



ROA Testimony

Senate Committee on Veterans' Affairs

**Hearing on
Pending Legislation**

May 22, 2019

Serving Citizen Warriors through Advocacy and Education since 1922

**1 Constitution Avenue N.E.
Washington, DC 20002-5618**

The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America is a professional association of commissioned officers, warrant officers, non-commissioned officers, and enlisted members and veterans of our nation’s seven uniformed services. ROA was founded in 1922 by General of the Armies John “Black Jack” Pershing, during the drastic reductions of the army after World War I. It was formed to support a strong national defense and focused on the establishment of a corps of reserve officers who would be the heart of a military expansion in the event of war. Under ROA’s 1950 congressional charter, our purpose is unchanged: to promote the development and execution of policies that will provide adequate national defense. We do so by developing and offering expertise on the use and resourcing of America’s Reserve Components.

The association’s members include Reserve and Guard Soldiers, Sailors, Marines, Airmen, and Coast Guardsmen who frequently serve on active duty to meet critical needs of the uniformed services. ROA’s membership also includes commissioned officers from the United States Public Health Service and the National Oceanic and Atmospheric Administration who often are first responders during national disasters and help prepare for homeland security.

President:

Lt. Col. Donald L. Stockton, U.S. Air Force Reserve (ret.) 202-646-7706

Executive Director:

Maj. Gen. Jeffrey E. Phillips, U.S. Army (ret.) 202-646-7726

Director, Legislation and Military Policy:

Lt. Col. Susan Lukas, U.S. Air Force Reserve (ret.) 202-646-7713

Legislative Director:

Kevin C Hollinger (serving Army National Guard Sgt. First Class) 202-646-7734

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers Association is a member-supported organization. ROA has not received grants, contracts, or subcontracts from the federal government in the past three years. All other activities and services of the associations are accomplished free of any direct federal funding.

STATEMENT

ROA appreciates the opportunity to discuss pending legislation that affects National Guard and Reserve servicemembers. While I will not address every proposed act, this does not indicate ROA's support for or opposition to these other bills. ROA's focus today aligns with our congressional charter, "...to support and promote the development in execution of a military policy for the United States that will provide adequate national security."

S. 514, Deborah Sampson Act

To amend title 38, United States Code, to improve the benefits and services provided by the Department of Veterans Affairs to women veterans, and for other purposes.

This act will help eliminate impediments to the care of women veterans. It will help ensure the Department of Veterans Affairs can address the needs of women veterans who face homelessness, unemployment, and life without health care.

Women veterans are a growing population. Many VA facilities provide adequate care or services to them but as issues specific to women veteran are identified, services must keep pace. The *Deborah Sampson Act* would help ensure that VA meets the needs of these women veterans by providing access to health care and services to prevent homelessness and unemployment.

There were 3,219 homeless women veterans at the point-in-time count that occurred during a single night in January 2018 as reported in *The 2018 Annual Homeless Assessment Report to Congress: Part 1*. Unfortunately, homeless counts and other Department of Veterans Affairs data are not identifying National Guard and Reserve members which have different circumstances than those from active duty.

Understanding what military service the veteran population comes from is important. In this instance there were 159,749 women serving in the Selected Reserve in 2017; there were 655,367 men in the Selected Reserve. The Reserve Component population is significant enough that it should be considered as a separate data point.

If National Guard and Reserve information were available, military associations like ROA could better use their resources to help members and veterans of the Reserve Components with homelessness, unemployment and other issues.

This legislation is crucial in improving care for women during and after military service, and it has ROA's support.

S. 524, Department of Veterans Affairs Tribal Advisory Committee Act of 2019

To establish the Department of Veterans Affairs Advisory Committee on Tribal and Indian Affairs, and for other purposes.

According to the Department of Defense 2017 Demographics Report, for the Selected Reserve, 26.1 percent of the force is identified as minority. Of that number Black or African Americans are 16.4 percent; those identified as Asian are 4.2 percent; Other/Unknown are 2.5 percent; Multi-racial are 1.6 percent; American Indian or Alaska Native members are 0.8 percent; Native Hawaiian or Other Pacific Islander members are 0.7 percent. The report did not include a Hispanic category, but ROA knows they are a sizeable portion of the minority population. For example, the Army Reserve has 16 percent of their soldiers identified as Hispanic.

Much of this minority population lives in rural locations that provide access to care challenges for VA. American Indians and Alaska Natives are served by the Indian Health Service, a federal health program for them and should be part of the VA health care consideration. They are also part of tribal governments that should be consulted. Bringing these organizations under an advisory committee makes sense to reach an agreement on practices of care.

