

JEFF ROY, NATIONAL COMMANDER, MILITARY ORDER OF THE PURPLE HEART

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2009 ANNUAL TESTIMONY
BEFORE A JOINT HEARING OF THE HOUSE AND SENATE COMMITTEES ON
VETERANS' AFFAIRS
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Chairman Akaka, Chairman Filner, ranking members Senator Burr and Representative Buyer, members of the committees, ladies and gentlemen.

I am Jeff Roy, National Commander of the Military Order of the Purple Heart (MOPH). It is indeed an honor and privilege to appear before this distinguished body on behalf of the members of the MOPH. I know you are aware the MOPH is unique among veteran service organizations in that our membership is comprised entirely of combat wounded veterans who have, by either being wounded or, by paying the full measure of devotion, the giving of their lives on the world's battlefields, been awarded the Purple Heart Medal.

I am accompanied today by Senior Vice Commander Jim Sims, Junior Vice Commander Clayton Jones, National Adjutant Jack Leonard, National Service Director Frank Van Hoy and National Legislative Director, Hershel Gober.

Your committees are extremely important to MOPH and its members. We look to you to represent us and to ensure that your colleagues in Congress understand that our members, and indeed all veterans, have earned their entitlement by their service to our country. In the interest of time I will make my oral remarks as brief as possible and request that my entire written testimony be entered into the record.

I would like to begin by commending and thanking the members of the 110th Congress for the largest budget increase for the VA in history. I would also like to thank Congress for the legislation that is now Public Law that addresses issues that are important to members of the military, veterans and their families.

The issue of doing the right thing for veterans has never been more important than at this time in our history. This nation's military men and women are fighting in Iraq and Afghanistan on a daily basis. The MOPH, once again, extends our absolute support to our military serving in harms way. We pray for an end to the current conflicts and that our warriors may return home safely to their families.

Our top priorities for the 111th Congress are:

ASSURED/ADVANCED FUNDING FOR THE VA HEALTH CARE ADMINISTRATION:

Our number one priority is the same as it has been for the last 2 years: The adequate and timely funding for the Veterans Health Care Administration. Many of our members and, indeed millions of veterans, depend on the VHA for their health care. In the last 22 years, the VA has received its appropriation by October first only 3 times. When the VA does not receive its' appropriations by October first, (and sometimes does not receive the appropriation until mid-way of the fiscal year) it places the VA in the position of not being able to care for the veterans who depend on it for

their health care. Because both Chairmen of this joint committee have introduced legislation, and been co-sponsored by other members of the committees and, if passed, would guarantee that the VA would receive its appropriations on October first of each year, I will not belabor testimony on this issue. I commend both Chairmen and members of the committees who are supporting this legislation.

MOPH realizes that it will be an uphill battle to get this legislation enacted; MOPH and many other veteran service organizations stand ready to assist this endeavor in any way possible. Bottom line, the current system of funding VHA is not working and it is the responsibility of Congress to fix it.

MOPH is in total support of H.R. 1016 and S. 423.

I personally wish to thank the Chairmen for inviting us to the press conference introducing legislation to correct this situation and allowing our Legislative Director to comment on the need for this legislation based on his past experience as the Acting Secretary of the DVA. We hope this will go a long way in gaining support for the legislation and its eventual passage.

IMPROVEMENT OF THE TIMELESSNESS AND ACCURACY OF THE VA CLAIMS PROCESS:

Over the last several years, the VA has hired a record number of new claim adjudicators. Unfortunately, as a result of the retirement of senior employees, an increase in disability claims, the complexity of such claims and the time required for new employees to become proficient in processing claims, the VA has achieved few noticeable improvements.

The claims process is burdensome, extremely complex and often misunderstood by veterans and many VA employees. It is time for the leadership of the VA to realize and accept the fact that they will never reduce the backlog until they utilize the technological advances that exist. No longer will the "stubby pencil processing method" accomplish the goals of timely and accurate claims processing. The VA is incredibly overloaded in the claims area and has to embrace and welcome the use of IT if they ever hope to regain efficiency. MOPH is pleased that Secretary Shinseki has recently stated that there needs to be an increase in the use of available off-the-shelf software to assist in speeding the claims process. MOPH is also pleased that in the Stimulus Package the Veterans Benefits Administration will receive 50 million dollars for their Information Technology Systems.

