

WRITTEN STATEMENT
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As Legislative Director of the National Guard Association of the United States, I thank you for the honor of appearing before you today and for all that you are doing for our veterans

Background - Unique Citizen Service Member/Veteran

The National Guard is unique among components of the Department of Defense in that it has the dual state and federal mission. While serving operationally on Title 10 active-duty status in Operation Iraqi Freedom or Operation Enduring Freedom, National Guard units are under the command and control of the president. However, upon release from active duty, members of the National Guard return to their states as both **veterans** and serving members of the reserve component but under the command and control of their governors. As members of a special branch of the Selected Reserves, they train not just for their federal missions but for their potential state active-duty missions, such as fire fighting, flood control and assistance to civil authorities in a variety of possible disaster scenarios.

While serving in their states, members are scattered geographically with their families as they hold jobs, own businesses or pursue academic programs and participate in their communities. Against this backdrop, members of the National Guard remain ready to uproot from their families and civilian lives to serve their governors domestically or their president in distance parts of the globe and to return to reintegrate within their communities when their missions are completed.

Military service in the National Guard is uniquely community based. But the culture of the National Guard remains little understood outside of its own circles. When the Department of Defense testifies before Congress stating its programmatic needs, it will likely recognize the indispensable role of the National Guard as a vital operational force in the Global War on Terrorism, but it will say little about and seek less to redress the benefit disparities, training challenges and unmet medical readiness issues for National Guard members and their families. We continue to ask that these disparities be given a fresh look with the best interests of the National Guard members and their families in mind.

Honoring as Veterans Retired Members of the National Guard and Reserve

NGAUS, in concert with the Military Coalition, has long sought legislation authorizing veteran status under Title 38 for National Guard and Reserve members of the Armed Forces who are entitled to a nonregular retirement under Chapter 1223 of 10 USC but were never called to Title 10 active service other than for training purposes during their careers – through no fault of their own.

Many members of Congress may not know that a reservist can complete a full Guard or Reserve career but not earn the title of “veteran of the Armed Forces of the United States” unless the service member has served on Title 10 active duty for other than training purposes.

Drill training, annual training and Title 32 service responding to domestic natural disasters and defending our nation’s airspace, borders and coastlines do not qualify for veteran status.

Many reserve-component members have served 20 years, giving the government a blank check to send them anywhere in the world, but through no fault of their own were never deployed or, in some cases, even been allowed to be deployed.

Yet, an active-duty member whose entire short-term enlistment tour is spent in less rigorous domestic assignments to domestic posts and bases on Title 10 status will fully qualify, not just for veterans status, but for all veterans’ benefits. This disparity is unfair and must end.

NGAUS strongly support legislation that would honor as veterans any person who is entitled to retirement pay for nonregular service or, but for age, would be entitled to retirement pay for non regular service. Such legislation has historically been scored budget neutral as it would not seek to bestow any benefits other than the honor of claiming veteran status for those who honorably served and sacrificed as career reserve-component members. They deserve nothing less.

Please urge your colleagues in the Senate and in the House to support such a bill once introduced.

Require DoD to Transfer to the Veterans Administration the Medical Records of National Guard Members upon Release from an Active Duty Deployment

DoD currently transfers to the Veterans Administration (VA) the medical records of active-duty members upon separation from active duty. However, it does not do so for the medical records of the National Guard when they are released from active duty following a deployment.

Disability Benefit Compensation Claims with the VA filed by veterans of the Reserve component are being denied on appeal at four times the rate of those Disability Benefit Compensation Claims filed by active duty.

A complete set of deployment medical records is essential to support a Disability Benefit Compensation Claim filed by a member of the Reserve component for injuries suffered during deployment.

Congress must require DoD to transfer to the VA the medical records of members of the National Guard in its custody upon the members' release from active-duty deployments.

Investigate the Disproportionate Denial Rate for Reserve Component Claims for Disability Benefit Compensation

According to data compiled and published by the Veterans' Benefit Administration (VBA), National Guard and Reserve veterans of Operation Iraqi Freedom (OIF), Operation New Dawn (OND) and Operation Enduring Freedom (OEF) are half as likely as active duty veterans of those wars to file disability claims with the VBA (27.7 percent to 50.7 percent).

Disability claims that are filed by those National Guard and Reserve veterans are being denied by the VBA at four times the rate (1.2 percent to 4.8 percent) of those claims filed by non-National Guard and Reserve veterans.

