



**NATIONAL
MILITARY FAMILY
ASSOCIATION**

Together we're stronger

Statement

of the

NATIONAL MILITARY FAMILY ASSOCIATION

Before the

**Subcommittee on
Military Personnel**

of the

**UNITED STATES HOUSE OF REPRESENTATIVES
ARMED SERVICES COMMITTEE**

April 9, 2014

**Not for Publication Until Released by
The Committee**

The National Military Family Association is the leading nonprofit organization committed to strengthening and protecting military families. Our 45 years of accomplishments have made us a trusted resource for families and the Nation's leaders. We have been at the vanguard of promoting an appropriate quality of life for active duty, National Guard, Reserve, retired service members, their families and survivors from the seven Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration.

Association Volunteers in military communities worldwide provide a direct link between military families and the Association staff in the Nation's capital. These volunteers are our "eyes and ears," bringing shared local concerns to national attention.

The Association does not have or receive federal grants or contracts.

Our website is: www.MilitaryFamily.org.

Chairperson Wilson, Ranking Member Davis, and Distinguished Members of the Subcommittee, the National Military Family Association thanks you for the opportunity to present testimony concerning the quality of life of military families – the Nation's families. After more than 13 years of war, we continue to see the impact of repeated deployments and separations on our service members and their families. We appreciate the Personnel Subcommittee's recognition of the service and sacrifice of these families. Your response through legislation to the ever-changing need for support has resulted in programs and policies that have helped sustain our families through these difficult times.

We also appreciate the creation by Congress of the **Military Compensation and Retirement Modernization Commission**. We feel it is imperative that its charter be honored. It was formed to examine the entirety of the military compensation system. We have provided input to the Commission on issues important to military families and suggested alternatives that could enable the Department of Defense (DoD) to provide benefits and family support services more effectively. We are not opposed to changes in the compensation system if they are made after thoughtful research and consultation and careful study about how the changes in individual elements of the system affect the whole. A piecemeal approach will not work. We expect the commission process to be respected and the recommendations thoughtfully considered in consultation with all the stakeholders.

We endorse the recommendations contained in the statement submitted by The Military Coalition on personnel issues and health care. We have chosen to focus our statement on issues affecting current service members and their families.

Executive Summary

The United States military is the most capable fighting force in the world. Over more than a decade of war, service members and their families never failed to answer the call, gladly sacrificing in order to protect our Nation. They made these sacrifices trusting that our government would provide them with resources to keep them ready. Recent national fiscal challenges have left military families confused and concerned about whether the programs, resources, and benefits contributing to their strength, resilience, and readiness will remain available to support them and be flexible enough to address emerging needs. The Department of Defense (DoD) must provide the level of programs and resources to meet this standard. Sequestration weakens its ability to do so. Service members and their families have kept trust with America, through over 13 years of war, with multiple deployments and separations. Unfortunately, that trust is being tested. The Fiscal Year 2015 (FY15) budget proposal put forward by the Administration will undermine military family readiness in fundamental ways, by cutting families' purchasing power and forcing them to bear more of their health care costs. At the same time, looming cuts mandated by sequestration threaten the programs and services they rely on for support. Our Association makes the recommendations in this statement in the name of supporting the readiness of military families and maintaining the effectiveness of the all volunteer force. We ask the Nation to keep the trust with military families and not try to balance budget shortfalls from the pockets of those who serve.

We ask Congress to:

Let the Military Compensation and Retirement Modernization Commission (MCRMC) do its job in evaluating compensation, including health care, Basic Allowance for Housing (BAH), and commissaries, holistically.

As you evaluate the proposals submitted by DoD, we ask you to consider the cumulative impact on military families' purchasing power and financial well-being, as well as their effects on the morale and readiness of the all volunteer force now and in the future. We ask you to:

- reject budget proposals that threaten military family financial well-being as a way to save money for the government.
- keep military pay commensurate with service and aligned with private sector wages.
- oppose shifting health care costs to active duty family members. We especially ask you to oppose any TRICARE change that will create a barrier to military families' access to behavioral health care.
- protect the 30 percent savings military families receive when shopping at the commissary by continuing the annual appropriation to support the system at its current level. Commissaries are part of compensation and provide important savings for military families.
- ask DoD how the reduction in BAH payments will impact the contracts that have been negotiated with the privatized housing contractors. Will this result in fewer services, reduced maintenance or families paying over and above their BAH for their privatized housing?

We especially ask Congress to end sequestration, which places a disproportionate burden on our Nation's military to reduce the deficit.

We have addressed the immediate and long term impacts of the proposed FY15 budget on military families. Our Association also asks Congress to make improving and sustaining the programs and resources necessary to keep military families ready a national priority. We ask Congress to:

- Provide oversight to ensure DoD and the individual Services are supporting families of all components by meeting the standards for deployment support, reintegration, financial readiness, and family health in Department of Defense Instruction (DoDI) 1342.22. Fund appropriately at all levels. Special attention needs to be paid to the flexibility for surge capabilities.
- Join with DoD to help civilian communities realize their role in supporting service members and families is ongoing, even as service members transition to veteran status.

- Continue funding the Yellow Ribbon program and stress the need for greater coordination of resources supporting Reserve Component families.
- Ensure families of all seven Uniformed Services have timely access to high quality, affordable health care and a robust TRICARE benefit including preventive health care services.
- Instruct DoD to ensure future TRICARE policy changes are thoroughly analyzed before being implemented with the impact on beneficiary access to the medical standard of care as a top consideration.
- Ensure military families' access to the medical and non-medical counseling they need to recover from the stress of long years of war.
- Ensure TRICARE makes the process for accessing specialty care more flexible and streamlined to address the unique aspects of military life without having families pay more out-of-pocket.
- Instruct TRICARE to enhance the Extended Care Health Option (ECHO) program's utility to military families by ensuring it covers the products and services families need. Extend ECHO eligibility for one year following separation to provide more time for families to obtain services in their communities or through employer-sponsored insurance.
- Continue funding DoD's Spouse Education & Career Opportunities (SECO) programs. Make military spouse preferences and hiring authorities non-discretionary. Expand outreach and eligibility for the My Career Advancement Account (MyCAA) to spouses of all of the Uniformed Services to facilitate better utilization and access.
- Ensure adequate funding for military child care programs, including child care fee assistance programs.
- Ensure appropriate and timely funding of Impact Aid through the Department of Education (DoEd) and restore funds to the Impact Aid federal properties program.
- Continue to authorize DoD Impact Aid for schools educating large numbers of military children and restore full funding to Department of Defense Education Activity (DoDEA) schools and the DoDEA Grant Program.
- Help families in crisis by funding ongoing tracking of military family suicides. Ensure Family Advocacy programs are funded and resourced appropriately to help families heal and aid in the prevention of child and domestic abuse.
- Correct inequities in Survivor benefits by eliminating the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP); allowing payment of the SBP annuity into a Special Needs Trust to preserve disabled beneficiaries' eligibility for income based support programs; and ensuring SBP annuities for a reservist who dies while performing active duty training are calculated using the same criteria as for a member who dies while on active duty.
- Ensure better cooperation and accountability between DoD and the Department of Veterans Affairs (VA) at the highest levels in the support of transitioning wounded, ill and injured service members and caregivers. Support legislation that expands military caregiver benefits and addresses the findings and recommendations of the RAND military caregiver study.
- The lack of a seamless transition between agencies still exists and must be corrected.
- Exempt the Special Compensation for Assistance with Activities of Daily Living (SCAADL) from income taxes, enhance marketing of SCAADL to the eligible population, and add an electronic application process to reduce the burden of completing SCAADL paperwork.
- Encourage DoD and the VA to develop a solution to continue in vitro fertilization (IVF) coverage for veterans and military retirees facing service connected infertility.
- Require DoD and VA to regularly assess the unmet needs of caregivers and develop programs to address their evolving requirements.

Keeping the Trust of Military Families

America's all volunteer force is the most capable fighting force in the world. Over more than a decade of war, service members and their families have heroically answered our nation's call to serve. Their sacrifice - of life, limb, and family -- is offered selflessly, trusting in the steadfastness of our government to provide for their readiness and the needs of their families.

Many military families feel their sacrifices go unnoticed by civilian society, which is consumed with domestic concerns such as the economy and unemployment. Military families share those concerns. But they also feel the Nation is forgetting the price they alone have paid in 13 long years of war.

Trust in government is essential to the long term viability of the all volunteer force. That trust is reinforced through the predictability, efficiency and fairness of compensation and benefits. Since 2006, throughout the wars in Iraq and Afghanistan, the Administration has proposed various benefit "reforms," mostly in health care, which would have increased the financial burden of those who have served. The changes proposed in the Fiscal Year 15 (FY15) budget, coupled with the arbitrary reductions forced by sequestration, undermine the trust military families have in the government's commitment to support the all volunteer force over the long term. This is a price the Nation cannot afford to pay.

Moreover, the Administration's proposals to cut pay increases, reduce housing allowances, eliminate commissary savings, and increase health care costs pose significant risk to the financial well-being of military families. Congress must resist these changes.

