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STATEMENT

of

THE MILITARY COALITION

before the

Veterans' Disability Benefits Commission

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MISTER CHAIRMAN AND DISTINGUISHED MEMBERS OF THE VETERANS' DISABILITY BENEFITS COMMISSION. On behalf of The Military Coalition, a consortium of nationally prominent uniformed services and veterans' organizations, we are grateful to the commission for this opportunity to express our views concerning issues affecting the uniformed services community. This testimony provides the collective views of the following military and veterans' organizations, which represent approximately 5.5 million current and former members of the seven uniformed services, plus their families and survivors.

- Air Force Association
- Air Force Sergeants Association
- Air Force Women Officers Associated
- American Logistics Association
- Army Aviation Association of America
- Association of Military Surgeons of the United States
- Association of the United States Army
- Chief Warrant Officer and Warrant Officer Association, U.S. Coast Guard
- Commissioned Officers Association of the U.S. Public Health Service, Inc.
- Enlisted Association of the National Guard of the United States
- Fleet Reserve Association
- Gold Star Wives of America, Inc.
- Jewish War Veterans of the United States of America
- Marine Corps League
- Marine Corps Reserve Association
- Military Chaplains Association of the United States of America
- Military Officers Association of America
- Military Order of the Purple Heart
- National Association for Uniformed Services
- National Military Family Association
- National Order of Battlefield Commissions
- Naval Enlisted Reserve Association
- Naval Reserve Association
- Non Commissioned Officers Association
- Reserve Enlisted Association
- Reserve Officers Association
- Society of Medical Consultants to the Armed Forces
- The Retired Enlisted Association
- United Armed Forces Association
- United States Army Warrant Officers Association
- United States Coast Guard Chief Petty Officers Association
- Veterans' Widows International Network

Overview

Mr. Chairman, The Military Coalition (TMC) thanks you for this opportunity to address the commission and express our views concerning the potential research questions/issues that the commission intends to address during the course of your activities. We appreciate that the commission has already heard from several Coalition representatives on a variety of veteran topics and concerns. Therefore, we will devote our discussion to the potential research questions outlined on your website in today's session.

In testimony today, the Coalition will focus on each of the subcommittee's research questions/issues by providing specific TMC comments and perspective. Some of the issues do need further study in order to help simplify the disability process, yet on other issues we agree with the Chairman – they need to be looked at, validated, and finally "put to bed."

Compensation Subcommittee Questions/Issues

After review, TMC feels that the Commission needs to review/study all the Compensation Subcommittee's issues with the exception of one issue – issue 9. Our reasons will be expressed in the comments below.

Q1 - *How well do benefits provided to disabled veterans meet Congressional intent of replacing average impairment in earnings capacity?*

TMC fully supports a review of how well disabled veterans' benefits meet the Congressional intent of replacing average impairment in earnings capacity. We believe the current rates don't provide adequate compensation for lost earnings, particularly for the more severe disability ratings.

Furthermore, we believe the current rates are outdated – they were established in the draft era when most Americans earn their living at manual labor, which is not the case today. Now that we've gone to the All Volunteer Force (AVF), the large majority of service entrants have aptitude test scores in the upper half of the military-eligible population. This fact needs to be considered when developing new rates.

Q2 - *How well do benefits provided to disabled veterans meet implied Congressional intent to compensate for impairment in quality-of-life due to service-connected disabilities?*

Quality-of-life is unavoidably a subjective topic; however, TMC agrees that impairment in quality-of-life due to service-connected disabilities should be a formal element of consideration in establishing disability compensation, to include "pain and suffering." "Pain and suffering" is well recognized in civil liability cases and must be taken into account in assessing the impacts of service-connected disabilities.

Q3 - *How well do benefits provided to survivors meet implied Congressional intent to compensate for the loss of the veterans/service members' earning capacity and for the impairment in quality-of-life due to service-connected death?*

TMC believes the current rate is inadequate compensation to survivors when military service causes the premature death of a current or former servicemember.

DIC payments have virtually no relationship to the service members' lost earning capacity, and in fact, the elimination of grade-based DIC rates in the early 1990s was a conscious decision to pay the same rates to all survivors, independent of the deceased members' earnings history.

TMC notes that military spouses also become the primary home-care providers for seriously impaired service members/veterans. The lifetime care-provider status limits spouses' ability to enter and substantially progress in their own careers. Regardless of the level of disability, every disabled veteran's family has sacrificed quality-of-life and family opportunities in rendering a lifetime of support due to decreased earnings capacity.