Further, the VA must invest more funds in the training for adjudicators and decision makers and should hold them accountable for higher standards of accuracy. Although the VA has made improvements to its training programs in the past few years, much more improvement is required in order to meet quality standards that these veterans and their families deserve and rightly expect. Veterans should not have to wait for months, and on occasion years, for a decision on a claim they have filed.

CONTINUED EFFORTS IN THE RESEARCH AND TREATMENT OF TRAUMATIC BRAIN INJURY (TBI) AND POST TRAUMATIC STRESS DISORDER (PTSD) AND OTHER MEDICAL/MENTAL CONDITIONS OF VETERANS AND THOSE MILITARY SERVING IN THE ON-GOING CONFLICTS:

MOPH would like to thank both Committees on Veterans Affairs and the entire Congress for passing S. 2162, introduced by Senator Akaka, which is now Public Law 110-387. This legislation recognizes the very serious issues involving PTSD. The legislation makes a huge step in addressing this very debilitating mental condition. MOPH, as I believe all Americans are, is aware that the incidents of suicides within the military have increased; many MOPH would like to thank both Committees on Veterans Affairs and the entire as a result of PTSD and numerous deployments to Iraq and Afghanistan, often with less than twelve months between deployments. Recent studies also link PTSD/TBI as causal factors for the increase in homelessness, unemployment, divorcees, etc. We ask that Congress keep urging DOD and the VA to continue PTSD research and treatment; that researchers be provided the necessary funds to ensure that those affected with PTSD receive the best possible treatment that our government can provide. The treatment for PTSD/TBI can then assist us in dealing with the other important issues affecting today's veterans of homelessness and unemployment.

Even though it has existed as long as wars have been fought, whether it was called "battle fatigue" or "shelled shock," the issue of PTSD came to the forefront during and immediately following the Vietnam War. Now, in addition to PTSD, there is a new "signature condition" coming out of the wars in Iraq and Afghanistan: Traumatic Brain Injury or TBI. We must not do as was done following Vietnam with the PTSD issue! We must recognize that TBI is a serious problem and must be dealt with in a timely and aggressive manner. The veterans and military men and women who are afflicted with this condition have earned and deserve the best care that a grateful nation can provide.

MOPH urges Congress to provide adequate funding to DOD for its Defense and Veterans Brain Injury Center to provide treatment to the severely injured warriors to give them a chance of some level of recovery. The VA should move forward in the areas of research and treatment of this condition. The VA's Poly Trauma Centers are helping the situation and should be fully funded to care for those personnel suffering from TBI.

MOPH also supports authorizing compensation, training and certification, and respite care for family members who are forced into service as full-time caregivers, whether the member with TBI is on active duty or retired status. There should be a central clearinghouse, or a one-stop resource center, where our veterans, their caregivers and their families can readily have access to all the necessary information, requirements and resources that are available through the DoD, the VA Health Care and any other appropriate and applicable systems. The bottom line on the issue of TBI is that America must acknowledge the ugly continuation of the costs of war and act responsibly.

MOPH urges support of H. R. 667.

CONTINUED AND INCREASED EFFORTS TO ADDRESS THE HOMELESS ISSUE AMONG VETERANS AND THEIR FAMILIES:

The VA has, over the last decade, increased its efforts on the homeless veterans' issue. As I mentioned earlier, the 110th Congress passed S. 2162 (now Public Law 110-387.) MOPH appreciates and applauds Congress for passing this beneficial legislation for homeless veterans and their families. The increased authorization of appropriations for comprehensive service programs established permanent authority for domiciliary services for homeless veterans and

enhanced the capacity of domiciliary care programs for female veterans. These supportive services now not only address the critical issues of very low-income veterans' and their families, but have placed them in permanent housing and allowed for the support and reinforcement those veterans who have substance abuse and mental health disorders require, a principle factor leading to homelessness.

MOPH believes it is imperative that we, as a nation, continue to address the misnomer of calling our veterans "homeless" and instead declare "these veterans who served their country in uniform have a home and it is called AMERICA." It is indeed our utmost responsibility, as a nation, to provide them with every means at our disposal to help them reclaim their lives and be productive citizens. To do less would be a betrayal of our nation's obligation to them for their sacrifices and military service.

