

STATEMENT OF

Enlisted Association of the National Guard of the United States

Before the

HOUSE COMMITTEE ON ARMED SERVICES

SUBCOMMITTEE ON Military PERSONNEL

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Presented by

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MR. CHAIRMAN AND DISTINGUISHED MEMBERS OF THE SUBCOMMITTEE. On behalf of The Enlisted Association of the National Guard of the United States and The Military Coalition (TMC), we thank you for allowing us to present the views of our National Guard and Reserve members. Neither EANGUS nor The Military Coalition receives or has received funds from any government agency or program to include grants or contracts for the past three fiscal years.

National Guard and Reserve

Currently over 142,000 National Guard and Reserve service men and women are serving on active duty. Since Sept. 11, 2001, more than 752,000 Guard and Reserve service men and women have been called up, including well over 200,000 who have served multiple tours. There is no precedent in American history for this sustained reliance on citizen-soldiers and their families. To their credit, National Guard and Reserve combat veterans continue to re-enlist, but with the current pace of routine, recurring deployments cannot be sustained indefinitely.

Guard and Reserve members and families face unique challenges in their readjustment following active duty service. Unlike active duty personnel, many Guard and Reserve members return to employers who question their contributions in the civilian workplace, especially as multiple deployments have become the norm. Many Guard-Reserve troops return from deployment with varying degrees of combat-related injuries and stress disorders which can lead to complications which prove to be detrimental to their families, careers and their overall quality of life.

Despite the continuing efforts of the Armed Services and Congress, most Guard and Reserve families do not have access to the same level of counseling and support that active duty members have. In short, the Reserve Components face increasing challenges virtually across the board, including major equipment shortages, end-strength requirements, wounded-warrior health care, as well as, pre- and post-deployment assistance and counseling.

Operational Reserve Retention and Retirement Reform – Congress took the first step in modernizing the Reserve Compensation System with enactment of early retirement eligibility for certain Reservists activated for at least 90 continuous days who have served since January 28, 2008. This change validates the principle that compensation should keep pace with service expectations and works as an inducement to retention and sustainment of the Operational Reserve Force.

Since Guard/Reserve operational missions continue to increase, Guard/Reserve members are forced to devote a much more substantial portion of their working lives to military service than ever envisioned when the current retirement system was developed in 1948.

Repeated, extended activations make it more difficult for Guard/Reserve members to sustain a full civilian career and also impedes Reservists' ability to build a full civilian retirement, 401(k), etc. Regardless of statutory protections, periodic long-term absences from the civilian workplace can be detrimental to Guard/Reserve members' upward mobility, employability, financial security and quality of life. Further, strengthening the Reserve Retirement System will serve as an incentive to retaining critical mid-career officers and NCOs for continued service and thereby enhance readiness.

As a minimum, the next step in modernizing the Reserve Retirement System is to provide equal retirement-age-reduction credit for all activated service rendered since Sept. 11, 2001. The current law which only credits active service since January 28, 2008, not only disenfranchises, but devalues, the service of hundreds of thousands of Guard/Reserve members who have served one or more combat tours between 2001 and 2008.

The statute also must be amended to eliminate the inequity inherent in the current fiscal year retirement calculation, which only credits 90 days of active service for early retirement purposes if that service occurs within the same fiscal year. The current rule is patently unfair because it significantly penalizes members who deploy in July or August, giving three month's retirement age credit for a 90-

day tour served from January through March, but only half credit for a 120-day tour served from August through November (as the time served is split between two fiscal years).

Mr. Chairman, we fully understand the budgetary problems facing our country, but we are also aware that more than 700 billion dollars has been given to banks, financial institutions and automakers as either bail-outs or stimulus funding. In only three weeks, 3 billion dollars was spent on the 'Cash for Clunkers' program that did nothing more than reduce the inventory for auto dealers. The American people, many which are the very veterans who have been passed by, are looking at a trillion dollar Health Care Bill. If CBO figures are accurate, it will cost only 2.1 billion dollars over ten years or just about 21 million dollars a year to provide retro-activity for early retirement for those who have protected our freedom. It's the right thing to do to honor the unselfish heroes and their families who have given up so much to protect us and our way of life.

