

WILLIAM R. HUTTON, NATIONAL COMMANDER, MILITARY ORDER OF THE PURPLE HEART OF THE U.S.A., INC

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OF THE U.S.A., INC.

ANNUAL TESTIMONY
HUTTON
NATIONAL COMMANDER
BEFORE A JOINT HEARING OF THE
AND HOUSE COMMITTEES ON VETERANS AFFAIRS
MARCH 21, 2012

WILLIAM R.

SENATE

MILITARY ORDER OF THE PURPLE HEART

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Chairwoman Murray, Chairman Miller, Ranking Members, Mr. Burr and Mr. Filner, members of the committees, ladies and gentlemen.

I am Bill Hutton, National Commander of the Military Order of the Purple Heart (MOPH). It is an honor and privilege to appear before this distinguished body on behalf of the MOPH. MOPH is unique among Veteran Service Organizations (VSOS) in that our membership is comprised entirely of Combat Veterans who were wounded on the battlefields of the world, for which they earned the Purple Heart Medal.

I would like to begin by expressing appreciation for your committee's continuing efforts on behalf of America's Veterans. Much has been accomplished for veterans during the 111th and thus far in the 112th Sessions of Congress and for this we thank you. However, there are many other ways that America can honor the service and sacrifices of its military, veterans and their families.

First and foremost, MOPH remains in absolute support of our military men and women who have served and continue to serve in harm's way. MOPH believes, without equivocation, that upon their return home these veterans deserve the best health care available and the timely processing of claims for any benefits earned by their service.

MOPH'S priorities for the Second Session of 112th Congress are as follows:

TRAUMATIC BRAIN INJURY (TBI):

MOPH appreciates the efforts of Congress, the Department of Defense (DOD), The Department of Veterans' Affairs (VA), and the entire medical community to address this serious medical and mental health problem. We are all aware that the signature wound of conflicts in Iraq and Afghanistan is TBI. The Army alone has reported that it has had 126,000 diagnosed cases. It is a devastating injury. It leaves military members with serious life threatening head injuries and serious symptoms of cognitive and behavioral disorders. In all too many cases these veterans have also lost limbs or suffered severe burns. These injuries change the lives of victims in the blink of an eye. Their lives and the lives of their loved ones are forever changed. None of us, no matter how we wish to, can change this horrific episode in their lives. What we can do is insist and ensure that they receive the best possible medical care that is available.

I, like many of you, have visited many warriors who suffer with TBI. I am inspired by their positive attitudes and their desire to be treated and to recover quickly so they can return to their units and work with their comrades to "get the job done." Unfortunately, most of them will not be afforded that opportunity, but will spend months and years dealing with the devastating consequences of TBI.

MOPH applauds Congress for passing care giver legislation in the 111th Congress, which eases the burden of a wife, parent or others caring for a Wounded Warrior. MOPH strongly maintains that the current fiscal debate in America should have nothing to do with providing the best medical care for our veterans. The care that is provided to those that have served our country in uniform should be viewed for what it is "the continued cost of war." We urge Congress to continue to ensure that DoD and the VA have the dedicated providers and the resources to continue to perform research and provide the appropriate medical and mental health services that those suffering from TBI deserve.

MOPH supports S. 957 and H.R. 1855, the "Veterans Traumatic Brain Injury Rehabilitative Services Improvements Act Of 2011."

POST TRAUMATIC STRESS (PTS):

After ten years of war with an all-volunteer force, many of whom have endured multiple deployments to combat zones; many members of the military are suffering from the effects of PTS. The suicide and attempted suicide rates have risen among our military including Guard, Reserves and Veterans in spite of the many efforts by DoD, the VA and others in the medical profession.

PTS not only affects the military member or veteran, but his family as well. It is one of the significant contributing causes of suicide, homelessness, substance abuse and acts of violence including domestic violence, sexual assaults and unemployment.