If disability compensation rates are reestablished at levels that more adequately compensate for lost earnings, one option may be to establish survivors' compensation at 55% of the compensation rate for a 100-percent disability rating.

Q4 - *How well do benefits provided to disabled veterans and survivors meet implied Congressional intent to provide incentive value for recruitment and retention.*

TMC believes disability compensation doesn't establish incentives for recruiting and retention as such. Few service members believe they themselves will become disabled, just as the young have difficulty envisioning themselves as elderly and retired.

The principal concern is ensuring that the public and currently serving members do not perceive treatment of disabled members as unfair. If compensation for those disabled in service is perceived as insufficient, it highlights the seeming insensitivity of the government to those who serve, and that could work contrary to recruiting and retention efforts.

Q5 - *How well do the medical criteria in the VA Rating Schedule and VA rating regulations enable assessment and adjudication of the proper levels of disability to compensate for both the impact on quality-of-life and impairment in earnings capacity?*

TMC believes that independent experts such as the Institute of Medicine (IOM) should be consulted on the medical aspects of this potential research question.

Q6 - *How does the adequacy of disability benefits provided for members of the Armed Forces compare with disability benefits provided to employees of Federal, State, and local governments, and commercial and private-sector benefit plans?*

TMC understands that part of the Commission's charter is to compare the adequacy of disability benefits provided to members of the Armed Forces with that of the civilian/private sector; yet, we believe it is imperative to keep in mind the unique differences between the two sectors. While the military needs a core pay comparability standard and additional bonus and special pay programs to compete for high-demand skills, the reality remains that the military will always be

at a distinct disadvantage in competing with the private sector for manpower because of the extraordinary demands and sacrifices inherent in a military career.

In his minority report to the 1978 President's Commission on Military Compensation (PCMC), Lt Gen Benjamin O. Davis, Jr. (USAF-Ret) quoted eloquent testimony presented to the PCMC by the Secretary of the Air Force on military vs. civilian differences:

> *"The Air Force and other military services are unique callings. The demands we place on our military men and women are unlike those of any other country. Our worldwide interests and commitments place heavy burdens and responsibilities on their shoulders. They must be prepared to live anywhere, fight anywhere, and maintain high morale and combat efficiency under frequently adverse and uncomfortable conditions. They are asked to undergo frequent exposure to risk, long hours, periodic relocations, and family separation. They accept abridgement of freedom of speech, political and organizational activity, and control over living and working conditions. These are all part of the very personal price our military people pay.*
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> *"Yet all of this must be done in the light of – and in comparison to – a civilian sector that is considerably different. We ask military people to be highly disciplined when society places a heavy premium on individual freedom, to maintain a steady and acute sense of purpose when some in society question the value of our institutions and debate our national goals. In short, we ask them to surrender elements of their freedom in order to serve and defend a society that has the highest degree of liberty and independence in the world. And, I might add, a society with the highest standard of living and an unmatched quality-of-life.*
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> *"Implicit in the concept of military service must be long-term security and a system of institutional supports for the serviceman and his family which are beyond the level of compensation commonly offered in the private, industrial sector."*

TMC believes this description of the difference between military and private sector employment is even more true today, when we have a much smaller and more heavily-deployed force than we had when those words were spoken in 1978.

Therefore, attempting to equate military to civilian compensation programs (health, retirement, survivor benefits, etc.) is useful only in establishing a floor for military programs. Protecting the country is not the same as civilian employment, and the government has a special obligation to provide special protections for those from whom it requires (often involuntarily) sacrifices and risks far beyond those expected of civilian workers by their employers. No civilian firm can force its employees overseas into combat zones or deny them the right to quit at a time of their choosing. Disability programs for veterans must be better than those provided for civilians.

Q7 - *How do the operations of disability benefits programs compare?*

We believe the different programs serve different purposes. Military disability retired pay, as established under current CRDP/CRSC law, is recognized as part earned retired pay and part disability compensation.

For "Chapter 61" (Title 10 U.S. Code) retirees, the portion in excess of the amount earned by service (2.5% of the applicable basic pay amount times years of service) is offset by any amount of VA compensation, while Social Security disability eligibility is affected by income from other programs.

The main inequity is failure to recognize that "Chapter 61" retirees with less than 20 years of service also earned a part of their retired pay for military service and that portion (2.5% times years of service times high-three-year average basic pay) should not be subject to offset by VA disability compensation.

Q8 - *Does the disability benefit provided affect a veteran's incentive to work?*

Veterans who are able to work are doing their best to lead fulfilling lives in spite of their service-connected disability. The fact that some can work does not diminish the impact of the disability on their lives. Establishing penalties for those who seek some level of employment inevitably would discourage some disabled veterans from seeking employment.

