

WOUNDED WARRIOR PROJECT STATEMENT FOR THE RECORD COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

FOR

"Hearing on Pending Legislation"

August 1, 2018

Chairman Isakson, Ranking Member Tester, and distinguished members of the Senate Committee on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit this statement for the record of today's hearing on pending legislation.

Since our inception in 2003, WWP has grown from a small organization delivering comfort items in a backpack at the bedside of wounded warriors here in our nation's capital, to an organization of nearly 700 employees in more than 25 locations around the world delivering over a dozen direct-service programs to warriors and families in need. Through our direct-service programs, we connect these individuals with one another and their communities; we serve them by providing mental health support and clinical treatment, physical health and wellness programs, job placement services, and benefits claims help; and we empower them to succeed and live life on their own terms. As we advocate for this community before Congress, we appreciate you inviting us to speak on these issues and look forward to helping any way we can.

H.R. 299 – Blue Water Navy Vietnam Veterans Act of 2018

Although we have few alumni that served in Vietnam, Korea, and Thailand during the Vietnam war, we consider the military toxic exposure problem a cross-generational issue. It is important that if service members are exposed to harmful toxins while serving this country, the government ensures they have proper health care and assistance if any injuries or illnesses arise from their exposures. This philosophy was the impetus behind our current partnership with Vietnam Veterans of America (VVA) and the Tragedy Assistance Program for Survivors (TAPS) to conduct a needs assessment of the landscape facing post-9/11 generation warriors who were or who may have been exposed to toxic substances during service.

As individual organizations, VVA, TAPS, and WWP have shared concerns for several years about the emergence of toxic exposure as a common thread among former service members who are sick, dying, or already deceased from uncommon illnesses or unusually early onset of more familiar diseases like cancer. In the past, we have advocated for initiatives such as the creation of the Airborne Hazards and Open Burn Pit Registry in June 2014 and the more recent passage of the *Toxic Exposure Research Act of 2016* (P.L. 114-315,

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§§ 631–34). Given our collective interest in prevention, treatment, and awareness, Wounded Warrior Project decided in October 2017 to coordinate efforts with TAPS and VVA and invested \$200,000 in a needs assessment to guide our future advocacy. Wounded Warrior Project remains committed to continued investments of resources and expanding its partnerships to include others passionate about this important issue. More can be read about our partnership from our recent House Committee on Veterans' Affairs submitted on June 7, 2018¹.

As this partnership continues to address the challenges faced by service members and veterans who served on or after September 11, 2001, WWP is pleased that the committee is considering legislation to provide recourse for "blue water" Vietnam veterans. We are particularly encouraged by Section 5 of this legislation ("*Updated Report on Certain Gulf War Illness Study*") and further request that future legislation add additional research between the Veterans' Affairs (VA) and the Department of Defense (DoD) on toxic exposure for Gulf War-era veterans as well as for those who served after 9/11.

Wounded Warrior Project Supports H.R. 299.

Draft Bill – Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018

This draft bill will increase VA's internal dental capabilities by expanding its clinical capacities in rural locations and creating a pilot program that would open dental coverage to all veterans regardless of disability status at select VA hospitals. The pilot program will determine if expanding VA-provided dental services to all veterans enrolled in the VA healthcare system is feasible. Although we agree with the intent of the pilot program and overall dental expansion, we have concerns over how the bill will be paid for and how the *current* dental care program is administered to veterans.

Anecdotally, WWP has heard from veterans struggling to get service connected disability ratings for injuries to the mouth which occurred during service. Additionally, only veterans with 100% service-connected disability or former prisoners of war (POW) qualify for VA dental care². Before the VA expands dental coverage to all veterans, WWP would like to see VA review the current rating system for dental eligibility. We recommend that Congress instruct VA to conduct a report of how many veterans with face and mouth service-connected injuries are not getting needed health care and how many veterans are denied for dental coverage when applying for this type of service-connected disability. Additionally, we would like to see full coverage of dental services expanded to homeless veterans. Dental needs for homeless veterans is one of their top three

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¹ xttps://docs.xouse.goy/Committee/Calendar/By@yent.aspx?@yentID=108367

² xttps://www.yets.goy/xealtx-care/about-ya-xealtx-care/dental-care/



unmet needs and WWP feels that VA is not meeting its obligation in supporting homeless veterans when it comes to individual dental problems and its impacts in retain suitable long-term employment³.