For example, Marine Corps data documents 175 suicide attempts in the Corps in FY 2011. The

Army recently released a report indicating that the number of suicides in the Army in FY 2011 totaled 315; a decrease of ten percent from 2010. However, this report also cited that violent sex crimes and domestic violence have increased more than thirty percent since 2006. This report further indicated that PTS is epidemic and that there could be as many as 472,000 service members suffering from this condition with half of them in the Army. Finally, in FY 2011 approximately 24,000 army members were referred to substance abuse programs.

The figures that I have quoted apply just to the military and do not take into account the many thousands of veterans from previous conflicts also suffering from PTS. The VA estimates that nationally, approximately 18 veterans die each day from suicide. These statistics dramatically demonstrate the fact that our country has a huge problem with PTS and that it is our responsibility to meet the challenges of PTS research, diagnosis and treatment in an extremely aggressive manner.

MOPH commends Congress, DoD, VA and the medical community for their concern and efforts to confront this issue. MOPH especially urges Congress to provide necessary funding to ensure that additional numbers of medical and mental health specialists are available at DoD and VA facilities to provide service to veterans suffering from the above mentioned disorders.

VA CLAIMS BACKLOG:

MOPH and numerous other VSOS have testified regarding this issue for many years. Your committees have held many hearings concerning the delay and accuracy of processing VA benefits claims. The Secretary has placed the reduction of the time required to process a claim as one of his top priorities, MOPH would like to offer our take on this issue.

The VA has stated that “the disability claims workload from returning war veterans as well as from veterans of earlier periods is increasing each year. Annual claims’ receipts increased 51 percent when comparing receipts from 2005 to 2010 (788,298 to 1,192,346).”

The VA claims’ backlog and rating system is one of the most common complaints that veterans have with the VA. Currently, the VA has a backlog of more than 886,000 claims, with 66 percent of claims facing more than 120 days to process; an increase of 389,000 from 2009.

While MOPH commends Congress and the VA for their attention to this serious problem, MOPH is concerned that, given the large numbers of military members returning from ongoing conflicts, the load on the VA claims’ system will only get worse.

MOPH urges Congress to ensure that VA has sufficient funding to continue to update its information technology systems, and to have qualified professionals to process these claims in a timely manner. It is also imperative that the VA concentrate on accuracy and gets it right the first time. Finally, the VA and DoD should once and for all perfect their partnership to immediately implement a truly seamless transition system.

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

This is one of those issues that MOPH acknowledges has little visibility in Congress at this time of austere budget measures. However, all recognize that the dollar for dollar offset of SBP

receipts by the amount of DIC receipts is wrong. The military member paid for SBP; just as we all do for an insurance policy to provide for the surviving spouse. DIC, which is administered by the VA, is paid when a military retiree dies of a service connected injury or a disability. MOPH was disappointed that a provision in the National Defense Authorization Act for 2012, which would have corrected this onerous situation, did not become a part of the final legislation.

MOPH will keep the offset issue on the radar screen as it affects many thousands of widows and at some point we are hopeful that justice will be done.

JOINT PRISONERS OF WAR, MISSING IN ACTION ACCOUNTING COMMAND (JPAC):
Although this issue does not come under the purview of your committees, MOPH addresses it to you as members of Congress and American citizens.

MOPH has an unwavering commitment to obtain the fullest possible accounting of all Americans still listed as missing in action and unaccounted for. Guaranteeing the return of fallen warriors from the many battlefields is a most sacred of missions; none of our members will rest until this mission has been fulfilled. As veterans we follow the adage that “we leave no soldier behind.” The fulfillment of this sacred mission is important not only to the families who seek closure but to our country. MOPH urges Congress to provide full funding for JPAC for as many years as it takes.

FUNDING FOR THE VA HEALTH CARE ADMINISTRATION (VHA):

Since the passage of legislation that provides advanced funding for VHA, this has become less of a problem. Congress must, however, ensure that there is adequate funding to care for those veterans who are enrolled in the VHA system as well as the increasing numbers of returning Iraq and Afghanistan veterans requiring medical attention. Chairman Miller, MOPH is in total support of legislation you introduced, H.R. 3895 the “Protect VA Healthcare Act of 2012.” We agree that the healthcare of America’s veterans should not be subject to the sequestration provisions of the balanced budget and emergency deficit control act. This country sends our men and women to war and we must recognize our responsibility to care for them when they return. To do anything else would serve to betray the trust that has always existed between our country and those who preserve the many freedoms that we enjoy.