Q9 - *Pertinent law and regulations require that disability compensation be based on average impairment of earnings capacity, not on loss of individual earnings capacity.*

Q9a - *Would the results be more appropriate if factors such as the individual's military rank, military specialty, pre-service occupation, education, and skill level were taken into consideration in determining benefits?*

Q9b - *Would the results be more appropriate if the effect of the veteran's medical condition on his or her occupation were taken into consideration in determining benefits?*

TMC does not support award of VA disability compensation on the basis of military rank. Those who are medically retired or who serve until retirement and become disabled thereafter receive military retired pay that is related to grade and experience achieved, whereas VA disability compensation serves an entirely different and additive purpose. Since a service-connected disability can incapacitate a member at any stage of his or her career, past work history may or may not be related to future employment and income expectations.

TMC also does not support varying compensation based on specialty or pre-service occupation. Military specialty can vary over time, and pre-service occupations don't necessarily reflect post-service occupations, particularly since most members enter service at a young age. TMC would like to point out that varying compensation rates would complicate the process and add an administrative level – the Commission's goal should be to simplify the process.

Q10 - *Would the results be more appropriate if reduced quality-of-life and lost earnings were separately rated and compensated?*

TMC believes it is worth exploring the feasibility of separate ratings for lost earnings and quality-of-life (to include "pain and suffering"). The issue is whether such a method would permit increased transparency of the purpose of compensation without introducing so much complexity to the system that the negative effects of the latter offset the positive effects of the former.

Q11 - *Should lump sum payments be made for certain disabilities or level of severity of disabilities? Should such lump sum payments be elective or mandatory? Consider the merits under different circumstances such as where the impairment is to quality-of-life and not to earnings capacity.*

TMC is against authorizing lump sum payments except for relatively minor disabilities whose effects are rarely aggravated later in life. To the extent any such system were implemented, it would have to be voluntary on the part of the disabled veteran and protect the veteran's: (a) eligibility for health care, (b) eligibility for compensation for other disabling conditions, and (c) right to petition for reevaluation should the condition worsen later in life, with appropriate capacity for reestablishment of monthly payments for the difference between the original evaluation and the reevaluation. TMC would appreciate the opportunity to discuss more specifics with the Commission staff should the Commission have any inclination toward recommending lump-sum payments for certain conditions.

Q12 - *Should universal medical diagnostic codes be adopted by VA for disability and medical conditions rather than using a unique system? Should the VA Schedule for Rating Disabilities be replaced with the American Medical Association Guides to the Evaluation of Permanent Impairment?*

TMC believes that outside expert analysis of these questions may be useful.

Q13 - *Are benefits available to service disabled veterans at an appropriate level if not indexed to cost-of-living? Should the various benefits that are presently fixed be automatically adjusted for inflation?*

TMC believes compensation programs should be adjusted annually to reflect changes in the cost-of-living, or in the case of programs aimed at reimbursing specific costs, to the changes in those specific costs. Similarly, insurance program levels should be updated and premiums should be based on current mortality tables.

Duty-Service Connection Subcommittee

TMC believes the Commission should address all identified issues with the exception of questions 4d, 9 and 10. In TMC's opinion, the review should answer some of the questions in the negative and put those issues to bed (i.e., questions 1, 3, 4, 5).

Q1 - *Should VA's definition for "line of duty" change? If so, how?*

TMC believes strongly that the current definition of service-connection is the appropriate one. The extraordinary demands and sacrifices inherent in military service, as well as the unique purpose of military service, are beyond the bounds of the relationship between civilian employers and employees – those from whom we demand such extraordinary commitment deserve extraordinary commitment in return.

America understands that military service is 24 hours a day, 7 days a week. Members are liable for their conduct and subject to the UCMJ whether they are in combat, on leave, or off-duty. When taking vacation time away from their duty station, they are charged leave for weekends and holidays.

The stresses, exposures, and physical and psychological effects of military service are not "turned off" during non-duty hours or non-combat situations. Too often, linkage between life-threatening diseases and military service conditions is established only years after the fact through heightened incidences of risk. We know service caused the increased onset of these conditions in many members, but cannot tell exactly which members.

Denying service-connection for sports injuries in a profession that imposes mandatory physical conditioning, as a condition of service would be self-defeating and hypocritical. We know that denying service-connection of conditions that occurred in service solely because we cannot prove that a specific condition would or would not have occurred if the member had not served will inappropriately deny disability claims for thousands. America is based on presumption of innocence unless proven guilty, and one of the key tenets of the VA disability system is that the service member shall be given the benefit of the doubt. If an injury or illness occurred during service, it should be presumed to be service-connected unless it was the result of the member's misconduct.