This committee could help in areas such as unemployment; the Bureau of Labor Statistics identified that American Indians and Alaska Natives suffer unemployment rates exceeding other minorities and Caucasians, 7.8 percent in 2017.

ROA supports this legislation.

S. 711, Care and Readiness Enhancement for Reservists Act of 2019 or the CARE for Reservists Act of 2019

To amend title 38, United States Code, to expand eligibility for mental health services from the Department of Veterans Affairs to include members of the reserve components of the Armed Forces, and for other purposes.

The CARE for Reservists Act of 2019 would expand mental health services offered by VA to those serving in the reserve components of the military, regardless of their deployment status. This Act would permit VA to offer a comprehensive, individual exam to those members of the reserve components with either a behavioral health condition or psychological trauma.

Currently, members of the National Guard and Reserves undergo annual health assessments to identify medical issues that could affect their deployable status, but any follow-up care is usually at the service member's expense.

This Act further specifies that members of the reserve components would be included in certain VA mental health programs, such as the suicide prevention program.

ROA appreciates that the bill also allows members of the Guard and Reserve to access Vet Centers for mental health screening and counseling, employment assessments, education training and other services to help them return to and succeed in civilian life.

ROA supports this legislation.

S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

To improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

This Act would expand health coverage for veterans by providing grants for transition assistance from the armed forces to civilian life. It is a comprehensive approach to connect more veterans with the mental health care they need. The bill seeks to improve care from VA by strengthening the VA's mental health workforce and increasing access to care in rural areas.

A major issue in the prevention of suicides is our ability to find veterans who are not seeking treatment at a VA facility. Of the approximately 22 veterans who commit suicide each day, 14 have received no treatment or care from VA.

The Department of Defense fiscal year Quarterly Suicide Report through June 2018 shows that the military's reserves lost 56 servicemembers to suicide that quarter and the National Guard lost 88. The information for the fourth quarter has not been published.

If the transition process better equips servicemembers to get off to a good start in their next stage of the journey, ROA thinks it will reduce unemployment, homelessness, and it will reduce suicides.

ROA is concerned that Section 101, Expansion of Health Care Coverage for Veterans, uses the limiting term of "active service," that only applies to active duty or full-time National Guard duty. We ask that the committee change the proposed insert to Section

101, “(B) to any veteran during the one-year period following the discharge or release of the veteran from active military, naval, or air service; and” be changed to insert after the word service “and active status; and” which would include reserve component members leaving a participating reserve position as defined by Title 10, Section 101.

ROA appreciates that Section 301, Program to Provide Veterans Access to Computerized Cognitive Behavioral Therapy, is written such that it includes members of the Reserve and National Guard.

ROA is particularly pleased with Section 506, Comptroller General report on Readjustment Counseling Service of Department of Veterans Affairs, and the requirement to assess the use of Vet Centers by National Guard and Reserve who were never activated and for recommendations on how to better reach those members.

ROA is concerned that the bill includes so much that implementation could be difficult. An incremental approach might give enough time to evaluate the effectiveness of each recommendation before committing more resources.

With the edit ROA recommends to Section 101, we support this legislation.

S. 805, Veteran Debt Fairness Act of 2019

To amend title 38, United States Code, to improve the processing of veterans benefits by the Department of Veterans Affairs, to limit the authority of the Secretary of Veterans Affairs to recover overpayments made by the Department and other amounts owed by veterans to the United States, to improve the due process accorded veterans with respect to such recovery, and for other purposes.

This act requires the VA to waive the collection of overpayments if the agency was responsible for the mistakes leading to overpayment.

Often, the veteran is unaware of overpayment. The money recovered is often the veteran’s only source of income; recovery can cripple the veteran’s ability to pay mortgages, utility bills, health care, groceries, etc. This can increase undue stress as well as mental illness issues.

ROA believes the Department of Defense should adopt this approach when debt is incurred through no fault of the member. The department’s aggressive debt collection process operates with little congressional oversight and does not differentiate between debt resulting from deception and debt caused by government error.

ROA supports this legislation.

S. 980, Homeless Veterans Prevention Act of 2019

To amend title 38, United States Code, to improve the provision of services for homeless veterans, and for other purposes.

This act is imperative in helping homeless veterans care for their families while the Department of Veterans Affairs helps them become employable. Helping care for veteran families during this time may help break the cycle of homelessness, when the children become adults.