For the near term, we place particular priority on authorizing early retirement credit for all Qualifying post-9/11 active duty service performed by Guard/Reserve service members and eliminating the fiscal-year-specific accumulator that bars equal retirement credit for members deploying for equal periods during different months of the year.

Ultimately, we believe we must move forward to provide a reduced age entitlement for retired pay and health coverage for all Reserve Component members – that is, an age/service formula or outright eligibility, if otherwise qualified, at age 55.

Further, we urge repeal of the annual cap of 130 days of inactive duty training points that may be credited towards a reserve retirement.

Guard and Reserve Yellow Ribbon Readjustment – Congress has provided increased resources to support the transition of warrior-citizens back into the community. Unfortunately, program execution and content remains inconsistent from state to state often falling short for returning Guard/Reserve warriors in widely dispersed regional commands. Military and civilian leaders, at all

levels, must improve the coordination and delivery of services to the entire operational reserve force. Many communities are eager to support their returning Guardsmen and the Yellow Ribbon Program and they do it well. Sadly, yellow ribbon efforts in numerous locations amount to little more than PowerPoint slides with little or no active involvement or actual implementation.

Making Yellow Ribbon work effectively is a major Coalition priority, and our hope is that the NDAA required reports will point the way for further Subcommittee action in this important area.

We urge the Subcommittee to hold oversight hearings and to direct additional improvements in the coordination, collaboration and consistency of Yellow Ribbon Program services. DoD must ensure that state-level best practices – such as those in Maryland, Minnesota and New Hampshire – are applied for all operational reserve force members and their families, and that Federal Reserve veterans have equal access to the same services and support available to National Guard veterans. Community groups, employers and service organization efforts need to be encouraged and better coordinated to supplement unit, component, Service and VA outreach and services.

Guard/Reserve GI Bill – We are grateful to Congress for inclusion of a critical “earn as you serve” principle in the new Post-9/11 GI Bill, which allows Operational Reservists to accrue educational benefits for each aggregate call-up of 90 or more days of active duty. Inexplicably, however, active duty members of the National Guard serving under Title 32 orders were not included in the new program despite their critical role in homeland defense, counter-drug activity, border control and other missions.

We urge the Subcommittee to work with the Veterans Affairs Committee to include Title 32 AGRs in the Post-9/11 statute.

TMC’s longstanding recommendation of coordinating and integrating various educational benefit programs has been made more challenging with the Post-9/11 GI Bill. For example, benefits for initially joining the Guard or Reserve as authorized in Chapter 1606, 10 USC continue to decline in proportion to the active duty Montgomery GI Bill (Chap. 30, 38 USC) and the new Post-9/11 GI Bill.

Reserve MGIB benefit levels have slid to only 24% of the active duty MGIB benefit in comparison to the 47-50% level during the first 15 years of the program. Restoration of the original ratio would raise basic Reserve rates from the current \$333 per month to \$643 - \$684 per month for full-time study.

TMC maintains that restoring this ratio is not only a matter of equity, but is essential to the long-term success of Guard and Reserve recruiting programs.

Based on the DoD / Services' 10-year record of indifference to the basic Selected Reserve GI Bill under Chapter 1606, 10 USC, TMC recommends either: restoring Reserve benefits to 47-50% of active duty benefits or transferring the Chapter 1606 statute from Title 10 to Title 38 so that it can be coordinated, with other educational benefits programs, in a 21st century GI Bill architecture. We also support assured academic reinstatement, including guaranteed re-enrollment, for returning operational reservists.

Guard and Reserve Healthcare

Continuum of Health Care Insurance Options for The Guard and Reserve – The Coalition is very grateful for passage of TRICARE Retired Reserve (TRR) coverage for “gray area” Reservists in the FY2010 NDAA.