<u>There should be no distinction between disabilities incurred in combat or non-combat</u>. The member must live with the disabling condition for life, regardless of whether it occurred in combat or not, and the compensation should be for the disability and its effects on the member, rather than for the instrument of its cause.

Earlier this year, uniformed leaders of all four services were unanimous in urging Congress not to make distinctions (for purposes of establishing death benefit levels) between deaths that occurred in combat or non-combat situations. "A death is a death," was their statement to Congress. TMC believes the same logic applies to service-connected disabilities.

Q2 - *Should the Benefits Package be restructured for those veterans who have incurred a service-connected disability, and for their survivors? If so, how?*

A needs assessment is appropriate to determine shortfalls in current VA services. TMC does not believe there should be a distinction between combat and non-combat services, except to the extent that certain disabilities may be disproportionately caused by combat (e.g., PTSD).

Q3 - *To what extent, if any, should VA policies relating to presumptive conditions be changed?*

TMC supports existing presumptive conditions, and the establishment of new presumptive conditions to the extent that research and experience determines that service members who experienced certain duty assignments or other service conditions are demonstrated to be significantly more likely to have caused a service-related injury or illness. This is necessary not only to be fair to service members, but also to avoid unnecessarily complicating the disability rating system process and placing disability evaluators in the position of being made to render determinations that may be impossible at the individual level but are demonstrable on a demographic level.

Q4 - *Should certain rating principles related to service connection be modified? (See questions below)*

Q4a - *To what extent should VA modify eligibility standards for compensation if data from certain categories of service-connected veterans demonstrate little or no measurable loss of earning capacity and/or quality-of-life?*

TMC believes it's easy for those not forced to live their lives with such conditions to assert that those who do have to live with them don't deserve compensation. As long as there is a basis for reduced earnings capacity, or reduced quality-of-life (including pain and suffering), TMC believes such conditions should be compensable.

Q4b - *To what extent should eligibility standards change for disabilities that occur as part of genetics?*

The question implies that servicemembers and veterans could or should be tested for genetic conditions during or after military service. If such a policy were ever entertained, a logical corollary is that service applicants could or should be tested prior to entry into military service to determine their "genetic fitness" for service. This raises further questions about privacy and a host of other issues, including a potential reduction in the pool of applicants. If future applicants agreed to genetic testing prior to entry into military service and were subsequently accepted into service, it would be TMC's position that any genetic-anomaly that caused service connection would be compensable. It would be a cold nation indeed that separated a member for incurring a deadly disease and denied any responsibility for the member's future health and welfare by contending the condition was caused solely by his or her own bad genetic luck.

TMC believes that the complexity of this multi-dimensional issue – involving privacy, legal, moral, ethical, health care and basic fairness components – should be considered beyond the scope of the Commission's charge.

Q4c - *To what extent, if any, should the "age" factor into determining eligibility to the following benefits:*

TMC believes age should not be a relevant factor:

*Members who incurred the IU rating at a pre-retirement age (the disabling condition thus affecting the member's ability to accrue retirement income) should not be cut off from eligibility when the member attains some arbitrary age.

*With social security age advancing and many members' second-career retirements and savings ravaged by stock market losses, more and more older Americans find themselves forced to work into their 70s and even their 80s.

*Any member who desires to work (in some cases, merely for reasons of personal pride) and is prevented from doing so by virtue of a service-connected disability should not be denied eligibility for IU. When service-caused conditions have taken away members' right of choice to work, IU is appropriate, regardless of the member's age.

*Similarly, disabled members desiring to work, regardless of age, should be eligible for vocational rehabilitation and employment. In some cases, disabled members find employment an important source of self-respect, and this should not be denied them. This does not happen so often as to be a great cost, and is unlikely to be abused.

*Age should not be a preventive factor in adjusting compensation for conditions that become worse with age. If the condition was incurred during service, it should be presumed to have been caused by service, as indicated above. If it was caused by service, then any worsening was also caused by service. It is impossible to assert that the condition would have occurred anyway or would have worsened anyway, if not for the conditions of service, and pretending that such determination is possible would certainly deny appropriate and needed compensation in many thousands of cases.

Q4d - *Should the benefit of the doubt rule be reconsidered or redefined?*

The benefit of the doubt rule is fundamental to ensuring fair disability compensation, as indicated above, and should not be changed.