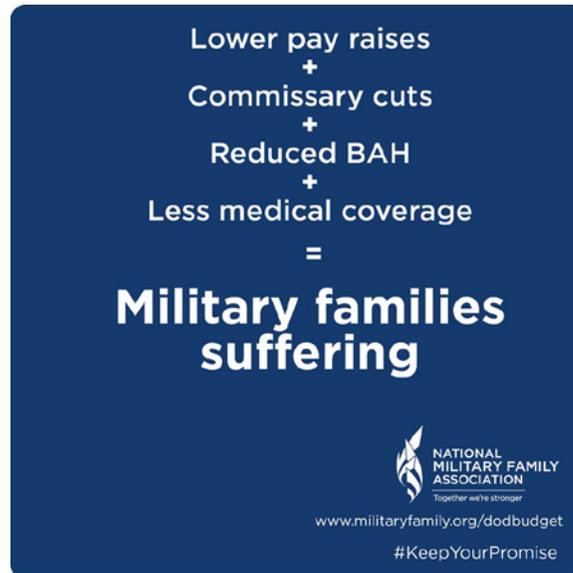
The forthcoming report of the Military Compensation and Retirement Modernization Commission (MCRMC) should become a catalyst for a broad discussion of military compensation and benefits for future generations. Taxing those currently serving, and those who have served, in order to finance other priorities, is wrong headed and unacceptable to military families. We ask Congress to honor its commitment to military families and not to balance budget shortfalls on the backs of those who serve.

"The all-volunteer force is comprised of people who trust -- they trust that we will treat them with dignity, respect, and due regard for their overall well-being. This trust is priceless. This trust puts in place the greatest weapons system we can provide the sailors of the United States Navy. That weapons system is called unit morale."

Master Chief Petty Officer of the Navy (MCPON) Mike Stevens

The Administration Budget Proposal: A Disaster for Military Family Pocketbooks

The Administration's budget proposal has only added to the growing sense of frustration in the military community. Military families are financially savvy. They are doing the math and feel they are shouldering the burden for balancing the budget when they've shouldered the entire burden of the last 13 years of war.



Pay Raise

For the second year in a row, the Administration is proposing a pay increase of only 1 percent, below the level of private sector wage increases. The Employment Cost Index (ECI) was chosen as the standard for active duty pay raises in order to recruit and retain the quality of service members needed to sustain the all-volunteer force. What's changed?

We ask Congress to keep military pay commensurate with service and aligned with private sector wage increases.

Basic Allowance for Housing

Under the Administration proposal, service members will receive 95 percent of the Basic Allowance for Housing (BAH) for their rank and location resulting in greater out of pocket housing costs. This "slowed growth" of the BAH will affect families whether they rent or own their own home. We appreciate the lower BAH will not affect a military family until their next duty assignment, but are concerned about the long-term impact on families' ability to find and pay for appropriate housing.

BAH is paid at a with-dependent or without-dependent rate and varies based on the service member's rank and the rental and utility costs for housing within a reasonable commuting distance of where the service member is assigned.

What will be the effects of lower BAH rates on privatized housing? Right now, the rent for privatized housing is tied to the BAH rate for each rank. Privatized housing has been a good deal for the government and for military families. If the amount paid to the contractors is reduced, what will that mean in terms of maintenance and renovation down the road? Would military families be responsible to pay the difference between rent and BAH?

Please ask the Department of Defense how the reduction in Basic Allowance for Housing (BAH) payments will impact the contracts that have been negotiated with the privatized housing

contractors. Will this result in fewer services, reduced maintenance, or families paying over and above their BAH for their privatized housing?

Commissaries

Our Association believes that the 30 percent savings available to military families who regularly shop at the commissary is an important part of compensation. Re-engineering the way the commissary does business by reducing the appropriation and thus raising prices wrecks havoc with a system that has been recognized as a model of efficiency. In 2011, the commissary saved customers more than \$2.79 billion,¹ with a cost to the Department of Defense (DoD) of only \$1.34 billion. In 2013, the commissary continued to provide \$2.08 billion in savings to patrons for every \$1 of appropriations.² Why would the government want to cut a program that returns twice the value to customers that it costs DoD to provide?

Military families appreciate that efficiencies must be found, especially to preserve readiness. However, the commissary is not just a quality of life program that can be downsized. It, too, is intended “to support military readiness, recruitment, and retention” (10 U.S.C. §2481). While other readiness programs have had to grow in cost to support growing numbers of service members and patrons, the government contribution for the commissary has stayed relatively level.

DoD proposes commissaries take on a business model closer to that used by the exchanges. The exchanges operate on a for-profit model that allows them to set prices above cost, currently prohibited by law to the commissary. Furthermore, the exchanges and commissaries carry few of the same products and serve entirely different purposes. Profits from the exchange are used for operations and help fund Morale, Welfare and Recreation (MWR) programs. We wonder if military installations would be able to support two for-profit entities in their environs, especially if they carry duplicate products. We wonder what the effect will be on contributions to MWR when the commissary starts selling more of the same products as the exchange. If the purpose of the commissary system is to support service members and families by selling groceries at cost plus a surcharge for construction and renovation, why is raising prices acceptable?

Out of all of the cuts in the FY15 budget proposal, many families tell us the reduction in commissary savings is what will prove most detrimental to their financial well-being. Even with the 10 percent savings proposed by DoD, a family of four that shops regularly at the commissary would lose at least \$200 per month.³

I think it's personally ridiculous that we're going to go after something that saves some ... young lance corporal, ... \$4,500 a year for every time he walks in there -- he's got two kids and every time he ... shops it's \$240. Well, ... he just put \$80 worth of gas into his car and he doesn't even know it.

Sergeant Major of the Marine Corps Micheal Barrett

Military families tell us they rely heavily on the commissary savings and appreciate the good deal they get. Some tell us they don't use the commissary often due to distance, unfamiliarity, or inconvenience and they may not realize the overall savings they can achieve. For service members who qualify for the Supplemental Nutrition Assistance Program (SNAP) or the Women, Infants and Children (WIC) nutrition program, using the commissary allows families to stretch their benefit and provides a buffer to the many others who may be teetering on the financial edge. The many who use the commissary tell us they not only value this benefit, they do not know how they would provide for their families without it. Recently, a family member told us,

¹ http://www.commissaries.com/press_room/press_release/2012/DeCA_28_12.cfm

² http://www.commissaries.com/press_room/press_release/2014/DeCA_01_14.cfm

³ Current estimations show that a military family of four shopping regularly/exclusively at the commissary saves \$3600/4500 annually (http://www.commissaries.com/press_room/fast_facts.cfm).

Anyone who says the commissary is unnecessary has never tried raising a family on \$1,400/month and has never been on recruiting duty. The commissary is a budget lifesaver.

Senior leaders tell us they will not close commissary stores as part of this proposal. But when military families lose their savings at the commissary, they will stop shopping there. Fewer patrons will reduce the ability of the commissary system to leverage economies of scale – the revenues generated at the larger commissaries such as Fort Belvoir allow the family shopping in a smaller commissary in Guam or Dugway, Utah, to realize the same savings. This will have tragic consequences for a system that currently works. Military families need savings; they don't need just another grocery store that is convenient to where they live!

Protect commissary savings by continuing the annual appropriation to support the system at its current level. Commissaries are part of compensation and provide important savings for military families.

Consolidated TRICARE Health Plan

Our Association opposes shifting health care costs to active duty family members. We are particularly troubled the Consolidated TRICARE Health Plan proposal does not spread these costs evenly among all beneficiaries. Rather, the additional out of pocket expenses will be concentrated among those who cannot receive care at a Military Treatment Facility (MTF) and special needs families who require extensive specialty care. Even though the Consolidated TRICARE Health Plan proposal suggests the impact on families will be modest, we believe the proposed plan will have a significant negative impact on those populations mentioned above. We also firmly oppose any policy that will create a barrier to military families' access to behavioral health care. The Consolidated TRICARE Health Plan raises many unanswered questions and significant concerns that it will ultimately result in diminished access to care for military families.

The Consolidated TRICARE Health Plan proposed in the FY15 budget would eliminate the current TRICARE managed care and fee-for-service options (Prime, Standard, and Extra) and replace them with a cost sharing structure for everyone including active duty family members.

Active Duty Family Member Outpatient Cost Sharing for Consolidated TRICARE Health Plan effective January 1, 2016

Services	MTF Co-Pays		TRICARE Network Co-Pays		Out-of-Network Cost Share ^a
	E4 & below	E5 & Above	E4 & below	E5 & Above	All ADFMs ^b
Clinical Preventative Services	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$0	\$0	\$10	\$15	20%
Specialty Care Visit ^c	\$0	\$0	\$20	\$25	20%
Urgent Care Center	\$0	\$0	\$25	\$40	20%
Emergency Dept	\$0	\$0	\$30	\$50	20%

Ambulance	\$10	\$15		\$10	\$15		20%
Ambulatory Surgery	\$0	\$0		\$25	\$50		20%

- a. Out of Network Cost Share = Percentage of TRICARE maximum allowable charge after deductible is met
- b. ADFM = Active Duty Family Members
- c. Specialty Care Visits include physical therapy, occupational therapy, and **behavioral health**
- d. Cost sharing is higher for retirees and their families
- e. Service members will still pay no out-of-pocket costs

Currently, the 79 percent of active duty family members enrolled in Prime⁴ pay no cost shares for treatment received at an MTF or from civilian providers in the TRICARE network, assuming the beneficiary follows TRICARE referral and authorization policies. Previous reform proposals have focused on retirees. The FY15 proposed Consolidated TRICARE Health Plan reform will create unavoidable out of pocket health care costs for many active duty families, driven largely by their geographic location, health care condition, and ability to access care in an MTF.