Wounded Warrior Project supports the provisions to construct additional dental clinics in rural areas, increase dental health education, establish an electronic health record system, and authorize the Secretary to carry out a program to train and employ alternative dental health care providers. WWP suggests increasing the appropriated funding of this section to include the construction of dental facilities at any major VA hospital that does not currently offer onsite dental services. Furthermore, Congress needs to appropriately fund this dental expansion. As with the current VA MISSION Act funding shortfall, Congress should not pass legislation without appropriate funding mechanisms attached.

Wounded Warrior Project supports this legislation with alterations to the language as stated above.

<u>S. 3184 – To modify the requirements for application for construction of State home facilities to increase</u> the maximum percentage of nonveterans allowed to be treated at such facilities, and for other purposes

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal.

Discussion Draft on Transition Assistance Reform and S. 2748 – BATTLE for Servicemembers Act

With approximately 200,000 service members leaving the military each year, it is critical that DoD and VA disseminate information pertinent to transition success, VA benefits, and job opportunities⁴. Wounded Warrior Project supports a holistic approach to reforming Transition Assistance Program (TAP) that reflects the input of all relevant stakeholders. The Departments of Veterans Affairs, Defense, and Labor, the Small Business Administration, Congress, and multiple veteran service organizations committed to meeting the needs of transitioning service members and all have critical voices that must be adequately considered, and WWP would support a comprehensive bill that has been thoroughly vetted by all parties.

Wounded Warrior Project was pleased to host leaders from VA, DoD, DOL, and over 10 veteran service and nonprofit organizations in November 2017 to explore the components of wellness and their relationship to a successful military civilian transition. WWP has been an active participant in VA's Military-to-Civilian Summits and remains committed to being deeply involved with government and nongovernment leaders alike who have a stake in the success of TAP. Additionally, we are hearing from our transitioning alumni that the current the TAP is not comprehensive enough. We have some concerns that the proposed House Veterans'

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³ Xttps://www.ya.goy/xomeless/dental.asp

⁴ xttps://watson.brown.edu/costsofwar/files/cow/imce/papers/2017/Zogas_Veterans%27%20transitions_CoW_2.1.17.pdf



Affairs Committee (HVAC), Senate Armed Services Committee (SVAC), and the National Defense Authorization Act (NDAA) changes to the TAP does not expand the overall amount of TAP days. Where the current changes look to streamline the TAP while keeping it within the current five days, we recommend expanding the overall days dedicated to the TAP curriculum.

While we are encouraged by the time and attention that has been given to TAP to date, we believe both bills under consideration by the committee today fall short of what is necessary for meaningful TAP reform. Our concern is that there are other proposed changes to TAP currently under consideration by the HVAC, the House Armed Services Committee (HASC), and the Senate Armed Services Committee (SASC). Before supporting any one piece of legislation, we request that Congress identify the best provisions in each proposal and work collaboratively to form a single TAP bill supported by all relevant stakeholders. To this end, we request that Congress have a joint hearing between SVAC, HVAC, HASC, and SASC to clearly inform all committees of jurisdiction about the issues surrounding the TAP. In our opinion, this approach would afford all stakeholders – including outside organizations and government agencies – to clearly identify key priorities and considerations to improve transition.

We are concerned that the community is not on the same page when it comes to new TAP legislation. We are submitting the following thoughts on the TAP bills under consideration at this hearing; however, we request Congress to take a step back and develop one piece of legislation in conjunction with DoD, VA, community partners, and both sides of Congress.

