and deserve.

Female veterans face similar obstacles to male veterans, but the way in which female veterans take advantage of available resources and deal with obstacles is different than their male veteran counterparts.

For example, while the number of homeless male veterans is declining, the number of female veterans is increasing and female veterans are the fastest growing segment of the homeless population.

Homeless male veterans will typically take advantage of homeless shelters or live outdoors, but homeless female veterans are more likely to live with friends and frequently change living arrangements, rather than taking advantage of homeless shelters and other available facilities.

VA facilities have adapted overtime to offer more services specifically designed for women, however, female veterans are still significantly less likely than male veterans to enroll in VA care.

Additionally, female veterans typically get married at a younger age than non-veteran women and they are more likely to get divorced, so the stresses that female veterans face when leaving the military are frequently compounded with fulfilling child care responsibilities in single parent household.

ADVANCED FUNDING FOR ALL VA PROGRAMS:

For the last 25 years the annual budget for the VA has only been enacted at the beginning of the fiscal year three times. In 2009, legislation was signed into law to provide advanced appropriations for VA medical care programs.

During the government shutdown last October this law proved its importance by enabling veterans to continue to receive vital health care from the VA. It also provided impetus to expand the advanced appropriations for all VA programs so that veterans would be able to access all VA programs.

MOPH supports this provision, which is included in S. 1982, and legislation introduced by Senators Begich and Boozman (S. 932), and Chairman Miller and Mr. Michaud (H.R. 813).

MOPH requests that Congress act quickly on this legislation (Putting Veterans Funding First Act of 2013) which would ensure that during a government shutdown veterans' programs would not be interrupted.

EDUCATION ISSUES:

Again this is one of the issues addressed in S. 1982, which MOPH supports. MOPH also supports a BILL introduced by Chairman Miller, which is now in the Senate for action.

H.R. 357 the "GI Bill Tuition Fairness Act of 2013" which will allow veterans to pay in-state tuition at colleges and universities in the state where they may be residing regardless of their official home of record.

This is an outstanding piece of legislation that will be a welcome benefit for veteran students.

As Chairman Miller stated when he introduced the legislation "those who served in the military did not represent any particular state but served America" and this legislation recognizes that fact.

CAREGIVERS EXPANSION AND IMPROVEMENT ACT OF 2013:

MOPH supports this legislation, S. 851 and agrees with Senator Sanders that all veterans with a serious service connected disability, regardless of the conflicts they served in, should be eligible to participate in the family caregiver's services program.

ELIMINATION OF THE SURVIVOR BENEFIT PROGRAM (SBP) AND THE DEPENDENT INDEMINITY COMPENSATION (DIC) OFFSET:

This is an issue that MOPH and other VSOs have brought before Congress for many years. MOPH has supported legislation that has been introduced in Congress many times and goes nowhere. We are aware that given current fiscal and budgetary concerns this issue will most likely not be addressed by this Congress. However, MOPH believes that this issue should remain on your agenda because it is a miscarriage of justice.

Survivors should be receiving the benefit of the insurance payments that their veteran paid for over decades. Also, they should not suffer an off set, dollar for dollar, because they receive DIC payments from the VA based on injuries or illnesses their veteran received while on active duty.

CONCURRENT RECEIPT OF MILITARY RETIRED PAY AND VA COMPENSATION:

This is another issue that MOPH believes is worthy of keeping on our priority list. It is very unfair that Military retirees are the only group that has to give up a portion of military retired pay because they are receiving VA compensation for injuries or illnesses they incurred while serving this country.

While there have been some adjustments addressing this issue, MOPH will continue to question why all military retirees, regardless of their VA rating, cannot be permitted to receive both military retirement and VA compensation.

Members of the Committees this concludes my presentation and I will be pleased to answer any questions you may have.

Thank you.

Ron Siebels

National Commander

Disclosure of Federal Grants and Contracts

The Military Order of the Purple Heart (MOPH) does not currently receive, nor has MOPH ever received, any federal money for grants or contracts other than the routine allocation of office space and associated resources at government facilities for outreach and direct veteran assistance services through its DVA accredited National Service Officer Program.



Fact Sheet

October 1, 2013

Women Veterans Population

The total Veteran population in the United States and Puerto Rico, as of Sept. 30, 2013, was 21,972,964. The population of women Veterans numbered 2,271,222. States with the largest number of women Veterans were Texas, California, Florida, Virginia and Georgia. State-by-state totals are as follows:

Alabama	46,776	Montana	9,174
Alaska	12,305	Nebraska	13,529
Arizona	59,201	Nevada	24,052
Arkansas	24,140	New Hampshire	8,788
California	184,774	New Jersey	32,968
Colorado	46,799	New Mexico	21,630
Connecticut	16,049	New York	79,921
Delaware	7,589	North Carolina	89,508
District Of Columbia	3,991	North Dakota	5,683
Florida	166,222	Ohio	72,120
Georgia	106,857	Oklahoma	36,001
Hawaii	14,387	Oregon	28,237
Idaho	13,361	Pennsylvania	79,666
Illinois	67,638	Puerto Rico	5,182
Indiana	37,906	Rhode Island	5,884
Iowa	17,835	South Carolina	45,779
Kansas	24,015	South Dakota	8,347
Kentucky	30,885	Tennessee	52,022
Louisiana	33,185	Texas	191,757
Maine	10,711	Utah	13,483
Maryland	64,155	Vermont	4,393
Massachusetts	32,683	Virginia	134,150
Michigan	50,121	Washington	68,094
Minnesota	29,141	West Virginia	15,448
Mississippi	25,027	Wisconsin	38,107
Missouri	45,341	Wyoming	5,697
		Territories/Foreign	10,506

Total Women Veterans 2,271,222

Source:

Department of Veterans Affairs, Table 6L: *VetPop2011*, at <http://www.va.gov/vetdata/>