The current TRICARE Prime referral and authorization process can be cumbersome and sometimes prevents timely access to specialty care. While we appreciate that the Consolidated TRICARE Health Plan proposal provides beneficiaries with open access to providers of specialty care, we are concerned cost will become the new barrier to accessing health care. Proposed cost shares are the lowest in MTFs, higher in the network, and highest out of network. While we understand this cost structure is designed to encourage use of military clinics and hospitals, thereby improving efficiency of the Defense Health Agency's (DHA's) fixed facility cost structure, we believe it is important to understand that not every active duty family has access to a military hospital or clinic.

Some service members, for instance those in recruiting positions, are stationed far from the nearest MTF. Others are at installations where the MTF is at capacity and family members are routinely referred to the network for most or all of their care. Still other military families are at installations with limited direct care resources. For instance, when the Army reactivated the 10th Mountain Division at Fort Drum, Army leaders decided to take advantage of excess capacity in local hospitals rather than building an inpatient facility on post to serve 10th Mountain military personnel and their families. As a result, nearly 20,000 Fort Drum family members receive most of their specialty care from civilian providers because the post clinic only offers basic services. Because there is no hospital on post, Samaritan Hospital of nearby Watertown, NY, provides 90 percent of the post's inpatient care needs.⁵ With the Consolidated TRICARE proposal, Fort Drum families will face cost shares for much of their health care, not because they have chosen civilian providers, but because they do not have the option of seeking care at an MTF.

DHA has characterized the proposed cost shares as modest. However, the relatively low "per family" dollar impact the DHA presents⁶ is an average assuming cost shares are spread evenly across the beneficiary population. In reality, costs shares will be borne disproportionately by families without MTF

⁴ Evaluation of the TRICARE Program: Access, Cost, and Quality, Fiscal Year 2013 Report to Congress, Office of the Office of the Assistant Secretary of Defense (Health Affairs)

⁵ Defense Communities 360: Community Network Provides Inpatient, Specialty Care for Fort Drum Personnel, January 29, 2014
<http://www.defensecommunities.org/headlines/community-network-provides-inpatient-specialty-care-for-ft-drum-personnel/#>

⁶ United States Department of Defense Fiscal Year 2015 Budget Request Overview, March 2014, Office of the Under Secretary of Defense

access, those who need specialty care, and those with special needs family members. We fear that, for these families, co-pays will become a barrier to accessing necessary medical care.

While cost shares will disproportionately impact all families without MTF access, junior enlisted families will be particularly vulnerable. With their relatively lower incomes, cost shares ranging from \$10 to \$50 per visit (see chart above) will necessarily have a greater impact on their family budgets. Junior enlisted families without access to an MTF may not be able to absorb co-pays for every medical appointment. We are concerned they may elect to forego medical care to avoid the out of pocket costs.

We are pleased DoD has listened to requests for protections of benefits for those who have been medically retired and surviving spouses. Keeping their health care fees at the same level as active duty family members reflects their extraordinary sacrifice and service.

Due to their greater requirements for specialty care, the Consolidated TRICARE Health Plan will also have a pronounced effect on special needs families. Many special needs families require medical care that is not typically delivered at MTFs. While special needs families enrolled in TRICARE Prime can now seek specialty care in the network at no cost, the new proposal will result in cost shares for each network appointment. Given the number of specialty appointments many of these families require, we fully expect their expenses to reach the catastrophic cap: \$1,500 for network care, \$2,500 for combined network/out-of-network care. The \$1,500 cap for network care is \$500 above the current cap for active duty military families, thus they will have to spend more for health care before DoD will pick up additional costs. This will have a significant impact on the purchasing power of special needs families.

Our Association finds the behavioral health care co-pays in the Consolidated TRICARE Health Plan absolutely unacceptable. Network behavioral health appointments are treated the same as any other specialty care with co-pays of \$20-25 per visit. Because of the heavy demand by service members in the MTF, more families have no choice but to seek care in the network. With co-pays of \$20-25 per appointment, we fear this will have a devastating effect on military families' ability AND willingness to seek behavioral health care.

Recognizing that 13 years of war has taken a toll on our community, TRICARE has made improvements in facilitating access to behavioral health care for military family members. Currently, TRICARE beneficiaries do not need referral or prior authorization for the first eight outpatient behavioral health care visits per fiscal year.⁷ This has allowed military family members to more easily access critical mental health resources. TRICARE Prime family members currently incur no costs for behavioral health care whether they access it at an MTF or in the network.

Our Association believes it is imperative that behavioral health care, whether it is delivered in the Military Treatment Facility (MTF) or in the network, continues with no out of pocket costs for active duty military families.

The Consolidated TRICARE Health Plan is designed to increase demand for MTF health care. We are concerned about how this increased demand will be managed. How will active duty families be prioritized within the MTF? Will they face longer waits for appointments? Will acute care be available when needed? We fear military families' access to care will be hampered by the increased demands placed on the MTFs.

In addition to the concerns outlined above, our Association has many unanswered questions about the proposed TRICARE Consolidated Health Plan and its potential impact on military families, including:

- What modifications will be needed to the current TRICARE Managed Care Support Contracts to implement these changes? Will there be changes in requirements for the contractors to build and maintain networks and to keep accurate listings of which providers are in the network?

⁷ TRICARE Behavioral Health Care Resources Fact Sheet

- What resources will remain in place for the management of complex illnesses or conditions where coordinated care is needed? Where will that responsibility reside, with the MTF or the TRICARE contractor?
- Will military retirees and their family members with Other Health Insurance (OHI) who wish to use TRICARE as a second payer be required to pay the same participation fee as those who want to keep TRICARE as their primary insurance?
- Will there be changes in how network maternity care will be reimbursed? Maternity is generally a bundled benefit with different cost sharing. For example, instead of paying a co-pay for each doctor's visit, the doctor accepts a flat amount, regardless of the number of visits and the mom pays a percentage of the fee. Also, maternity hospitalization has a different rate for mom and then for baby, generally less than traditional hospitalization. How will this be handled?
- What will be the cost to the Services/MTFs to create systems to process co-payments by retirees and their families?
- How much savings will the Consolidated TRICARE Health Plan provide to DoD?

Transition Challenges During Downsizing

Downsizing of the force has already begun as a result of sequestration. The FY15 budget calls for a greater decrease especially in the Army. The effects of this downsizing are many. The service member and their family may feel the many years they spent facing multiple deployments are not appreciated. Morale will be low. Families are still dealing with the after-effects of war, problems with reintegration, with coming together again as a family, and the impact of the invisible signature wounds of these conflicts – post traumatic stress and traumatic brain injury. We don't know what the long term implications are and what services will be needed by the service member and by the family as well.

A national debate is needed now on how veterans' families will be supported once they leave the safety net of support they had while the service member was on active duty. What can the VA do to help families as well as veterans ease into civilian life and recover from multiple wartime deployments? What help will communities need to support these families?

A Holistic Approach Is Needed

We firmly believe the Administration's FY15 budget proposal did not consider the cumulative effects of a reduced pay raise combined with lower BAH payments, loss of commissary savings, and possible out-of-pocket health care costs on the purchasing power of service members and their families. This budget proposal would reduce cash in a service member's pocket!

We ask Congress to reject budget proposals that threaten military family financial well-being as a way to save.

Let the Military Compensation and Retirement Modernization Commission (MCRMC) do its job in evaluating compensation, including health care, holistically.

Sequestration: An Ongoing Threat to Family Readiness

The effects of sequestration have already resulted in cuts to benefits and programs that military families have come to rely on. Much of the funding for these programs is embedded in the Service Operations and Maintenance Accounts, which have been the hardest-hit by sequestration. Understanding what is affected by sequestration has been confusing for families. Our Association used social media to help military families tell truth from fiction and to keep them up to date on how sequestration would affect them. Our families used social media to voice their frustration about sequestration's effects on their service members' ability to do their jobs and on the damage caused to the military community⁸. Military families were impacted by sequestration with cuts to services and the threat of closure of DoD schools

⁸ http://www.militaryfamily.org/assets/pdf/Sequestration-Photo-Book_final_web.pdf

when civilian workers were furloughed and hiring was frozen. Sequestration limited the availability of health care appointments because furloughs of civilian medical staff resulted in reduced hours of operation at military hospitals and clinics. Military families reported longer wait times for appointments and delays in obtaining treatment. Some were told to go to the emergency room for acute care that would normally be handled at the MTF.