CONCURRENT RECEIPT OF MILITARY RETIRED PAY AND VA DISABILITY COMPENSATION:

Over the last five years progress has been made in Congress to eliminate this gross miscarriage of justice; however, much remains to be done by this Congress. Currently, only those veterans rated 50 percent or greater and who are military retirees, may receive their full military retirement and VA disability compensation. MOPH believes this to be a gross injustice. Approximately 550,000 disabled retirees rated less than 50 percent continue to pay for their own disability compensation by sacrificing, dollar for dollar, their military retirement pay. Simply stated, they are paying because they were wounded or injured while serving their country and now must pay for those wounds or injuries out of their military retired pay. Does this sound like a grateful nation?

Two pieces of legislation have been introduced in this Congress that MOPH requests that all members support. "The Retired Pay Restoration Act" (H.R. 303) and the "Disabled Veterans Tax Termination Act" (H.R. 333). The passage of either of these pieces of legislation would provide a long overdue correction to this onerous situation. If you stop and think seriously about the current laws they make absolutely no sense. If it is good for one group of military retirees to receive both military retired pay and VA compensation for wounds and injuries they received, is it then not logical to assume that all military retirees, who are eligible for both military retired pay and VA compensation, receive it? We realize that it is budget driven but, with the current economic crisis facing our country, why not give the military retired and VA compensation eligible veterans a little of their own stimulus package that they, unlike any others, have earned.

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

To MOPH this is another one of those issues that "makes absolutely no sense." Under current law, the Survivor Benefit Program (SBP) recipient income is reduced dollar-for-dollar by the amount of compensation from Dependent Indemnity Compensation (DIC), which provides a flat monthly payment after a service connected death of a veteran. Many military retirees voluntarily paid premiums (like life insurance) for SBP coverage and had a reasonable expectation that their survivors would receive what was due them from the premiums that they, the veterans, paid. This is not happening. Survivors of retirees, upon eligibility for DIC, lose a majority and, on occasion, the entire amount of the SBP monthly annuity previously guaranteed.

Recently I visited with several Gold Star Families and Widows in Killeen, Texas. I was able to learn first hand the impact that this legislation has on these families. They are dealing with the emotional loss of loved ones and must then deal with the financial realities of having lost their spouses and adjustment to an "outside world." The impact on these families is enormous and one not expected when their spouses paid into their SBP coverage. These patriots did so with the full expectation that their love ones would be provided for. We are not living up to that expectation! These surviving family members have difficulty bringing up their families in this trying economic time and we are placing billions of dollars into economic stimulus packages while, at the same time, we are placing surviving military families in economic hardship. Now is the time to correct this inequity.

The 2008 National Defense Authorization Act (NDAA) authorized a \$50.00 monthly survivor indemnity allowance to survivors of retired service members who died as a result of their service connected injuries. But the payment is insignificant in the face of a monthly \$1154.00 DIC offset. MOPH is not the only organization to see the inequity of this legislation. Common sense must prevail and see the wrong in the current legislation.

MOPH Supports, and urges Congress to support and pass H.R.775 which would right this shameful wrong.

FOREVER PURPLE HEART POSTAGE STAMP:

MOPH is grateful that the U. S. Postal Service (USPS) issued the Purple Heart Stamp in 2003 and has reissued the stamp in 2006 and 2008 when the price of stamps were increased; however, MOPH believes that the stamp should be issued as a "forever stamp" like the Liberty Bell Stamp. Just as the Liberty Bell Stamp reflects the freedom that we enjoy, the Purple Heart Stamp reflects the costs that have been paid by Americans to retain that freedom. Both the Liberty Bell and the predecessor of the Purple Heart Medal, the Badge of Military Merit, had their genesis during the American Revolutionary War. Therefore, it is fitting for both to be given the honor of "forever" stamps. We are seeing many members of the military returning from the conflicts with injuries that entitle them to the Purple Heart Medal; this is just one more way that we can recognize their sacrifices and service to our country.