Q4e - *Should service connection on a "secondary" basis be redefined?*

Secondary disability determinations should continue under current rules as essential to equity.

Q4f - *Should service connection on an "aggravation" basis be redefined?*

The current definition of "aggravation" should be retained.

Q5 - *Should there be a time limit for filing a claim for service connection?*

No, there should not be a time limit. This would take inappropriate advantage of many members' reluctance to claim disability compensation for service-connected conditions they believe they will be able to live with. In many cases, veterans only apply for compensation after the conditions have become major disruptions in their lives, in some cases years or even decades

after leaving service. Any such time limit would have done a disservice of disgraceful proportions to members disabled long after the fact by Agent Orange or military nuclear testing.

Q6 - *Currently, a pending claim terminates at the time of the veteran's death even when dependents remain. To what extent, if any, should this law be changed?*

Claims should not be terminated by the member's death when the member has surviving dependents. For reasons indicated in question 5 above, and because many appeals cases take years to make their way through the system, thousands of survivors are unfairly penalized by the current rule. The nation owes them fairer treatment.

Q7 - *To what extent and how should the Commission evaluate the medical criteria used to assess and adjudicate VA disability?*

TMC suggests that appropriate outside independent research may be useful to address this question.

Q8 - *What recommendations, if any, should the Commission make in regards to Concurrent Receipt policies?*

TMC believes ardently that all disabled military retirees should be eligible for full and immediate payment of CRDP/CRSC. It is wrong to treat unemployables any different than other 100% disabled retirees. It is wrong to pay someone rated 50% disabled and not pay someone 40% disabled. It is wrong to pay CRDP to a disabled member retired under the Temporary Early Retirement Authority (TERA), but deny eligibility for CRSC if the member's disability was combat-related. It is wrong to pay CRSC to a 20-year disabled retiree with a 10% combat-related disability and not pay a member a 19-year "Chapter 61" retiree who has a 100% combat-related disability. It is wrong to pay full, immediate CRDP to a 100% disabled retiree and require a 90% disabled retiree to wait 10 years for full payment. It is wrong to pay full immediate CRDP to a 100% disabled, 15-year TERA retiree but deny eligibility to a 19-year "Chapter 61" retiree. TMC recognizes that budget limits sometimes require phased approaches, but the current hodgepodge of arbitrary eligibility cutoffs demands correction in a more sensible manner.

Once the commission establishes the appropriate compensation standards for VA disability compensation, it should assert in clear terms that retired pay earned by service (including 2.5% times years of service times high-3 basic pay for all "Chapter 61" retirees) should not be reduced by any VA disability compensation received. Any "Chapter 61" disability retired pay that exceeds 2.5% times years of service times the member's applicable basic pay standard should remain subject to offset, since any such additional amount payable under Chapter 61 is explicitly compensation for disability.

Q9 - *Should the Commission explore and recommend changes to the "duty to assist" law? If so, how?*

There should be no change in the government's statutory duty to assist disabled veterans in preparing their disability claims. This is the least the government can do. Placing disabled veterans and their government in an adversarial position is something to be avoided, not embraced.

Q10 - *Should the Commission explore the Character of Discharge Standard?*

TMC does not believe the Commission should explore the character of discharge standard. The Commission already has enough complicated issues on its plate and should not wander farther afield, any more than it should explore the standards for eligibility for veteran status or standards for award of the Medal of Honor, which also triggers special compensation.

Q11 - *Should compensation payments be protected from apportionments and garnishments?*

Title 10 USC, Section 1408(a)(4)B protects Veterans Disability Compensation Payments from most apportionment/garnishment. In recent years there have been instances where local courts have ignored this provision. TMC recommends the Commission make reference to this statute in its final report to reinforce the intent of the law. Further study of the issue should not be needed.

Q12 - *In regards to Post Traumatic Stress Disorder (PTSD), what policy changes need to be recommended?*

TMC believes the root issue is proper medical documentation of the condition that may include in-service and post-service evaluation and follow-up.

Transition/Coordination/Readjustment Subcommittee

TMC believes some of these questions already have been addressed in other studies (e.g., President's Task Force (PFT) to Improve Health Care Delivery for Our Nation's Veterans) and the Commission's main contribution will be in addressing the issues discussed above. Nevertheless, there are significant problems remaining in the transition, coordination, and readjustment area, and TMC would fully support the Commission's influence in accelerating the goal already identified by the PTF – that the better information on servicemembers health and exposures is captured on active duty and seamlessly transmitted, the more efficient will be the disability determination process.