When we speak to military families about sequestration, one of their major areas of concern is child care. Service members who rely on installation child care centers worry centers will reduce their operating hours or turn more families away. Families who use the fee assistance program wonder if those funds will still be available. We have already heard from families that child care respite programs for families of deployed service members are being phased out. Other locations have curtailed or eliminated hourly or drop-in care. Losing these services is a particular hardship to families overseas or in remote locations, who may have few child care alternatives.

Impact Aid was one of the first casualties of sequestration cuts, because unlike other education programs, Impact Aid is current-year funded. Over the course of the past year, we heard reports from school districts facing significant funding cuts due to sequestration. For example, the Killeen Independent School District, which serves 18,000 military children, faced the loss of more than \$2.6 million in 2013. Our Association thanks Congress for restoring \$65 million to the Department of Education Impact Aid program in the FY14 Consolidated Appropriations Act. This funding is critical to public school districts educating large numbers of military children. However, we continue to be concerned about the long-term consequences the spending caps imposed by the Budget Control Act (BCA) will have on school districts reliant on Impact Aid.

While the Bipartisan Budget Act of 2013 provided some relief, we know that with future cuts required down the road, military families will continue to see cuts and threats to the programs and resources they require for readiness.

We ask Congress to end sequestration and end the threat to the resources military families depend on for their readiness.

Keeping Military Families Ready: What do Military Families Require?

We have addressed the immediate and long-term impacts of the proposed FY15 budget on military families. But we ask you not to forget that military families depend on a variety of programs and resources that must be sustained and, in some cases, improved.

The National Military Family Association believes our Nation's leaders should guarantee the readiness of our force by taking care of service members and their families, serving in both active and reserve components, no matter where they live. We ask you to sustain support by providing: quality, accessible health care; behavioral health support; spouse career opportunities; good schools for military children; quality, affordable child care; a secure retirement; and unwavering support for those wounded, widowed, or orphaned. We challenge Congress and the Administration to join us in seeking greater collaboration between government and community agencies to enhance support and enable military families to thrive and be ready to answer any call to duty, now and in the future.

The Department of Defense created a blueprint for the framework of family readiness in DoD Instruction (DoDI)1342.22, "Military Family Readiness".⁹ The DoDI integrates policy for core family readiness services into a single source, including requirements for financial education and counseling, relocation assistance, emergency family assistance, spouse employment and requirements for delivery of services to the Reserve Components. It spells out the expectation that families be empowered to enhance their own readiness, but have the ability to access a trusted network of services regardless of branch of Service, active or reserve status, or geographic location. It changes the traditional mindset of military family support, which focused on installation-based services and created the expectation that families

⁹ <http://www.dtic.mil/whs/directives/corres/pdf/134222p.pdf>

should come to the support rather than having the support service connect with families where they are. The DoDI emphasizes the importance of creating a family readiness system in which service members, families, other government agencies, and private organizations collaborate to support troops and families. It focuses on three areas of readiness: mobilization and deployment readiness, mobility and financial readiness, and personal and family life readiness.

Our Association believes full implementation of Department of Defense Instruction (DoDI) 1342.22 across all Services and components is essential for the readiness of both the current and future force. It sets the structure and expectations for family readiness and must be resourced appropriately.

Deployment and Reintegration Support

Military families have been living a revolving door existence since the beginning of the wars in Afghanistan and Iraq. They experienced repeated deployments, each the same with the strains of separation, but unique with the dynamic of their family at that moment in time. They had repeated reunions, honeymoons followed by the hard work of rebuilding their family. As they rebuild, they still worry about the future, the nagging thought that soon their family will be doing this again.

Despite the drawdown in the Middle East, the mission of the United States military continues. Deployment patterns will change, but deployments will continue. A downsized force will still be busy doing more missions with fewer troops. A structure should be maintained to meet families' deployment related needs. DoDI 1342.22 requires that programs be flexible enough to respond swiftly to the changes in needs of service members and families. If deployment support programs are dissolved completely they will not easily be regenerated when needed again. We cannot lose the structure for proven programs such as pre-mobilization briefs that prepare families for deployment. During deployment, families rely on the programs and staff that support them, including respite care and the Army family readiness support assistants (FRSAs), Marine Corps family readiness officers (FROs), ombudsmen, and Military OneSource. This support network is essential for the families of many service members who are sent apart from their units as individual augmentees. Readiness does not stop when a unit comes back from an operation or start up when a new operation is identified. Readiness is the underpinning that must be maintained and sustained at an appropriate level for the unit and their families.

"With guys doing multiple deployments, they're getting a tough 9 to 10 deployments over a 12-year period, the impact on families is going to be noticeable. Anything that can cut down and make the deployments less vigorous in terms of operation tempo is going to be a better thing".

Rear Admiral George Worthington, USN (retired), retired Navy seal¹⁰

Reintegration programs, along with deployment support, are key ingredients in the family's success. Our Association believes we need to focus on treating the whole family with programs offering readjustment information; education on identifying stress, substance abuse, suicide, and traumatic brain injury; and encouragement to seek assistance when having financial, relationship, legal, and occupational difficulties. DoDI 1342.22 calls for this support to promote positive adjustment to deployment, family separation, and family reunion.

Successful reintegration programs will require attention over the long term, as well as a strong partnership at all levels between the various mental health arms of DoD, VA, and state agencies. DoD and VA need to provide family and individual counseling to address these unique issues. Opportunities for the entire family and for the couple to reconnect and bond must also be provided. Our Association has recognized this need and established family retreats in National Parks under our Operation Purple® program, promoting family reintegration following deployment.

¹⁰ Read more: http://www.washingtontimes.com/news/2014/mar/11/special-ops-forces-wearing-thin-from-high-demand/?utm_source=RSS_Feed&utm_medium=RSS#ixzz2wKdtGFPy

During the past 13 years of war, our Nation has relied on the services of the National Guard and Reserve more than ever before. Our Association appreciates the great strides made by both Congress and the Services to help support our Reserve Component families. We believe sustaining effective support programs for our “Citizen Soldiers” and their families is essential at every stage of deployment. DoD agrees by integrating family readiness for the Reserve Component into DoDI 1342.22. We ask Congress to provide funding for preventive and follow-up counseling and behavioral health services for mobilized Reserve Component members and their families.

We have been in touch with the staff of the Yellow Ribbon Reintegration Program (YRRP) and are pleased they have developed a way ahead for the Yellow Ribbon program as a best practice for continued Reserve Component family readiness. The Reserve Components will continue, for the foreseeable future, to execute operational missions globally in response to our nation’s security needs. As the operating environment evolves, YRRP will be there to provide vital information and resources to Service members and families throughout and beyond deployment periods. It will remain an enduring component of unit and individual readiness and reintegration challenges. More about the program and the resources can be found at www.yellowribbon.mil. Additionally, the YRRP has been working with Office of Military Community and Family Policy (MC&FP) on accreditation standards as MC&FP works to accredit Family Programs in the Army Reserve and National Guard.

Provide oversight to ensure the Defense Department and the individual Services are supporting families of all components by meeting the standards for deployment support, reintegration, financial readiness, and family health in Department of Defense (DoDI)1342.22. Fund appropriately at all levels. Special attention needs to be paid to the flexibility for surge capabilities.

Continue funding the Yellow Ribbon Reintegration Program (YRRP) and stress the need for greater coordination of resources supporting Reserve Component families.

Support for Transitioning Families

Transitioning due to downsizing affects the whole family. In addition to the transition assistance program available to service members, resources need to be identified that is pertinent to the family members that would also be transitioning. Training on issues like health care coverage for dependents including information on the Affordable Care Act, how to find community resources to replace DoD programs and general inclusion of the military spouses role in the long term care of the family as a whole aren’t really covered in the transition classes.

We are developing a transition program specific to spouses. We will highlight the programs available through the DoD and develop a framework of best practices for family transition. Military spouses are a critical component in familial stability, often leading issues in health care and finances in the home. Their role in transition is equally critical to the success of the entire family in the move to civilian life.

Expand the opportunity for spouses to attend transition classes with service members. Through other military information portals tailor other information to address family transition issues.

We encourage Congress to join with DoD to help civilian communities realize their role in supporting service members and families is ongoing, even as service members transition to veteran status.

Military Health Care

Affordable and timely access to health care is important to all families, but it is vital for military families. Repeated deployments, caring for the wounded, ill, and injured, the stress and uncertainty of military life, and the ability to maintain family readiness, demand quality, and readily available health care. A robust and reliable health care benefit allows families to focus on managing the many challenges associated with military life versus worrying about how they are going to access and pay for essential health care. Any changes to the military health care benefit

must recognize the unique conditions of service and the extraordinary sacrifices demanded of service members and their families.

The National Military Family Association strongly asserts that any discussion of military health care, especially its costs, must make a distinction between the health care readiness needs of service members versus the earned health care benefit provided to family members, retirees, and survivors. Ensuring the physical and mental health of service members so they can perform their mission is a readiness cost and not part of the compensation package.

Likewise, the health care costs associated with wartime operations or the care of wounded, ill, and injured service members should not be included as part of the cost of providing a health care benefit to the children, spouses, and surviving family members of service members and retirees. Our Association believes DoD, in its statements about the rising costs of the military health care benefit, has not effectively differentiated health care readiness costs from the costs of providing the earned health care benefit. This failure, we believe, puts both the readiness function and access to care for family members and retirees at risk.