MOPH recognizes that this is not a matter of legislation since the USPS has jurisdiction regarding the issuance of stamps. However we do request that Congress send a resolution to the Postmaster General stating their support and urging the USPS to issue the Purple Heart Stamp as a Forever Stamp.

VA INFRASTRUCTURE AND THE STIMULUS PACKAGE:

MOPH was disappointed in the Legislation that was signed into Law by the President, in that it did not include additional funding for the VA and veteran related items. The VA received One Billion Dollars for medical facilities non-recurring maintenance even though the VA has identified a Five Billion Dollar backlog in needed repairs, including energy efficiency projects at its 153 medical facilities. The VA has projects that are ready to commence and there are many needed medical facilities, such as the VAMCs in Denver, Louisville, and New Orleans that should be built quickly to care for the veterans they would serve.

The National Cemetery System received 50 million dollars for monument and memorial repairs. The VA has done its very best to maintain these cemeteries, where those who have served America are interred, as places of tribute with the dignity and honor deserved by their service. Additional funds would have assisted the VA in this effort.

MOPH feels that veteran related issues should have received more consideration in the Stimulus package.

RURAL HEALTH CARE

The issue of rural health care is a growing concern for many current and returning veterans not living near VA facilities. We applaud the VA and the Legislature for their efforts to increase access to mental health treatment centers for many of these veterans. However, the issue goes much further than mental health because many of our veterans, who are authorized health care, are being denied access simply due to where they live. The MOPH does not favor the issuance of vouchers for VA health care. The voucher system is fraught with problems and is open to misuse. The MOPH believes that there is a better way and one that would meet the needs of the veterans and the VA rural areas (small town America). The MOPH recommends the VA explore those areas where hospitals, health care facilities and health care professionals have joined one of the many PPO/HMO plans under the Federal Employees Health Benefit Plan (FEHB). It is possible that some of these professionals have also entered into agreements with TRICARE and are accepting negotiated payments for their services. It would be beneficial for the VA to join one or both of these existing networks which would then allow health care service to those veterans recognized as residing in rural areas. This type of program would further allow the VA to monitor their extended providers better than the voucher system and would also allow them to negotiate the cost of services in much the same way as the other two programs; thereby saving the taxpayers money while increasing access to the VA health care system that these veterans deserve.

SERIOUS COMBAT EYE TRAUMA FROM CURRENT CONFLICTS:

Serious Combat Eye Trauma (SCET) from Operation Iraq Freedom (OIF) and Operation Enduring Freedom (OEF) has climbed to the second most common injury from the wars, only behind hearing loss. The VA Low Vision Clinics at two VAMCs found that in TBI vision screening over 60 percent of the TBI veterans screened positive for some visual dysfunction related to their TBI. Estimates are that approximately four to five thousand service members may have some visual impairment associated with TBI but further screening programs are needed. Both DoD and the VA health care systems have only recently started a coordination process to track these various vision impaired service members with a Joint Eye Trauma Registry as part of the Vision Center of Excellence.

The National Defense Authorization Act for 2009 included language in the Wounded Warrior Legislation, Section 1623; that the DoD must establish Vision Centers of Excellence and Eye Trauma Registry. The centers were authorized but no direct funding was included. For FY 2010 future direct funding is critical for establishment of the four planned Vision Centers of Excellence at the National Naval Medical Center Bethesda, Brooke Army Medical Center, Madigan Army Medical Center and the San Diego Naval Medical Center for staffing, equipment, education and research.

MILITARY VALOR ROLL OF HONOR ACT:

MOPH supports H. R. 666. This legislation would require a searchable database containing the names and citations of the members of the Armed Forces, members of the US Merchant Marines and civilians affiliated with the Armed Forces who have been awarded the Medal of Honor or any other medal authorized by Congress.

This legislation supports the "Stolen Valor Act" that Congress passed several years ago. There is no roster kept by the DoD for those that have been awarded decorations, particularly for Valor, by the military departments. For example, we do not know how many service members have been awarded the Purple Heart Medal or the Silver Star. This legislation would make it easier to identify and prosecute those "wannabees" who dishonor those men and women who have earned their medals for their valor and service.

This concludes my testimony and I will be pleased to answer any questions members of the Committees might have.