

Mr. Bruce McKenty, National Commander, MOPH

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

I am Bruce McKenty, 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 was accomplished for veterans during the 112th Session 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 efficient, accurate processing of claims for any benefits earned by their service.

MOPH'S priorities for the 113th 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 over 126,000 diagnosed cases. It is a devastating injury. It leaves military members with serious life threatening head and brain 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 seriously impacted. 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, in or outside of the system.

I have, as have many of you, 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 spouse, 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 the VA have the dedicated providers and the necessary resources to continue to perform research and provide the appropriate medical and mental health services that those suffering from TBI deserve. MOPH supported the "Veterans Traumatic Brain

Injury Rehabilitative Services Improvements Act of 2011;" however, like many needed pieces of legislation, this Act did not pass.

POST TRAUMATIC STRESS (PTS):

After a decade 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 the VA and others in the medical profession. PTS not only affects the military member or veteran, but his or her 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, the Department of Defense released a report in January 2013 that indicates that there were 349 suicides in 2012 up from 301 in 2011; this is an all-time high and exceeds the number of Americans who died in Afghanistan in 2012 (295).

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. 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, the 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 VA facilities to provide service to veterans suffering from the above mentioned disorders. MOPH also commends the 112th Congress for including in the 2013 NDAA a provision to standardize the suicide prevention programs throughout DoD.

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 since 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 increase.

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 should, once and for all, perfect their partnership to immediately implement a truly seamless transition system and a common medical records' format.

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

This is one of those issues that MOPH and other VSOs have supported for many years. Legislation has been introduced in the last several sessions of Congress and all have been defeated. Legislation has been introduced in this session of Congress, H.R. 32 the "Military Surviving Spouse Equity Act," which MOPH supports and urges all members of Congress to support and move it through the Legislative process. Even during the current austere budgetary environment, Congress has the chance to "do the right thing." The time is right for all members of Congress to recognize that the dollar for dollar offset of SBP receipts by the amount of DIC receipts is just plain 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.

Thousands of widows are affected by this unjust law and need justice now. This Congress has the chance to show financial compassion and the willingness to correct a historic wrong.

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 was in total support of legislation you introduced, H.R. 3895 the "Protect VA Healthcare Act of 2012" which unfortunately did not make it into law. 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 legislature and those who serve to preserve the many freedoms that we enjoy.

CONCURRENT RECEIPT:

This is another of those issues that is obviously wrong and an injustice but, when 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 ratings, 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. MOPH supports H.R. 303 the "Retired Pay Restoration Act" and H.R. 333 the "Disabled Veterans Tax Termination Act." These two Bills, which were recently introduced, would rectify this unfair situation.

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 still high and the rate for veterans even higher, 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. MOPH is pleased Congress rejected the Administration's and Department of Defense's efforts to significantly increase the amount both past and present veterans would have to pay.

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

SDVOSB and VOSB owners continue to voice concern about the VA's Center for Veterans Business Enterprise (CVE) verification program. Hopefully this year will begin an era of less subjectivity and a more standardized process by the CVE strictly based upon current law.

EDUCATION:

Chairman Miller, MOPH is in total support of legislation you have introduced, H.R. 357 "GI Bill Tuition Fairness Act of 2013". We share your opinion that veterans who are attending public institutions of higher education and that are approved for the purposes of the educational assistance programs administered by the Secretary of Veterans Affairs should be charged at the in-state tuition rate.

VA AND DOD ELECTRONIC MEDICAL RECORDS:

Chairman Sanders, Chairman Burr and Ranking members of both committees, MOPH shares all of your concerns about DOD and VA announced decisions to back away from their commitment to develop and implement a truly integrated, single electronic health care record. MOPH will continue to support your efforts to insist that VA and DOD recognize that a seamless system is important to the health and welfare of our country's veterans.

STOLEN VALOR:

The members of MOPH, at their time of enlisting in the Armed Services, swore an oath to defend our Constitution. The First Amendment, which guarantees free speech, is a very important article in that Constitution. However, those who choose to hide behind this Amendment to deceitfully claim military service, awards and decorations that they did not either earn or can account for, do not deserve any protection under this Amendment. MOPH fully supports S. 210 and H.R. 258 the "Stolen Valor Act of 2013" and urges Congress to move this legislation forward.

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

Thank you.

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National Commander