The military health care system—because of its dual readiness and benefit provision missions—does not function like civilian plans. The TRICARE benefit includes both direct care provided by MTFs as well as coverage that enables military families to access health care within the civilian community.

Access to care is also impacted by TRICARE's reimbursement policies. We believe TRICARE's reimbursement policies should be comparable to commercial and other government plans. They should align with current standards of medical care. Furthermore, they should be flexible enough to accommodate changes in medical technologies and treatment protocols.

Ensure families of all seven Uniformed Services have timely access to high quality, affordable health care and a robust TRICARE benefit including preventive health care services.

In the past year, military families have faced several reimbursement policy decisions that made TRICARE coverage inferior to commercial and other government plans, ignored medical standards of care, and created hardship for beneficiaries. These policy decisions include:

- **Changes to the referral and authorization requirements for Applied Behavior Analysis (ABA) created significant barriers to military families accessing this therapy.** These changes were later reversed for the TRICARE Basic and Extended Care Health Option (ECHO) Demonstration programs and were applied only to the ABA Pilot.
- **Compound prescription coverage changes.** In June, TRICARE announced it would cease coverage of all compound pharmaceuticals containing non-Federal Drug Administration (FDA) approved bulk chemicals or ingredients. This policy change would have created difficulties for many beneficiaries, such as children, who rely on compounding for safe and effective prescriptions. TRICARE eventually reversed this decision.
- **Laboratory Developed Tests coverage denials.** In January, 2013, TRICARE ceased coverage of over 100 diagnostic genetic tests without notice to health care providers or beneficiaries. These tests are covered by Medicare and Medicaid as well as commercial health plans. They represent the standard of care and include a common prenatal screening for cystic fibrosis that the American Congress of Obstetricians and Gynecologists has recommended for over ten years. Denying access to these tests could lead to substandard health care for military families. We have been working with DHA and Congressional offices for over a year to get this policy reversed. In the meantime, we have heard from numerous families faced with paying for lab tests out of pocket or foregoing tests ordered by their physicians.

Reimbursement denials for diagnostic genetic tests have significant implications for military families. An active duty Army family contacted our Association regarding their daughter whose eye was removed due to retinoblastoma, a cancer that can spread to the brain. Her physician recommended genetic testing

to determine the likelihood that the cancer would appear in her other eye. Without the genetic test, the child would require close monitoring until age 6 including eye exams under anesthesia as well as sedated magnetic resonance imaging (MRIs) every 4-6 weeks. After getting the genetic test results, her treatment plan was modified to greatly reduce the number of eye exams and MRIs. Because TRICARE refused to cover the diagnostic genetic test, this Army family had to find a third party to pay for it. Without the test results, this family would have faced greater uncertainty about their daughter's condition, while the child would have been subjected to many more sedated eye exams and MRIs - at a significant cost to the government. We appreciate the understanding of the egregiousness of this policy expressed by members of the Senate in their recent letter to Assistant Secretary of Defense for Health Affairs Dr. Jonathan Woodson.

Arbitrary reimbursement policy changes create confusion and uncertainty among military families. We request that DoD ensure future policy changes are thoroughly analyzed before being implemented. The impact on beneficiary access to the medical standard of care should be a top consideration. Should reimbursement policy changes be made, we request that TRICARE inform providers and beneficiaries with sufficient lead time to allow alternative treatment plans to be developed.

TRICARE's reimbursement policies should be comparable to commercial and other government plans.

The Department of Defense should ensure future TRICARE policy changes are thoroughly analyzed before being implemented with the impact on beneficiary access to the medical standard of care as a top consideration.

We remain especially concerned about access to care for National Guard and Reserve families. We continue to believe that paying a stipend to a mobilized National Guard or Reserve member for their family's coverage under their employer-sponsored insurance plan may work out better for many families in areas where the TRICARE network may not be robust. This option will remain viable as the current pattern of mobilizations declines with the end of conflicts. DoD leaders say our military will continue to rely on National Guard and Reserve members to perform the changing missions of the future. A different set of health care options may be needed to accommodate the needs of these mission-critical service members, their families and the military.

Pay a stipend to a mobilized National Guard or Reserve member for their family's coverage under their employer-sponsored insurance plan.

TRICARE's policies often present challenges in accessing the appropriate pediatric care. Children's health care needs differ from those of adults. Because TRICARE is modeled on Medicare, its policies are sometimes ill suited for pediatric care. TRICARE's policies should address the unique needs of children when defining medical necessity to ensure military children receive comprehensive and quality health care consistent with pediatric best practices. It is imperative the quality of health care provided to our military children is commensurate with the sacrifices made by our service members and their families.

We appreciate the inclusion in the FY13 National Defense Authorization Act (NDAA) for a report to comprehensively review TRICARE health care policies and practices to make recommendations that specifically account for children's health care and pediatric care settings. Encourage DoD to release the results of the review as soon as possible.

TRICARE's policies should address the unique needs of children when defining medical necessity to ensure military children receive comprehensive and quality health care consistent with pediatric best practices.

Behavioral Health

Research validates the high level of stress and mental strain military families are experiencing.

- A recent study published by the Journal of Adolescent Health indicates children with a parent or sibling deployed in the military during the last decade of war are more likely than their peers to experience depression and suicidal thoughts, particularly if the service member deployed more than once.¹¹ The same study also found multiple deployments by a parent or sibling were associated with an increased likelihood of drug and alcohol use.¹²
- Another study, Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints, found an 11 percent increase in outpatient behavioral health visits for military children from the ages of 3-8 during 2006-2007. Researchers found an 18 percent increase in pediatric behavioral health visits and a 19 percent increase in stress disorders when a parent was deployed.¹³
- Additional research found an increase in mental health care use by spouses during their service members' deployments. A study of TRICARE claims data from 2003-2006 published by the New England Journal of Medicine showed an increase in mental health diagnoses among Army spouses, especially for those whose service members had deployed for more than one year.¹⁴
- In the research they conducted for our Association, RAND found military children reported higher anxiety signs and symptoms than their civilian counterparts. Our research also found the mental health of the caregiver directly affects the overall well-being of the children.¹⁵ Therefore, we need to treat family members as a unit as well as individuals.

The body of research focusing on the increased levels of anxiety and utilization of mental health services causes our Association concern about the overall shortage of mental health providers in TRICARE's direct and purchased care network. While TRICARE contractors have expanded their behavioral health provider networks to help meet demand, military families in some areas continue to report provider shortages, especially for psychiatric care for children and teens. We believe one of the consequences of almost 13 years of war is demand for mental health services that continues to outstrip supply. More must be done to persuade mental health care providers to participate and remain in the TRICARE network, even if that means raising reimbursement rates.

It is also critical that TRICARE keeps provider lists up to date. We hear from families about the number of times they contact network providers using the TRICARE provider list only to find the providers cannot meet access standards, are no longer taking TRICARE, or are not taking new TRICARE patients. Behavioral health provider lists must be up-to-date and robust enough to handle real time demands by military families. Inaccurate provider lists present a barrier to accessing behavioral health care for military families.

Families tell us they appreciate the access to non-medical counseling through Military OneSource and the Military Family Life Counselors (MFLC). DoD implemented these resources to help service members and their families access counselors where they work and where they live with a certain degree of anonymity. MFLCs have also been used effectively in training local educators on techniques to help their military students cope with deployment and in supporting National Guard and Reserve Yellow Ribbon events. We believe the need for behavioral health care will continue to grow over the next several years and we encourage DoD to continue to seek innovative solutions to providing care for military families.

¹¹ Tamika D. Gilreath, et al., "Well-Being and Suicidal Ideation of Secondary School Students From Military Families", *Journal of Adolescent Health*, November 18, 2013

¹² Tamika D. Gilreath, et al., "Substance Use Among Military-Connected Youth", *American Journal of Preventative Medicine*, January 8, 2013

¹³ Gregory H. Gorman, Matilda Eide, and Elizabeth Hisle-Gorman, "Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints", *Pediatrics: The Official Journal of the American Academy of Pediatrics*, November 8, 2010

¹⁴ Alyssa J. Mansfield, et al., "Deployment and the Use of Mental Health Services among U.S. Army Wives," *The New England Journal of Medicine*, January 14, 2010

¹⁵ Anita Chandra, et al., RAND Center for Military Health Policy Research, *Views from the Homefront: The Experiences of Youth and Spouses from Military Families*, 2011

It is a moral imperative to provide military service members and their families with the help they need after years of enduring repeated combat deployments and to meet the challenges of the future.

Ensure military families' access to the medical and non-medical counseling they need to recover from the stress of long years of war.