“We know from the Adverse Childhood Experiences study that childhood trauma has lifelong negative effects on physical and mental health,” said Dr. Ellen Bassuk who wrote *Child Homelessness: A Growing Crisis*. Childhood trauma can occur in shelters where homeless families are housed. Dr. Bassuk writes, “There is no privacy or safe place for children to play, and boys over the age of 12 are often not permitted. If families do not quickly find permanent housing and are forced to remain in the shelter system, 40 to 50% of them will break up within 5 years, with children being sent to live with relatives or placed in foster care. These children face almost insurmountable obstacles as they become adults and are often trapped in a cycle of poverty, ill health, and significant social disadvantages.”

The bill would also provide dental care for those that are homeless and provide preventive care and counseling for people who are at risk. The best way to address this issue is to prevent it. “To end homelessness in America,” the United States Interagency Council on Homelessness explains, “we must strengthen our ability to prevent it in the first place. To do that, we must take a multi-sector approach that focuses on housing needs, housing stability, and risks of homelessness across many different public systems.”

The council includes healthcare, child welfare, and legal assistance which are in this bill.

The more programs the VA has available, the more access our veterans will have to the VA. In turn, the VA will have the time they need to assess and treat a multitude of issues that may be contributing to the veteran’s wellbeing.

As with S. 514, ROA believes data on homelessness should identify National Guard and Reserve members, whose circumstances differ from the active duty population.

S. 1154 Department of Veterans Affairs Electronic Health Record Advisory Committee Act

To amend title 38, United States Code, to establish an advisory committee on the implementation by the Department of Veterans Affairs of an electronic health record.

S. 1154 would establish the independent, 11-member Electronic Health Record (EHR) Advisory Committee, comprised of medical professionals, information technology and interoperability specialists, and veterans currently receiving care from the VA. The committee's duties include specific requirements that will ensure a viable EHR and continue to monitor effectiveness after launch.

National Guard and Reserve members encounter many problems when trying to establish service-connected disabilities. This is mainly due to how their medical records are scattered among multiple locations from their home of record to military schools, to deployment locations to places of temporary duty. Added on top of this are the records that reside with civilian providers. A centralized EHR will help draw these records together.

ROA believes a VA/DoD Reserve Component Committee should be established to act as an advisor to the EHR Advisory Committee and other VA committees. The complex organization of the Reserve Component requires direct knowledge in order to properly advise on programs, policies and legislation that falls under VA.

ROA supports this legislation.

Janey Ensminger Act of 2019 (no bill number)

To amend the Public Health Service Act with respect to the Agency for Toxic Substances and Disease Registry's review and publication of illness and conditions relating to veterans stationed at Camp Lejeune, North Carolina, and their family members, and for other purposes.

The bill is directed to veterans and family members who lived at Camp Lejeune, however, ROA is concerned that Individual Mobilization Augmentees who may have performed duty at Camp Lejeune are not included in any legislation to treat toxic exposure. Camp Lejeune also provides amphibious assault and parachute training and individuals who attended this training may have been exposed to hazardous ground water.

ROA supports this legislation.

GI Bill Educational Assistance During Temporary Closures (no bill number or title)

To amend title 38, United States Code, to extend the authority of the Secretary of Veterans Affairs to continue to pay educational assistance or subsistence allowances to eligible persons when educational institutions are temporarily closed, and for other purposes.

According to a May 2019 CBO report, *The Post-9/11 GI Bill: Beneficiaries, Choices, and Cost*, National Guard and Reserves servicemembers make up about 17 percent of beneficiaries in any given year which is approximately 136,000 servicemembers. The average age of this group is 37 years old which indicates that most beneficiaries pay mortgage or rent. This monthly obligation does not disappear if or when the school they're attending is closed temporarily.

The CBO report also stated, "The average payment for veterans from the National Guard and reserves was considerably lower (\$12,500) than payments for all other veterans . . .".

ROA believes assistance should be provided during temporary school closures when Reserve Component members are using their 9/11 G.I. Bill and supports this legislation.

CONCLUSION

ROA appreciates the opportunity to offer thoughts regarding these important bills. Because of the unique nature of service in the Reserve Components, its members may simultaneously receive care and benefits from VA, the departments of Labor and HHS, as well as DoD.

All too often military and veterans' law and policy are developed without an understanding of or appreciation for the important distinctions between reserve and active duty service. The members of the reserve and Guard invariably lose out. And so, too, their families.

America is experiencing perhaps unprecedented challenges to our security, and commensurately great reliance on the Reserve and National Guard.

Thus, helping these men and women transition more successfully in and out of active duty and deployments, helping them gain access to care, and helping their families thrive – all these pieces of legislation directly or indirectly enhance readiness and represent an insightful and praiseworthy focus on those patriots we call our citizen-warriors.