(1) Discussion Draft on Transition Assistance Reform

Section 2. Recodification, Consolidation, and improvement of certain transition-related counseling and assistance authorities:

Wounded Warrior Project is encouraged by section (D) "the availability of mental health services and the treatment of post-traumatic stress disorder, anxiety disorders, depression, suicidal ideation, or other mental health conditions [...] and information concerning the availability of treatment options and resources to address [these issues]." We would request that WWP programs are included as resources for transition service members dealing with mental health issues. Wounded Warrior Project has developed a significant amount of mental health programming for post-9/11 veterans, and we are doing so in concert with VA and several leading community-based health providers. We've built these programs within a "continuum of support" designed to meet warriors wherever they are in their recovery while also investing substantial resources in other organizations in the community, including four of the nation's leading academic medical centers that have come together within our Warrior Care Network®.

Section 3. Personnel matters in connection with transition assistance program:

Ensuring that military installations have the proper personnel to administer TAP programming is essential. Section 3 would require the military to have "not less than one [full-time TAP personnel] for every 250 members of the Armed Forces currently eligible for participation in the Transition Assistance Program."

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Additionally, this provision would ensure that TAP personnel teaching these classes have at least two years of civilian employment experience before they can teach transition classes. This is to ensure that the people teaching these TAP classes have themselves gone through a successful transition. Lastly, this section would require DoD to identify one point of contact (POC) to coordinate all the on-post TAP programming at each field grade unit. This will help ensure that information being distributed throughout the military is consistent from base to base.

Section 5. Information on members of the armed forces participating in preseparation counseling and surveys on member experiences with transition assistance program counseling and services and in transition to civilian life:

Collecting and analyzing programmatic data is essential for ensuring positive outcomes from programs. Something that the current TAP program has failed in is surveying members after they have transitioned out of the military and the effectiveness of their TAP experience. This section would require the Secretary of Veterans Affairs to consult with the Secretary of Defense, the Secretary of Homeland Security, the Secretary of Education, and the Secretary of Labor to conduct surveys of veterans that have been recently retired, discharged, or released from active duty to assess their experiences transiting from the military to civilian life. This data can help identify areas where the TAP program is assisting and areas where it is lacking.

Wounded Warrior Project suggests editing this section to include a set number of veterans that shall be surveyed. We recommend the survey track their success over a period of no less than five years after separation. Additionally, WWP encourages committee staff to review The Veterans Metric Initiative (TVMI) study commissioned by the Henry Jackson Foundation – and funded, in part, by WWP – that focuses on post-military well-being. The TVMI study's findings regarding vocation, finances, health, and social relationships may provide compelling evidence to guide the approach under this section.

Section 6. E-mailing transition assistance materials to supporters of members of the armed forces transitioning to civilian life:

Wounded Warrior Project is particularly interested in this section. Section 6 would require DoD to email TAP program materials to family member of transitioning service members. The Secretary of Defense will solicit an email address from the service member to disseminate TAP information. When a service member transitions out of the military it affects the whole family. Ensuring that TAP information is shared with the spouse of the service member will help the entire family transition from DoD to the civilian world. We recommend making this optional for those service members who are not interested in share an email with DoD. As currently written, it is not clear if the service member can opt-out of supplying an email address to DoD.

Section 9. Education of members of Armed Forces on career readiness and professional development:

Wounded Warrior Project is interested in the Alumni Network Program defined in section (d); "[the] Secretary concerned shall establish an alumni network program to connect veterans with members of the Armed Forces for mentorship, networking, and career advice." In our experience, peer-to-peer support is critical to recovery for many warriors. According to our 2017 Wounded Warrior Project Survey, more than half of those surveyed,

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or 51.6 percent, used talking with another Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn veteran as a resource to address mental health issues. The only more frequently utilized resource was VA Medical Centers⁵. In this context, WWP is highly supportive of permanently authorizing reintegration and readjustment counseling services for transitioning service members. VA pilot programs that study peer-to-peer or alumni networks have been highly successful and WWP has seen similarly encouraging results in its own programming. Because of this, WWP supports the proposed Alumni Network Program. WWP requests the legislation require DoD to partner with and promote successful peer-to-peer programs administered by veteran service organizations and military service organizations to service members transitioning out of the military.