The Coalition notes that DoD complied with direction from Congress to reduce TRICARE Reserve Select (TRS) premiums to the actual cost of coverage. For 2009, monthly TRS premiums were reduced from \$81 to \$47.51 for member-only coverage and from \$253 to \$180.17 for family coverage.

We believe a review of the current statutory methodology for adjusting premiums based on program costs should be conducted to determine whether any of the costs currently included are in fact costs of maintaining readiness or “costs of doing business” for the Defense Department that don’t contribute to delivering benefit value to beneficiaries (and therefore should be excluded, with the expected result that premiums would go down). In principle, Congress should establish a moratorium

on it.

TRS premium increases and direct DoD to make a determined effort for the most efficient use of resources allocated and to cut waste prior to the consideration of any adjustment in such premiums. Moreover, we believes that holding the line on TRS premiums will encourage many more families to enroll. DoD, the Services, and the Reserve Components must actively and jointly work to appropriately market the TRS program which currently has only 6-7% of eligible beneficiaries enrolled.

EANGUS and the Coalition also believe Congress is missing an opportunity to reduce long-term health care costs and increase beneficiary satisfaction by authorizing eligible members the option of electing a DoD subsidy of their civilian insurance premiums during periods of activation. Current law already authorizes payment of up to 24 months of FEHBP premiums for activated members who are civilian employees of the Defense Department. The Coalition believes all members of the Selected Reserve should have a similar option to have continuity in their civilian family coverage. Over the long term, when Guard and Reserve activations can be expected at a reduced pace, this option would offer considerable savings opportunity relative to funding permanent, year-round TRICARE coverage.

DoD could calculate a maximum monthly subsidy level that would represent a cost savings to the government by reducing TRICARE costs.

We recommend the Subcommittee:

Require a GAO review of DoD's methodology for determining TRS costs for premium adjustment purposes to assess whether it includes any costs of maintaining readiness or "costs of doing business" for the Defense Department that don't contribute to beneficiary benefit value and thus should be excluded from cost/premium calculations; Authorize development of a cost-effective option to have DoD subsidize premiums for continuation of a Reserve employer's private family

health insurance during periods of deployment as an alternative to ongoing TRS coverage; Allow eligibility in Continued Health Care Benefits Program (CHCBP) for Selected Reservists who are voluntarily separating and subject to disenrollment from TRS; Authorize members of the IRR who qualify for a Reserve Retirement at age 60 to participate in TRR as an incentive for continued service (and higher liability for recall to active duty); Monitor implementation of the new TRR authority to ensure timely action and that premiums do not exceed 100 percent of the TRS premium; Allow FEHB plan beneficiaries who are Selected Reservists the option of participating in TRS.

Guard and Reserve Mental Health – We are concerned that Guard and Reserve members and their families are at particular risk for undetected effects of the unseen injuries of war. The risk is compounded by Reserve Component members' anxiety to return to their families as soon as possible, which typically entails expedited departure from active duty and return to a community where military health care and other support systems are limited or non-existent.

Unfortunately, most such members view the current post deployment health self-assessment program at demobilization sites as an impediment to prompt return to their families. Under this scenario, strong disincentives for self-reporting exacerbate an already wide variation in the diagnosis and treatment of post traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and other combat-related stress conditions.

EANGUS and the TMC believe redeploying Reserve Component members should be allowed to proceed to their home station and be retained on active duty orders to complete post-deployment examination requirements at the home station. This change is important to improve proper diagnosis, reporting and treatment of physical and mental injuries; to help perfect potential service connected disability claims with the VA; and to help correct the non-reporting of injuries at the demobilization site.

We believe that Guard and Reserve members and their families should have access to evidence-based treatment for PTSD, TBI, depression, and other combat-related stress conditions. Further, Post Deployment Health examinations should be offered at the member's home station, with the member retained on active duty orders until completion of the exam.

Guard and Reserve Health Information – We are concerned that the current health records for many Guard and Reserve members do not contain treatment information that could be vital for diagnosis and treatment of a condition while on active duty. The capture of non-military treatment is an integral part of the member's overall health status.

We believe there should be an effort to improve the electronic capture of non-military health information into the service member's medical record.