According to the 2013 report filed by the VBA, of the 193,109 disability claims filed by National Guard and Reserve veterans of the Global War on Terror (GWOT), the VBA denied service connection for 9,296. In contrast, the VBA decided 531,882 disability claims for active duty GWOT veterans but denied service connection for only 6,156.

These may seem to be small numbers but they represent a claims denial rate for Guard and Reserve GWOT veterans four times greater than that for active duty GWOT veterans. We need to know why this is.

Years of neglect in the Office of the Secretary of Defense with the demobilization process for reserve-component members returning from deployment and the inadequate capturing of theater medical records for the reserve component may have come home to roost.

Theater commands in Operation Iraqi Freedom and Operation Enduring Freedom did not establish a reliable method for preserving in-theater records of the reserve component. Congress heard testimony during the peak years of OIF in 2007 that some medically evacuated reserve-component members sometimes returned stateside with medical records resting on their supine chests.

Moreover, too many members of the Guard and Reserve have been allowed to slip through the medical cracks at demobilization stations resulting in widespread under identification of service-connected injuries at that critical separation point.

A variety of reasons may have been at play, to include inadequate screening by medical personnel at the demobilization site; the reluctance of returning members to report disabling injuries at distant demobilization sites to avoid the risk of further separations from home after lengthy deployments; or simply the late onset of symptoms after discharge from exposures to chemical hazards, traumatic brain injury or post-traumatic stress disorder.

The Department of Defense has acknowledged that medical records were lost in those theaters of operations.

To address this discrepancy in denial rates for adjudicated disability claims, your committees need to direct the Government Accounting Office in cooperation with the Veterans Administration Office of the Inspector General to conduct an investigation to determine why there exists a greater denial rate within the VBA for adjudicated disability claims filed by National Guard and Reserve veterans of OIF, OND and OEF compared to those filed by active-duty veterans.

The investigation must analyze the types of medical conditions related to the disability claims filed with the VBA by National Guard and Reserve veterans and whether there is a pattern of denial of service connection for certain conditions underlying the disability claims filed by these veterans and whether there is a pattern of assigning lower disability ratings for disability claims filed by Guard and Reserve veterans compared to those filed by active-duty veterans.

The investigation needs to assess whether the subject denial rate discrepancy is

caused in whole or in part by inadequate Department of Defense record keeping in-theater for National Guard and Reserve members, and if so, whether it may be appropriate as a corrective measure to grant a presumption of service connection for disability claims filed by National Guard and Reserve OIF, OND, OEF veterans due to DoD negligence creating and retaining medical records.

Authorize Drilling National Guard and Reserve Members Access to Vet Centers Counseling Services

Vet Centers in both their fixed locations and circulating mobile vans are the first stop of choice for veterans and their families for reintegration confidential counseling and referrals with enrollment rates that exceed that of the Veterans Administration itself.

With their effective peer to peer confidential counseling programs Vet Centers present a user friendly environment that provides user friendly counseling services to veterans and the families of veterans enrolled at Vet Centers. These counseling services can provide essential screening for a full range of cases that can be addressed at the Vet Center or lead to referrals to outside specialists in the community or Veterans Health Administration (VHA).

The National Guard continues to have the highest reported rate of suicides in the military.

The DoD Suicide Event Report reported rates of suicides (per 100,000) for the Reserve and National Guard components of the Select Reserve in 2013 at 23.4 and 28.9 with an Active Component suicide rate of 18.7 as of June 30, 2014.

Moreover, due to delays in suicide determination by civilian coroners and medical examiners the subject DoD report does not reflect the actual rate for all National Guard suicides in 2013 which was 33.5 per 100,000 according to the National Guard Bureau - easily the highest in the military.

National Guard and Reserve personnel in states at high risk for suicide and dangerous behavioral health conditions need convenient and confidential access to community based mental health professionals for screening, care and referrals.

There are currently no federally funded programs through DoD or the VA for confidential community based behavioral care for over 450,000 members of the National Guard located in communities across the country especially those residing

in isolated rural communities. Those requiring confidential behavioral health care must rely on community resources – often from pro bono good Samaritan providers who may or may not be trained in military behavioral health.

NGB reports that 63 percent of the ARNG soldiers and 64 percent of Air National Guard airmen who died by suicide in 2014 were never deployed. Access to Vet Centers for this cohort might have saved some of these lives.