Section 10. Employment Skills Training:

Currently, spouses may attend TAP classes if space is available. This provision would require DoD to authorize access to TAP classes to spouses. A strong military family is important. A strong civilian family is equally as important. Wounded Warrior Project supports the concept in ensuring the TAP classes are available to spouses as it will assist in the entire family's transition.

Section 14. Establishment of Governing Board to support prevention of drug overdose death by suicide, and alcohol-related mortality:

This section would require the Secretary of VA to establish a governing board within the Veterans Benefits Administration (VBA) to facilitate the transfer of information and to create partnerships that would prevent suicide, substance abuse, and assist homes veterans. The board would include representatives from DoD, DHS, and DoL, inducing representatives from VA staff offices that focus on these issues. Wounded Warrior Project requests including veteran service organizations into the board as well.

Section 16. Grants for provision of transition assistance to members of the Armed Forces after separation, retirement, or discharge:

This section would require DOL to work with VA to award grants to outside organizations who provide transition assistance services to members of the military that have separated. These grants would be awarded to organizations that focus on career skills, behavioral health, and education. \$10 million dollars would be authorized for the grants. WWP has in the past supported increasing the outside capabilities of transitioning service members access to information and assistance to successfully integrate into the civilian population and has invested a substantial amount of fund in peer-to-peer mental health and employment transition programs.

WWP's Warriors 2 Work (W2W) is one such successful program. W2W assists veterans transitioning from the military into the civilian workforce. WWP does this through resume building, job coaching, assistance with building local networks, online LinkedIn workshops, and one-on-one job referrals to partnering companies. Currently, we work with over 400 companies and focus on small-scale hiring fairs called "micro job fairs." WWP feels that there is a natural synergy between our peer-to-peer mental health network, our peer-to-peer W2W programs, and the proposed grants defined in this section.

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⁵ <u>kttps://www.woundedwarriorproject.org/media/172072/2017-wwp-annual-warrior-survey.pdf</u>



(2) S. 2748 – BATTLE for Servicemembers Act

Under the current TAP, there is a mandatory "core curriculum" consisting of a three-day employment workshop that is conducted by DOL; six hours of briefings on veterans' benefits, conducted by VA; and 8-10 hours of briefings on topics such as translating military skills to civilian jobs and preparing a financial plan, conducted by DoD. Following completion of the core curriculum, transition service members can opt to take one of three additional transition tracks that include (1) higher education, conducted by DoD; (2) technical and skills training conducted by the VA; or (3) entrepreneurship, conducted by the Small Business Administration. Although these additional tracks are available, they are often not utilized. This legislation would require transitioning service members need all the resources they can get to properly transition back into the civilian world. Because of this, we support expanding the amount of training given to service members as they leave the military. We would request that a fourth track be added for those interested in additional employment information.

Draft Bill – VA Hiring Enhancement Act

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal.

H.R. 5418 – Veterans Affairs Medical-Surgical Purchasing Stabilization Act

H.R. 5418 would require the Secretary to award contracts to multiple regional prime vendors instead of a single nationwide prime vendor and prohibits the prime vendor from solely designing the formulary of such supplies. Wounded Warrior Project is concerned that restricting the Secretary of Veterans Affairs' ability to purchase medical equipment, the VA may adversely affect veteran safety and health because Congress has limited the agency's purchasing options. Wounded Warrior Project recommends changing the wording on page 2, line 8 from "Secretary of Veterans Affairs *shall* carry out ..."