TMC believes that success will require a "Manhattan Project"-type commitment under the leadership of a single individual, with detailed permanent staff and budget authority from each department, specific milestones for tracking progress, a specific timeline for completion, and a commitment from top leadership to maintain continuity of key personnel until the project is completed.

In order to put this issue into perspective, during recent congressional testimony, Major Tammy Duckworth, a wounded service member stated, "*...as I look around at the other wounded Soldiers, it is clear that the majority of them are young with long lives ahead of them. Whether we will continue to have the honor of serving in uniform, or return to productive civilian lives,*

we will require continued access to high quality VA services as we age. The VA will need to support this need over the long term as currently wounded Soldiers will be accessing its programs over a lifetime."

Without systematic data from DoD, the VA cannot reliably identify all seriously injured service members or know with certainty when they are medically stabilized, when they are undergoing medical evaluation, or when they are medically discharged from the military. Patient tracking and quality and continuity in medical care then become bigger issues in achieving seamless transition goals.

TMC is grateful that in the fiscal year 2005 National Defense Authorization Act (P.L. 108-375) Congress required DoD to do a better job of collecting baseline health status data through a formal medical readiness tracking and health surveillance system.

DoD and VA are gradually implementing a single separation exam at Benefits Delivery at Discharge (BDD) sites for active and reserve component members. But service-wide implementation at all 136-140 BDD sites has not been realized.

In short, providing "seamless transition" between the DoD and the VA not only could simplify and accelerate the disability determination process, but could potentially drive down cost – therefore, anything the Commission can contribute on these topics would be welcomed.

Q1 - *To what extent is the coordination between the Department of Veterans Affairs (VA) and the Department of Defense (DoD) adequate to meet the needs of service members/veterans, particularly the needs of service-connected disabled veterans?*

Each of the military services has its own commendable but service-unique program to support the severely injured/disabled. This provides considerable initial support to the injured member, but inter-service differences may in some cases complicate coordination with the VA.

Assignment of VA benefits coordinators and mental health staff members at military hospital facilities has proven beneficial for both coordination of care and disability benefits, but is not always accomplished. These resources should be fully integrated and staffed as necessary based on the number of seriously injured and disabled at each facility.

TMC is particularly concerned about transition difficulties affecting Guard and Reserve (G-R) members. In most cases, returning G-R members are anxious to return home, and their parent services are eager to separate them as soon as possible for cost and other reasons. Too often, these circumstances conspire to the servicemember's disadvantage. In such cases, many members receive hurried physicals, are encouraged to downplay medical conditions that may be significant, or are rushed through evaluation boards with the mentality of "if you have a problem, go see the VA." Failure to treat – or sometimes even document -- significant medical conditions before departing active duty can leave servicemembers vulnerable to loss of eligibility for needed treatment from either DoD or the VA. Much more needs to be done to improve the "seamless transition" from DoD to the VA for G-R members in particular.

One obvious current need is to ensure documentation of exposure of uniformed services personnel to potentially toxic contaminants as a result of rescue efforts in the floods from Hurricane Katrina.

TMC believes strongly that past DoD-VA agreements, working groups and councils have been largely stymied by leadership turnover, bureaucratic inertia, and low expectations. Overall, collaboration needs to be improved across the board on health care, electronic transfer of health records and separation documents (including development of an electronic DD Form 214), and an interoperable, "joint" separation/retirement physical, etc.

Q2 - *To what extent is the coordination for seriously injured and disabled service members/veterans adequate within VA between the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) and internally within each of the Administrations? What are the internal and external impediments, challenges and gaps, and how might these barriers be overcome?*

TMC believes that research into this question would consume an inordinate amount of the Commission's time and resources and distract it from its policy review mandate.

Q3 - *To what extent is the coordination adequate within DoD between the Office of the Secretary of Defense for Personnel and Readiness, Health Affairs and Force Management Policy, and the branches of Services. What are the internal and external impediments, challenges and gaps and how might these barriers be overcome?*

The utility of this question to the Commission's charter is also suspect. The Commission is undoubtedly aware of the complexity of DoD's personnel and health care processes – including the overlap of responsibility and competition for resources between military care systems, the TRICARE Management Activity (TMA), and TRICARE contractors, and the particular problems encountered by Guard and Reserve members who have sometimes gotten short shrift in the mutual hurry to get these members off active duty and home.

One area that should be explored, however, is the degree of consistency and fairness of the Service PEBLOs who are responsible for overseeing the Physical Evaluation Board / Medical Evaluation Board processes. As it exists currently, there appears to be a lack of comprehensive training and other resources to guide transitioning service members through the separation process.