However, National Guard and Reserve members who have never deployed but are in need of counseling are not eligible to enroll in Vet Centers because they are not veterans. This deprives them of convenient, confidential and potentially lifesaving touch points strategically located across the country.

This denial of access continues despite the Army National Guard having had the highest reported rate of suicides in the military in calendar year 2013 as set forth above. However, help may be on the way.

The Access to Care legislation passed in the summer of 2014 historically authorized access to VHA sexual assault counseling services for drilling Guard and Reserve. Sexual assault is too often a precursor to long standing behavioral wounds.

This is a very positive step but Congress must keep in mind that VHA records lack the confidentiality that Vet Centers require. A sexual assault victim may be reluctant to contact the VHA knowing that his or her command would have access to the record generated from the contact.

Allowing the sexual assault victim in the drilling Guard or Reserve to first seek confidential counseling at a Vet Center would be a more supportive first step that would only enhance a later visit to the VHA should that be necessary as the second step forward by a victim more fully aware of the record sharing consequences of using the VHA.

It is time to follow suit and provide access to Vet Center counseling services to all drilling Guard and Reserve members presenting with any behavioral health needs regardless of whether they have been deployed. Many would likely be victims of sexual assault in domestic environments who would be choosing to make their first stop at a Vet Center before moving if necessary to the VHA.

National Guard and Reserve personnel in states at high risk for suicide and

dangerous behavioral health conditions from whatever cause need convenient and confidential access to all community based mental health professionals for screening, care and referrals especially those already in place at Vet Centers.

Providing access to confidential counseling at Vet Centers might help prevent suicides in the population of 450,000 National Guard members and their families while answering the need for non-clinical services to address stressors for service member and families that may lead to more serious complications.

It is speculative but worth weighing how many National Guard suicides might have been prevented if the members had been confidentially screened and counseled at user friendly Vet Centers and referred to specialists for treatment.

It is time to open Vet Center counseling to this cohort worth protecting.

Train Providers to Deliver Community-Based Mental Health Care for Our Veterans

In 2007, the Rand Corporation published “The Invisible wounds of War.” This study found that at the time, 300,000 veterans of Operation Iraqi Freedom and Operation Enduring Freedom suffered from either PTSD or major depression. This number has multiplied after extended years of war. The harmful effects of these untreated invisible wounds on our veterans hinder their ability to reintegrate with their families and communities, work productively and live independently and peacefully.

Rand recommended that a network of local, state, and federal resources centered at the community level be available to deliver evidence-based care to veterans whenever and wherever they are located. Veterans must have the ability to utilize trained and certified services in their communities. In addition to training providers, the VA must educate veterans and their families on how to recognize the signs of behavioral illness and how and where to obtain treatment.

VA treatment facilities are often located hundreds of miles from our National Guard veterans living in rural areas. Requiring a veteran, once employed, to drive hundreds of miles to obtain care at a VA facility necessitates the veteran taking time off from work for reasons likely difficult to explain to an employer.

The VA needs to better leverage community resources to proactively engage veterans in caring for their mental health needs in a confidential and convenient

manner that does not require long distance travel or delayed appointments.

Working with the state mental health care provider licensing authorities, the VA can train and certify community providers that can be identified as part of a network qualified to treat veterans. This would greatly facilitate implementation of the Choice Card program in providing qualified community based behavioral treatment.

Several of our veterans have fallen through the cracks of the VA health care system, and will continue to do so. According to the Vietnam Veterans of America, last year only 30 percent of our veteran population had enrolled in VHA medical programs. Many veterans end up in the care of state social service programs in cooperation with state and national veteran organizations. 22 veterans are taking their lives daily

The VA has the authority and responsibility to assist to maintain and if necessary fund a community safety net of care for veterans with a more efficient program that connects them quickly with trained private entities. Requiring confidentiality for records generated in the community would seem to only encourage access.

There can be no reliable statistic for those needing care who treat confidentially outside of DoD or VA facilities as that would be tantamount to proving a negative. Despite the lack of a hard statistic, the number is likely very large.

The VA needs to continue to act proactively to more effectively address the behavioral health needs of our veterans.

Thank you again for the honor of appearing before you today and for what you are doing for our National Guard veterans who are still serving and for those who have separated. They have benefited greatly from your efforts. Thank you.

Disclosure Statement

Neither NGAUS nor I have received in this current year or within the past two fiscal years any federal grant or contract.

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