Wounded Warrior Project opposes this legislation.

<u>S. 1596 – BRAVE Act of 2017</u>

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Wounded Warrior Project is here to assist injured, ill, and wounded veterans and service members. When these disabilities lead to the death of a warrior, appropriate assistance should be rendered to the family by the federal government. S. 1596 would increase funeral benefits for veterans and fallen service members and establish a percentage increase of this benefit each year. The current \$300 payment would be increased to \$749. With the average cost of burials exceeding \$7,000 in 2016⁶, this payment increase would represent a small step in the right direction in assisting families during this time of mourning; however, WWP requests that burial benefit payments be increased to match the average cost of a burial.

Wounded Warrior Project supports this legislation with amendments.

S. 2881 – Mare Island Naval Cemetery Transfer Act

Mare Island Naval Cemetery is one of the oldest West Coast military burial sites. Over the past decade, the cemetery has fallen into disrepair. The cemetery, which is currently owned and operated by the city of Vallejo, California does not have the necessary funds to maintain the cemetery appropriately. This legislation would direct the Secretary of Veterans Affairs to enter into an agreement with the city of Vallejo, California to ensure that the cemetery is properly maintained. Wounded Warrior Project feels that the final resting place of military service members and veterans should be kept to a high standard of maintenance. In the rare instance that a local community has the responsibility to maintain a veteran cemetery, and is unable to maintain that standard, the VA should step up and assist.

Wounded Warrior Project supports this legislation.

<u>S. 1952 – VA Financial Accountability Act of 2017</u>

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal.

<u>S. 1990 – Dependency and Indemnity Compensation Improvement Act of 2017</u>

S. 1990 aims to increase the Dependency and Indemnity Compensation (DIC) benefits rate so that it is equivalent to the rate paid to survivors of federal civilian employees. The increase would provide approximately \$300 more per month to spouses of service members and veterans who die while on active military duty or as a result of a service-connected injury or illness. Additionally, a spouse will be authorized to receive the DIC benefit if the service member was rated totally disabled for a period of five years. Currently, DIC payments are

⁶ http://www.nfda.org/news/statistics

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provided to survivors or those rated totally disabled for a period of ten years. Wounded Warrior Project has always supported the spouses of those injured, ill, or wounded while serving this country. WWP will continue to support them after these warriors pass on. We support this bill as it will also ensure that these individuals are financially supported after their loved one dies.

Wounded Warrior Project supports this legislation.

<u>S. 2485 – Medal of Honor Surviving Spouses Recognition Act of 2018</u>

S. 2485 would provide a special pension payment to the surviving spouses of a deceased Medal of Honor recipient and increase the special pension amount from \$1,000 to \$1,329.58. Medal of Honor recipients, and their families have gone above and beyond in service to this nation. Their sacrifices should not go unnoticed. This pension does not nearly cover the gratitude this nation owes these heroes. Because of this, Wounded Warrior Project fully supports this legislation.

Wounded Warrior Project supports this legislation.

<u>Draft Bill – To require the Secretary of Veterans Affairs to establish a program to award grants to</u> persons to provide and coordinate the provision of suicide prevention services for veterans transition from service in the Armed Forces who are at risk of suicide and for their families, and for other purposes

This draft bill would establish a program to award grants to organizations that are providing and coordinating suicide prevention services to veterans. Through offerings such as Warrior Care Network®, Project Odyssey, and WWP Talk, WWP has served 17,822 warriors and family members through interactive programming, rehabilitative retreats, and other professional services to address their mental health needs.

The Warrior Care Network® (WCN) has a critical mission to heal the invisible wounds of war by increasing access to some of the highest quality care for wounded warriors and their families. Launched in 2016 with a vision of becoming a national leader, innovator, and integrator in the delivery of treatment for warriors living with psychological injuries as well as those suffering from traumatic brain injury, the WCN has enjoyed early success due in part to collaboration with the Department of Veterans Affairs (VA).