Q4 - *To what extent do DoD and VA provide disabled members/veterans the means and the opportunity to succeed in their transition to civilian life? What are the adequacy, quality, and timeliness of the benefits provided by each agency?*

TMC notes that that the PTF and other study groups have documented what needs to be done to improve coordination of DoD – VA benefits delivery. TMC endorses the long held view that DoD benefits and VA benefits programs serve different purposes.

Q5 - *What policy and cultural shifts must be made to produce a common, shared, bi-directional data exchange of information and access to medical and personnel records between VA and DoD and within VA between VBA and VHA?*

As outlined in our comments to question 1, TMC strongly believes additional resources are required to meet the needs of separating servicemembers during the ongoing war on terror and to plan for sufficient additional resources for the care of those returning from repetitive deployments.

Veterans of past conflicts often got sub-par services due to lack of adequate procedures, policies, and technologies supporting their transition from the armed forces into the VA. Given the unknown duration of the war on terror, there is a unique opportunity today to fix processes that in the past have hampered the delivery of services to our nation's servicemembers and veterans. The PTF made a special point of highlighting the importance of getting transition services right not only for our nation's veterans but to also to advance the more effective and efficient use of taxpayer resources.

As a nation, we have the technical capacity to develop and implement seamless transition initiatives. But there must be a shared sense of urgency to refine and improve the technology and processes that support transition from military service. These initiatives, as noted in this question, include development of bi-directional, electronic medical records between the DoD and the VA, expansion and standardization of the benefits-delivery-at-discharge (BDD) program, a "one-stop" separation physical, and an electronic DD-214 service record.

Q6 - *To what extent are the training, education and outreach programs (of DoD, VA, and DOL) adequate to ensure that the greatest number of active duty, Guard and Reserve personnel are informed of the full range of Federal government veteran benefits and services?*

We continue to support DoD-VA efforts to improve health care and services for our service members. While much has been done, there is an urgent need to provide more outreach and support to returning servicemembers and their families, particularly those severely wounded. Responsibility for support is a shared responsibility between multiple offices and agencies within the DoD, and the Departments of Veterans Affairs and Labor. The Military Coalition testified on this issue before the Subcommittee on Economic Opportunity of the House Committee on Veterans Affairs on 29 June 2005. A copy of TMC's statement is available on TMC's website: http://www.themilitarycoalition.org/Testimony.htm

The impact on spouses and family members and the decisions they will have to make when they learn their loved one in the military has been injured are tremendous. A care management approach that helps these families navigate complicated health care, benefits, employment and transition systems and programs will help alleviate some of the enormous burdens these families must bear.

Therefore TMC believes the DoD and VA, with Congressional support, should ensure that the appropriate education, training, outreach, pre-clinical and consultations services – including

family counseling, screening, and clinical services – are available to meet the longer-term medical and support needs of our veterans and their families and survivors.

Conclusion

Again, on behalf of The Military Coalition, we are grateful to the Commission for this opportunity to express our views concerning the potential research questions/issues that the commission intends to address during the course of your activities.

The Coalition believes now is the time for leadership to improve and simplify the disability process and hopefully "put to bed" issues that have been validated by time, experience, and practicality.

Throughout your deliberations, we ask that the Commission continue to bear in mind the unique and arduous conditions of military service, the ongoing war on terror, and the incalculable value of our currently serving member's and veteran's service to the Nation.

Above all, the Coalition urges the Commission to focus at least as much attention on where current compensation and other programs fall short of meeting veterans' needs as it does on other issues. There are some critics who believe (erroneously, in TMC's view) that veterans' benefits are excessive in certain kinds of cases. TMC looks at the compensation currently provided for severely disabled veterans and survivors of member who died of service-connected causes and believes ardently that that compensation falls short of what those beneficiaries have earned and deserve as a result of their extreme personal sacrifice in service to the nation.

Thank you very much for the opportunity to present the Coalition's views on these critically important topics.

Biography of Robert F. Norton, COL, USA (Ret.)
Deputy Director, Government Relations, MOAA
Co-Chair, Veterans' Committee, The Military Coalition

A native New Yorker, Bob Norton was born in Brooklyn and raised on Long Island. Following graduation from college in 1966, he enlisted in the U.S. Army as a private, completed officer candidate school, and was commissioned a second lieutenant of infantry in August 1967. He served a tour in South Vietnam (1968-1969) as a civil affairs platoon leader supporting the 196th Infantry Brigade in I Corps. He transferred to the U.S. Army Reserve in 1969 and pursued a teaching career at the secondary school level. He joined the 356th Civil Affairs Brigade (USAR), Bronx, NY and served in various staff positions from 1972-1978.