Access to Health Care for Military Special Needs Families

Caring for a special needs family member can be difficult and draining for any family. However, the impact for military families is magnified by the unique challenges associated with military service. Frequent geographic relocations are a fact of life for military families. A geographic relocation will, by definition, disrupt the continuity of care that is so important in managing complex medical conditions. After every move, special needs military families must begin a lengthy cycle of referrals, authorizations and waitlists at each new duty station, resulting in repeated gaps in care. A nationwide shortage in pediatric specialists means even when families have successfully navigated the authorization and referral process at their new location, they may face a delay of weeks or even months before treatment can restart. Military families fear these repeated treatment delays have a cumulative and permanent negative effect on their special needs family members.

It is frustrating for military parents to know these treatment delays could be mitigated if the process for accessing specialty care were more flexible and streamlined to address the unique aspects of military life. Unfortunately, TRICARE's rigid referral and authorization process too often hinders the transition process for military families rather than facilitating it. In addition, providers often tell us working with TRICARE is overly complex. Many choose not to participate in the TRICARE network because it is too difficult to navigate and administer. The resulting shortage of TRICARE network providers further impedes families' access to specialty care. While the FY15 budget proposal appears to fix this problem by getting rid of referrals and authorizations, it will force these families to pay more out of pocket.

TRICARE should make the process for accessing specialty care more flexible and streamlined to address the unique aspects of military life without forcing active duty families to pay more out of pocket.

For special needs military families, frequent relocation presents another obstacle: the inability to qualify for services through Medicaid waivers. Caring for children with complex medical needs can be incredibly expensive. Most families in this situation ultimately receive some form of public assistance, typically through state Medicaid waivers. State Medicaid programs provide assistance not covered by TRICARE: incontinence supplies, respite care, employment support, housing, and more flexible medical coverage. Because the demand for these services far outstrips the supply, there is a lengthy waiting list to receive assistance in most states. For that reason, these services are often out of reach for a military family who must relocate every two to three years. Even if a military family places their special needs child on a Medicaid waiver waiting list, they must start again at the bottom of the waiting list when they move to a new state. The Defense State Liaison Office (DSLO) has recognized military families' inability to access care through Medicaid waivers as one of its high priority issues and is working with state legislatures to address this problem. However, little progress has been made in resolving this disparity.

TRICARE's ECHO program was designed in part to address this imbalance, by allowing families to access non-medical services not covered under TRICARE. According to TRICARE's website, benefits covered under ECHO include "training, rehabilitation, special education, assistive technology devices, institutional care in private nonprofit, public and State institutions/facilities and, if appropriate, transportation to and from such institutions/facilities, home health care and respite care for the primary caregiver of the ECHO-registered beneficiary." However, in practice military families find it difficult to obtain services through the program.

This reality was reflected in TRICARE's May 30, 2013 report, *The Department of Defense Report to Congress on Participation in the Extended Care Health Option (ECHO)*, detailing military families' usage of

the ECHO benefit. They reported that, in 2012, 99 percent of funds expended through the ECHO program were spent on Applied Behavioral Analysis (ABA) therapy and ECHO Home Health Care (EHHC). Although these services are important and popular with special needs families, it is impossible to see this statistic and not wonder why families are not accessing the long list of other services ostensibly available to them under ECHO.

When families do manage to navigate the process of applying for benefits through ECHO, they often find that it does not pay for the products and services they actually need. For example, many families need larger than normal diapers for their disabled children. ECHO deems this a convenience item and will not pay for it, although incontinence supplies are regularly paid for by state Medicaid programs.

Another service much in demand by families is respite care. For families with special needs children, the time away afforded by respite care is vital. Access to quality respite care allows families to run errands, spend time with other children, and simply recharge. Studies even show that parents of special needs children have healthier marriages when they are able to access regular respite care. Thus, access to respite care can be seen as an important element in military family readiness. Respite care is ostensibly available through the ECHO program, but TRICARE policies limit its utility. ECHO sets strict requirements for respite care providers, making it difficult for families to identify eligible providers. In addition, TRICARE requires that families use another service through ECHO in any month that respite care is also provided. In its May, 2013 report to Congress, TRICARE describes this rule as a “reasonable demand management tool.”

Congress has given DoD much more discretion in its coverage of ECHO benefits than it has concerning medical benefits provided under the Basic Program. Thus, TRICARE has the authority to make changes that would enhance the ECHO program’s utility to military families. Easing the restrictions on respite care, for example, would do much to enhance special needs military families’ readiness and quality of life.

Our Association has suggested a DoD pilot study to identify what products and services special needs families need to enhance their quality of life. We recommend that families in the pilot receive \$3,000 annually above what is provided under ECHO to purchase self-selected items not currently covered, such as cooling vests, cranial helmets, diapers and nutritional supplements. DoD would be required to authorize each type of purchase to verify that it was appropriate. The program would be similar to the “money follows the patient” model already adopted by several state Medicaid programs and would identify gaps in coverage while providing a better picture of what military special needs families really need.

TRICARE should enhance the ECHO program’s utility to military families by ensuring it covers the products and services families need.

The transition out of the military and into civilian life is difficult for many families but especially so for special needs families, who immediately lose access to ECHO benefits. Families may still face long waits before being eligible for care through Medicaid, which leads either to gaps in treatment or financial hardship for a family trying to pay for needed care. As more service members and families transition out of the military, this problem will become more widespread. To ease the hardship for families in this situation, we recommend ECHO eligibility be extended for one year following separation to provide more time for families to obtain services in their communities or through employer-sponsored insurance.

We ask Congress to extend eligibility for the Extended Care Health Option (ECHO) for one year following separation to provide more time for families to obtain services in their communities or through employer-sponsored insurance.

Additional Support for Special Needs Families

The main vehicle through which DoD provides support to special needs military families is the Exceptional Family Member Program (EFMP). The EFMP is intended to perform three interrelated functions: identify and enroll eligible family members; coordinate the assignment process to ensure special needs families are not sent to locations that lack adequate resources; and provide families with information about and referral to local resources.

To be successful, the EFMP requires smooth communication and coordination. The offices responsible for assigning families to new duty locations must work with installation medical personnel and service providers to ensure that families are assigned appropriately. EFMP personnel at sending and receiving installations must coordinate to make sure that families receive information about programs available at the new installation to avoid interruption in services and ensure a smooth transition. Too often, however, this communication does not occur. In the worst case scenario, families may find themselves assigned to locations without appropriate medical or educational services for their special needs family member. Other families tell us about delays in receiving services at their new installations because of a lack of communication between EFMP Coordinators at the old and new locations.

This problem is exacerbated when families move to an installation operated by a different Service. Currently communication and coordination among the different Services' medical, personnel, and family support components is extremely limited. This lack of coordination adds to the stress of families who are already coping with the difficulty of moving with a special needs family member. Families need the reassurance that they will have continuity of care and a warm hand-off as they move from installation to installation.

The Office of Community Support for Military Families with Special Needs (OSN) was created in the FY10 NDAA to enhance and improve DoD support for military families with special needs, whether medical or educational. A 2012 GAO report, *Better Oversight Needed to Improve Services for Children with Special Needs*, (GAO-12-680, September 10, 2012) noted there are no Department-wide benchmarks to set standards for the Services' EFM programs. As a result, DoD has been unable to assess the effectiveness of the branches' EFM programs and ensure that improvements are made when needed. In addition, although OSN was created to enhance and monitor the military branches' support for families with special needs, it has no authority to compel the branches to comply with DoD or Service-level program requirements and it has no direct means by which to hold them accountable if they fail to do so. We appreciate that OSN has been working closely with the Services' EFMP programs to standardize services and improve communications. However, much work remains to be done in this area.

We ask the Department of Defense to improve coordination and communication within and among Services' Exceptional Family Member program (EFMP) and to set consistent standards for support of special needs military families.

Financial Readiness

While military families are shown to have better financial literacy rates than their civilian counterparts, their military commitments often make it difficult to grow their investments over the long term.¹⁶ Frequent moves and deployments can be a barrier to home ownership or force families in and out of lease agreements. Spouses have reduced earning power, yet many military families are paying on one or more student loans. Frequent moves make spouses ineligible for public service loan forgiveness programs.

Some elements of the military compensation package are meant to take the sting out of those losses. However, as sequestration continues and budgets are cut, military families will face more and more disadvantages compared to their civilian counterparts. We ask Congress keep in mind the fiscal restraints imposed on military families when evaluating changes to the military compensation package.

¹⁶ http://www.usfinancialcapability.org/downloads/NFCS_2012_Report_Military_Findings.pdf

Support for Spouse Education and Employment

Every time a permanent change of station (PCS) occurs, a working military spouse, or one who would like to be employed, has to start from scratch. Lack of longevity in any one location or job position negatively affects career trajectory and earning power. Frequent moves disrupt educational goals. State licensing requirements and industry tenure restrict employment opportunities for military spouses. Military spouse unemployment or underemployment affects the total earning power of the military family. The First Lady and Dr. Biden initiated Joining Forces in 2011 to help address these issues, and we have seen progress, but military spouses continue to face significantly lower earnings, higher unemployment and underemployment than their civilian counterparts.¹⁷ Syracuse University Institute for Veterans and Military Families released a Military Spouse Employment Survey with Military Officers Association of America that showed 90 percent of active duty spouses responding are underemployed meaning they possess more formal education/experience than needed at their current or most recent position.¹⁸ The results are evidence of ongoing career barriers that military spouses face during their service members commitment.