In FY17, the partnership provided 3,707 hours of transition services, 2,612 professional consultations, 383 briefings, and 401 referrals into VA care. As the need for professional mental health treatment for Veterans and their families is great (and growing), the WCN is committed to expanding its efforts in the coming years and we wish to continue the collaborative partnership with the VA. In the next five years, the WCN will invest over \$160 million to the care of approximately 5,000 Veterans and family members in the intensive outpatient

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program and approximately 6,500 Veterans in traditional outpatient care where the partnership with the VHA will be even more critical for the continuity of care.

Additionally, Project Odyssey and the WWP Talk programs support veterans through peer-to-peer counseling and rehabilitative retreats. With over five Project Odyssey events happening across the nation each week and thousands of one-on-one calls to warriors happening each month, WWP is committed to addressing today's mental health needs in a variety of ways.

While WWP has many successful direct programs serving the needs of warriors and their families, we alone cannot meet every need this generation of wounded service members and veterans face. Because of this, WWP supports any effort by VA to increase funding for suicide prevention to outside partners. We would suggest increasing eligibility into the program to current service members. Additionally, on page 7, line 19, we would suggest changing "The Secretary may require a person receiving a grant under this section to submit to the Secretary a report that describes the use of the grants amounts by the person or such other information as the Secretary considers appropriate" to a "shall" statement. WWP feels that it is important for an organization that applies for a grant to be required to describe how the funds will be utilized.

Wounded Warrior Project supports this legislation with amendments.

Draft Bill – Modernization of Medical Records Access for Veterans Act

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal. Wounded Warrior Project assists ill, injured, and wounded warriors, family members, and Caregivers. We stand ready to assist Congress in legislation affecting these individuals. Although we do not have a position on this bill we do caution Congress in implementing another technological pilot program while there is no VA Chief Information Officer and with the electronic health record project between DoD and VA ramping up. We request more discussions with committeestaff before formulating a position.

<u>S. 514 – No Hero Left Untreated Act</u>

S. 514 would direct the Secretary of Veterans Affairs (VA) to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans. Based on trends we have identified from our work through direct mental health programming and partnerships in the community, WWP strongly believes that more can be done to address the invisible wounds of war, particularly PTSD, TBI, depression, and other related conditions; however, we must ensure that new forms of treatment are safe for Veterans. Currently, EEG/EKG-guided resonance therapy is not approved by the Federal Drug Administration (FDA); however, we understand that EEG/EKG-guided resonance therapy is primarily used for research applications and therefore

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not typically approved by the FDA. Additionally, the VHA has implemented a pilot program at approximately 23 medical facilities. This pilot program uses Repetitive Transcranial Magnetic Stimulation, or rTMS therapy, and WWP has followed the outcomes of the pilot program. The most recent report on the rTMS therapy pilot program indicated that rTMS therapy did not assist in reducing PTSD symptoms any more than the control study group⁷. It is obvious that more research is needed regarding this new form of mental health treatment. Given the most recent rTMS program findings, WWP would support this legislation if the bill language were changed to include a double-blind research provision on the outcomes of the pilot program. WWP would like to see this research program compared to the most recent rTMS pilot program to understand it's longer-term viability as a treatment for PTSD, MST, TBI, and depression.

Wounded Warrior Project would support this legislation if it were presented as a research pilot program as opposed to a treatment pilot program and sufficient language addressing this was included in the bill.

CONCLUSION

Wounded Warrior Project thanks the Senate Committee on Veterans' Affairs, its distinguished members, and all who have contributed to the policy discussions surrounding the bills under consideration at today's hearing. We share a sacred obligation to serve our nation's veterans, and Wounded Warrior Project appreciates the committee's effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

Sincerely,

qui Bardorf

René C. Bardorf Senior Vice President of Government and Community Relations

⁷ xttps://www.medpagetoday.com/psycxiatry/depression/73740

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