Colonel Norton volunteered for active duty in 1978 and was among the first group of USAR officers to affiliate with the "active Guard and Reserve" (AGR) program on full-time active duty. Assignments included the Office of the Deputy Chief of Staff for Personnel, Army Staff; advisor to the Asst. Secretary of the Army (Manpower & Reserve Affairs); and personnel policy and plans officer for the Chief, Army Reserve.

Colonel Norton served two tours in the Office of the Secretary of Defense (OSD). He was responsible for implementing the Reserve Montgomery GI Bill as a staff officer in Reserve Affairs, OSD. From 1989 –1994, he was the senior military assistant to the Assistant Secretary of Defense for Reserve Affairs, where he was responsible for advising the Asst. Secretary and coordinating a staff of over 90 military and civilian personnel. During this tour, Reserve Affairs oversaw the call-up of more than 250,000 National Guard and Reserve component troops for the Persian Gulf War. Colonel Norton completed his career as special assistant to the Principal Deputy Asst. Secretary of Defense, Special Operations / Low Intensity Conflict and retired in 1995.

In 1995, Colonel Norton joined Analytic Services, Inc. (ANSER), Arlington, VA as a senior operational planner supporting various clients including UN humanitarian organizations and the U.S. Air Force's counterproliferation office. He joined MOAA's national headquarters as Deputy Director of Government Relations in March 1997.

Colonel Norton holds a B.A. in philosophy from Niagara University (1966) and a Master of Science (Education) from Canisius College, Buffalo (1971). He is a graduate of the U.S. Army Command and General Staff College, the U.S. Army War College, and Harvard University's Senior Officials in National Security course at the Kennedy School of Government.

Colonel Norton's military awards include the Legion of Merit, Defense Superior Service Medal, Bronze Star, Vietnam Service Medal, Armed Forces Reserve Medal, Army Staff Identification Badge and Office of the Secretary of Defense Identification Badge.

Colonel Norton is married to the former Colleen Krebs. The Nortons have two grown children and reside in Derwood, Maryland.

MSGT (RET.) MORGAN D. BROWN
MANAGER OF MILITARY & GOVERNMENT RELATIONS
AIR FORCE SERGEANTS ASSOCIATION

MSgt (Ret.) Morgan D. Brown is the Manager of Military and Government Relations for the Air Force Sergeants Association. Born and raised in Belmont, NY (Allegany County), he graduated from Belmont Central High School in June, 1981. After graduation he entered the United States Air Force and completed Basic Military Training, Law Enforcement Specialist training, and the Military Working Dog (MWD), Patrol Dog Course, all at Lackland AFB, Texas.

In 1982, he was assigned to Clark AB, Republic of the Philippines, where he served as an MWD handler and trainer. In January, 1985, he was reassigned to Cannon AFB, NM, and performed duties as a Law Enforcement Patrolman, Narcotic Detector Dog Handler, Explosive Detector Dog Handler, and Assistant NCOIC, Quality Control. In 1988 he was reassigned to Clark AB for a second time, serving in a variety of leadership positions, including Superintendent of the largest MWD kennel in the United States Armed Forces. During this tour, MSgt Brown played a key role in ensuring the safety of over 200 personnel and nearly 170 MWDs during the eruption of Mt. Pinatubo which destroyed the base in 1991.

In 1992, he was assigned to Griffiss AFB in upstate NY where he served as Kennelmaster until 1995 when he was selected for Presidential Support Duty at Andrews AFB, MD. From 1995 through 1998, he managed all MWD operations in support of Presidential and VIP operations on Andrews AFB. He was appointed Superintendent of the Airmen Orientation Center in 1999, and taught courses to nearly 500 first term-first duty station airman on general Air Force and Andrews AFB policy. During the same year, he volunteered to be retrained as a First Sergeant and graduated from the First Sergeants Academy at Maxwell AFB, AL, in August 1999. He was then assigned to the 789 Communications Squadron, Andrews AFB, MD, serving in this position until his retirement in 2002.

After retirement, MSgt Brown accepted his current position with the Air Force Sergeants Association and serves as one of AFSA's representatives on legislative matters to the White House, Congress, DoD, Air Force, other government agencies, and other associations. He has an Associates of Applied Science from the University of Health Sciences, Texas. His decorations include the Meritorious Service Medal with two oak leaf clusters, the Air Force Commendation Medal with three oak leaf clusters, and the Air Force Achievement Medal with three oak leaf clusters.