DoD has realized spouse education and employment opportunities are linked. DoD provides the Spouse Education & Career Opportunities (SECO) program, which oversees the Military Spouse Employment Partnership (MSEP) and the My Career Advancement Account (MyCAA) Scholarship. Recently, SECO launched the My Individualized Career Plan (MyICP) tool to help military spouses build a roadmap specific to their goals and plans, educational and professional. These programs are vital to bridging the unemployment and wage gap (26 percent and 25 percent, respectively) military spouses face as a result of the requirements and pressures of military family life. These programs provide financial assistance in education and training for portable careers, career planning and job search assistance, networking assistance and advocacy at no cost to the military spouse.

We ask Congress to continue funding DoD's Spouse Education & Career Opportunities programs.

Military spouse preferences and non-competitive hiring authority for military spouses have been expanded over the years, but implementation is onerous and complex. The process for using these options must be simplified for the job seeker and non-discretionary for the hiring agency in order to serve the purpose intended; aiding military spouses seeking federal employment. The Office of Personnel Management (OPM) is considering revising its rules to make it easier to achieve career tenure in the Federal government by allowing employees to earn time toward tenure in aggregate rather than in continuity. We are pleased frequent moves are recognized as a barrier to this career goal for military spouses, but are concerned more bureaucratic barriers will exist that make Federal career employment an impossibility for most spouses.

We ask Congress to make military spouse preferences and hiring authorities non-discretionary.

Since 2004, our Association has been fortunate to sponsor our Joanne Holbrook Patton Military Spouse Scholarship Program. Of particular interest, of nearly 7,000 applicants from our 2013 scholarship applicant pool, more than 50 percent were not eligible for the MyCAA program because of rank or service ineligibility. We ask Congress to better address the educational needs of spouses of all service members, including those in the Coast Guard and the Commissioned Corps of NOAA and the U.S. Public Health Service.

We ask Congress to expand outreach and eligibility for MyCAA to spouses of all of the Uniformed Services to facilitate better utilization and access.

¹⁷ [Http://vets.syr.edu/research-highlights/milspouse-survey](http://vets.syr.edu/research-highlights/milspouse-survey)

¹⁸ [Http://vets.syr.edu/research-highlights/milspouse-survey](http://vets.syr.edu/research-highlights/milspouse-survey)

Quality, Affordable Child Care

Media reports about military compensation often refer to subsidized child care as one of many “benefits” provided to military families. To our Association, this view is a mischaracterization of the role and importance of child care to the military and military families. Access to quality, affordable child care is not just a “nice-to-have” part of a benefit package. Rather, it is central to service member and family readiness.

More than 40 percent of service members have children, and the largest cohort of military children is under age five.¹⁹ Service members face the same challenges as all working parents. If child care arrangements fall through or the babysitter gets sick, a parent may find himself forced to miss work. When the parent who must miss work is in the military, his or her absence may threaten the readiness of an entire unit.

Quality child care is also essential to military family financial stability. Like most families, many military families rely on having two paychecks in order to make ends meet. However, military spouses face many barriers to employment, including distance from extended family who might otherwise be available to assist with child care. Quality, accessible child care is inextricably linked to spouse employment and thus to military family financial readiness.

We appreciate that Congress and the Department of Defense have recognized the importance of child care to military families and have taken steps to make quality child care both more available and more affordable. Thanks to those efforts, military families have access to a wide range of child care options to meet their needs, from on-installation Child Development Centers (CDCs) to in-home care providers.

While installation CDCs are the preferred option for many families, they are not always a viable choice, either because of long waiting lists or because the family lives far from the installation. However, particularly in high cost areas, quality child care is often unaffordable for military families. Recognizing this need, DoD established a program to provide fee assistance to families without access to on installation child care centers. This program, operated through a partnership with Child Care Aware, has proven to be popular with families and an effective means of ensuring that families can afford quality care. Because this partnership has been so successful, we are concerned about the Army’s plan to begin managing its fee assistance program itself in 2014. We intend to watch closely to ensure the transition is seamless and Army families can continue to benefit from the fee assistance program.

Ensure adequate funding for military child care programs, including child care fee assistance programs.

Support for Military Children

The military lifestyle includes inevitable challenges for children, who must cope with repeated moves and frequent separation from their service member parent. Parents worry about the effect of these disruptions on their children’s emotional well-being and academic achievement. Ensuring that military children receive a quality education as well as emotional support is both a moral imperative for our Nation and essential to military family retention and readiness.

Education of Military Children

The task of educating military-connected children falls largely to the Nation’s local public schools, where more than three-quarters of school-aged military children are enrolled.

Although most communities welcome military children and families, the fact remains that an influx of children connected to a military installation presents increased costs to a school district. At the same time, the presence of a military installation or other federal property in a school district reduces its tax base and thus its available funding level. Most school districts receive the majority of their operating

¹⁹ 2012 Demographics: Profile of the Military Community

funds through local property taxes. Since federal land—including military installations—is not subject to local property tax, school districts with large numbers of military connected children often have few sources of revenue.

Department of Education (DoEd) Impact Aid was established in 1950 to address this imbalance and reduce the burden on local communities and taxpayers. It recognizes the federal government has a responsibility to help communities educate children who are only there because of their connection to a military installation or other federal activity. Federally-impacted school districts rely on these funds to meet payroll, operate school buses, and purchase textbooks. All children and families in a district—not just military families—benefit from Impact Aid funding.

We also note for the third year in a row the Administration has proposed the elimination of the Impact Aid category covering federal properties. Eliminating this funding would affect more than 50 military-impacted school districts in 19 states. We thank Congress for acting to restore these Section 8002 funds last year and ask that you do the same this year.

While we understand this Committee does not have jurisdiction over this program, we ask you to work with your colleagues to ensure appropriate and timely funding of Impact Aid through DoEd and restore funds to the Impact Aid federal properties program as essential to meeting the needs of military families.

We strongly urge Congress to ensure appropriate and timely funding of Impact Aid through the Department of Education and restore funds to the Impact Aid federal properties program.

We appreciate the inclusion of \$40 million for DoD Impact Aid in the FY14 NDAA to support public schools with large numbers of military children, as well as \$5 million for districts educating military children with disabilities. This funding is vitally important to help districts provide the military children they serve with a high quality education. We also thank Congress for appropriating funds to renovate and expand public schools on military installations, many of which are overcrowded and in disrepair.

Continue to authorize Department of Defense Impact Aid for schools educating large numbers of military children.

In 2007, the John Warner National Defense Authorization Act established a grant program to directly support public schools educating large numbers of military-connected children. These grants, which are managed by the Department of Defense Education Activity (DoDEA), support programs that enhance student achievement in science, technology, engineering, and mathematics. Funds have also been directed toward programs that support military children as they transition to new schools or cope with the stress of a parent's deployment. Grant funds have given military children in more than 50 public schools greater access to and success in Advanced Placement (AP) courses in math, science, and English. Since 2009, this innovative partnership program has directly supported 320,000 military students at 1,500 public schools. We were disappointed funding for this valuable program was not included in the FY14 NDAA and encourage Congress to restore this program in FY15.

Restore funding for the Department of Defense Education Activity (DoDEA) Grant Program.

Department of Defense Schools

More than 80,000 military children in grades pre-K through 12 are enrolled in schools operated by the DoDEA. The agency operates schools both at overseas locations and at 15 installations in the United States. DoDEA is vital in helping to ensure military children can receive a quality education regardless of where their parents are stationed. Thus, our Association was concerned to see the Administration's budget proposal included a cut to funding for DoDEA. How can DoDEA absorb these cuts without affecting the classroom experience of the military children they serve? We believe strongly the education of military children should not be compromised due to budget constraints. We ask Congress to restore DoDEA funding to ensure military children receive the best possible education.

In late 2013, DoD announced the launch of the CONUS Education Options Assessment (CEOA), which will analyze the operations of the Domestic Dependent Elementary and Secondary Schools (DDESS) at installations in the United States. The purpose of this study is to assess education options that effectively balance cost and quality considerations. Possible recommendations include maintaining the status quo, turning the schools over to local school districts, and establishing charter schools, among other options. We welcome the opportunity to learn more about DDESS schools and are pleased DoD is including the views of parents, students, administrators and local public school officials in its study. However, we urge DoD to move cautiously before making any changes to its education program. These schools have become tightly woven into the fabric of the communities they serve. Eliminating them would be complicated and expensive for DoD, costly for local communities, and painful for military children and their families. Most importantly, closing DDESS schools would jeopardize the education of thousands of military children, at least in the short term. In some cases, the existing school buildings are not up to state standards and would have to be extensively renovated. States and localities would have to be compensated for the additional expense of educating military children over and above what they receive from Impact Aid.

Restore full funding to Department of Defense Education Activity schools.

Military Families in Crisis

Even though the war in Afghanistan is coming to an end, military families continue to live extraordinarily challenging lives. Reintegration continues to pose challenges for some. Others are concerned they will be impacted by the military drawdown and are anxious about their financial futures. Most military families are resilient and will successfully address whatever challenges come their way. However, some will need help. It is critical that military families trust DoD services and programs and feel comfortable turning to them in times of need. These programs and services must be staffed and resourced adequately so when families reach out for help, they can trust it is available. Military families must be assured our Nation will support them in times of family or personal crisis.