CONCURRENT RECEIPT:

This is another one of those issues that is obviously wrong and an injustice but, which given the current deficit and budget woes, will not be addressed by this congress. Nevertheless MOPH believes it is important to keep it on the radar screen.

MOPH believes that all military retirees, regardless of VA disability rating, should be authorized to receive both their earned military retirement for their many years of dedicated service in uniform and the VA compensation, which is a benefit that they receive for being injured or diagnosed with an illness as a result of their military service.

VETERANS EMPLOYMENT:

MOPH is pleased to note that Congress passed, and the President signed into law, legislation to address the issue of an extremely high veteran unemployment rate. The “Vow to Hire Heroes Act of 2011” is designed to assist service members transitioning to civilian life. With the

nation's unemployment rate at 8.5 percent and the rate for veterans at 12 percent, this nation must do all it can to ensure that veterans and their families who have borne the burden of 10 years of war are given every advantage when it comes to gainful and rewarding employment.

MOPH urges Congress to monitor the full implementation of this program.

TRICARE/MEDICARE:

Many members of MOPH rely on these two programs for their health care. For retired military members, Tricare is an important earned benefit that supports their medical needs. The 2012 National Defense Authorization Act includes a 13 percent Tricare enrollment fee increase in FY 2012 for military retirees who are not yet eligible for Medicare. We understand that future increases will be tied to the annual cost of living increases.

MOPH urges Congress to take action to prevent the 27 percent cut in payments that will take effect on March 1 of this year, to medical providers who accept Tricare/Medicare patients. It is well known that many doctors are not accepting new patients or are opting out of the program altogether.

SERVICE DISABLED VETERAN OWNED SMALL BUSINESSES (SDVOSBs) AND VETERAN OWNED SMALL BUSINESSES (VOSBs):

MOPH thanks your committees for recognizing how important it is that Veterans of the Armed Forces have the opportunity to be actively engaged in small business enterprises. You also recognized that the United States had done little to assist veterans, particularly service disabled veterans, in their efforts to be equal partners with others in the arena of Federal Government contractors. Subsequently, through your efforts, Public Law (PL) 106-50 was signed into law in 1999 and Part 19, of the Federal Acquisition Regulations, gave Service Disabled Veterans the opportunity to be part of the Federal Government contracting arena as a designated group.

As enacted, Public Law 106-50 established a SDVOSB procurement goal of 3 percent for all federal agencies and prime contractors. However, it was discovered that PL 206-50 did not allow for set aside procurements for SDVOSBs and thus, other mandates were created to establish lawful procurement vehicles to assist agencies in achieving the 3 percent goal.

In December of 2006, PL 109-461 became law and certain sections of this law pertinent only to the Department of Veterans Affairs (DVA) established what is commonly known as the "Veterans First Program" to be used exclusively by the VA. The Law requires VA, in its procurement activities, to adhere to the priority of SDVOSBs first, then VOSBs followed by Section 8(a) firms and lastly by other small business contracting preferences. In our opinion the law is clear, SDVOSBs first and then VOSBs.

Unfortunately it appears that the VA is not operating in a manner that puts Veterans first and uses other procurement methods to bypass SDVOSBs and VOSBs. The VA, it seems, prefers to utilize the General Services Administration's Federal Supply Schedule to circumvent the

Veterans First Program and thus deny numerous SDVOSBs and VOSBs the opportunity to participate in the procurement process.

MOPH thanks you for the hearings recently held and all of your committees' efforts regarding this issue. We urge that you continue to insist that the VA adhere to Congressional intent and guarantee that veterans do come first in implementing the Veterans First Program. Veterans have earned this priority!

This concludes my testimony and I will be pleased to answer any questions you may have. Thank you.