Suicide

Earlier this year, the Defense Suicide Prevention Office (DSPO) released a report outlining an approach for tracking military family member suicides. The report, *Suicide and Military Families: A Report on the Feasibility of Tracking Deaths by Suicide among Military Family Members*, was requested by the Senate and House Armed Services Committees.

The National Military Family Association appreciates that DSPO in its report has identified a methodology for tracking military family member suicides. Anecdotal reports indicate the number of military family suicides is growing. We cannot address the problem until we know its extent. Identifying a methodology is an important first step in accomplishing this goal.

The National Military Family Association strongly urges Congress to fund ongoing tracking of military family member suicides.

Preventing Child Abuse and Neglect, and Domestic Violence

Research commissioned by our Association²⁰ and others during the past decade documents the toll of multiple deployments on children and families, the difficulties many families face on the service member's return, and the added strain a service member's physical and invisible wounds can place on a family. These stressors put military families at risk for marital/relationship problems and compromised parenting that must be addressed with preventative programs.

Current research validates families will experience the effects of war long after deployments end. A recent study highlighted parenting challenges fathers face following deployment. The study found that

²⁰ Anita Chandra, et al., RAND Center for Military Health Policy Research, Views from the Homefront: The Experiences of Youth and Spouses from Military Families, 2011

while deployment is a time of great stress for families, the need for support and a strong community continues during the extended period of reintegration after the service member returns. This need is particularly pronounced when the returning service member is father to a young child, and he faces the core challenge of reconnecting with a child who has undergone significant developmental changes while he was away.²¹ A 2013 research brief issued by Child Trends, *Home Front Alert: The Risks Facing Young Children in Military Families*,²² concluded many children negatively impacted by a parent's repeated combat deployments will continue to have exceptional needs as they grow older.

As the war winds down in Afghanistan, those looking for budget cuts may find it tempting to slash family support, family advocacy, and reintegration programs. However, bringing the troops home does not end our military's mission or the necessity to support military families. Recent media coverage indicates the incidence of child abuse and neglect among Army families has increased. We are concerned the extraordinary stress military families have faced could lead to increased domestic violence as well. Preventative programs focused on effective parenting and rebuilding adult relationships are essential. The government should ensure military families have the tools to remain ready and to support the readiness of their service members.

We are encouraged that the Family Advocacy Program, a congressionally mandated DoD program designed to prevent and respond to child abuse/neglect and domestic abuse in military families, has redoubled its focus on prevention programs. Their efforts to repair relationships and strengthen family function will be essential.

We thank Congress for the study included in the FY14 National Defense Authorization Act that will look at the needs of the families of those service members convicted of a crime.

We encourage Congress and the Department of Defense to ensure that Family Advocacy programs are funded and resourced appropriately to help families heal and aid in the prevention of child and domestic abuse.

Military Sexual Trauma

Our Association appreciates the legislation included in the FY13 NDAA concerning Military Sexual Trauma (MST) and the further legislation that was passed this year. We believe these changes will enhance trust in the system among both victims and their loved ones. However, we feel the impact of MST on both the families of victims and perpetrators has been overlooked.

Our research indicates civilian organizations supporting sexual assault survivors recognize both the importance of family support for the victim and the difficulties family members face following their loved one's assault. Some of these civilian resources offer guidance on how to help the sexual assault survivor through the recovery process. They also provide tips to help family members cope with their own emotions, including shock, anger, sadness, anxiety and fear, so they are better equipped to help the sexual assault victim. Perpetrators' families are not addressed by these resources or any others we could find. They could also be invisible victims.

It appears there are limited resources specific to MST victims' families. Although the DoD Safe Helpline website (operated by RAINN – Rape, Abuse & Incest National Network), has a section called *What to Do if You or Someone You Know has been Sexually Assaulted*, we feel more needs to be done to support family members of MST victims and perpetrators.

We request DoD conduct a needs assessment among family members of MST victims to determine the ways in which they are struggling to support their service members and deal with their own emotions. Together with an environmental scan to determine currently available resources, this will provide a

²¹ Tova B. Walsh, et al., "Fathering after Military Deployment: Parenting Challenges and Goals of Fathers of Young Children," *Health & Social Work: A Journal of the National Association of Social Workers*, February, 2014

²² "Home Front Alert: The Risks Facing Young Children in Military Families", Child Trends, July 22, 2013

foundation for developing a family support strategy. Directing MST victims' families to existing civilian resources may be part of the solution.

We encourage those supporting victims of sexual assault to remember to share resources and support with the families of the victims and the families of the perpetrators.

Survivors

The Services continue to improve their outreach to surviving families. We appreciate the special consideration, sensitivity, and outreach to the families whose service members have committed suicide. We do have some concerns about the effect federal civilian employee downsizing or hiring freezes will have on programs when certain expectations for survivors have been established. DoD and the VA must work together to ensure surviving spouses and their children can receive the mental health services they need.

Our Association still believes the benefit change that will provide the most significant long-term advantage to the financial security of all surviving families would be to end the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP). Although we know there is a significant price tag associated with this change, ending this offset would correct an inequity that has existed for many years.

Eliminate the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP) to recognize the length of commitment and service of the career service member and spouse. We support H.R. 32, which provides for that elimination.

We believe several other adjustments could be made to the Survivor Benefit Plan. Allowing payment of the SBP benefits into a Special Needs Trust in cases of disabled beneficiaries will preserve their eligibility for income based support programs. This cost of this adjustment cannot compare to the peace of mind this affords the parents of these special needs children.

Allow payment of the Survivor Benefit Plan annuity into a Special Needs Trust to preserve disabled beneficiaries' eligibility for income based support programs.

The Eleventh Quadrennial Review of Military Compensation released in June, 2012 recognized the Survivor Benefit Plan (SBP) annuity for reserve component personnel who die while performing inactive duty is significantly less than the benefit available to survivors of active duty members and reserve members who die on active duty. Despite their inactive status, these reservists are still performing military duties at the time of their death. The review report recommends calculating SBP benefits for a reservist who dies while performing active duty training using the same criteria as for a member who dies while on active duty.

Calculate Survivor Benefit Program annuities for a reservist who dies while performing active duty training using the same criteria as for a member who dies while on active duty.

Wounded Service Members Have Wounded Families

Our Association asserts that behind every wounded service member and veteran is a wounded family. It is our belief that DoD and the VA must take a more inclusive view of military and veterans' families. Those who have the responsibility to care for the wounded, ill, and injured service member must also consider the needs of the spouse, children, parents of single service members and their siblings, and the caregivers. DoD and VA need to think proactively as a team and one system, rather than separately, and address problems and implement initiatives upstream while the service member is still on active duty status.

Reintegration programs become a key ingredient in the family's success. For the past five years, we have held our Operation Purple® Healing Adventures camp to help wounded, ill, and injured service

members and their families learn to play again as a family. We hear from the families who participate that many issues still create difficulties for them well into the recovery period. Our Association believes everyone must focus on treating the whole family, with DoD and VA programs offering skill based training for coping, intervention, resiliency, and overcoming adversities. DoD, the VA, and non-governmental organizations must provide opportunities for the entire family and for the couple to reconnect and bond, especially during the rehabilitation and recovery phases.

Ensure better cooperation and accountability between the Departments of Defense (DoD) and Veterans Affairs (VA) at the highest levels in the support of transitioning wounded, ill and injured service members and caregivers. The lack of a seamless transition between agencies still exists and must be corrected.

One of our legislative priorities is to help wounded warrior families become whole again, including addressing service-connected infertility. Combat injuries involving pelvic, abdominal, or urogenital wounds have led to an increase in the number of service members and veterans facing infertility. DoD has authorized assisted reproductive services, including in vitro fertilization (IVF), for severely or seriously injured active duty service members. Unfortunately, once wounded warriors leave active duty, they are no longer covered for IVF by TRICARE or the VA, greatly limiting their ability to start or grow their families. Considering the sacrifices these wounded warriors and their families have made, we believe it is incumbent on our Nation to make every effort to restore their reproductive capabilities. We urge DoD and the VA to develop a solution to continue IVF coverage for veterans and military retirees facing service connected infertility.

We urge the Departments of Defense (DoD) and Veterans Affairs (VA) develop a solution to continue in vitro fertilization (IVF) coverage for veterans and military retirees facing service connected infertility.

Caregiver Support

Service members and their families must be assured that our nation will provide unwavering support to the wounded, ill and injured. This support must extend beyond the recovering warrior's medical and vocational rehabilitation. It must also include programs and services that help military caregivers, typically spouses or parents, successfully navigate their new role.

Thanks to a grant from the Elizabeth Dole Foundation, our Association conducted a study with caregivers last year. This resulted in a tool that provided advice from military caregivers for military caregivers²³. The tips our caregiver respondents provided fell into two main categories: 1) assistance, advice and training to help caregivers more effectively and efficiently take care of their wounded warrior; and, 2) suggestions to help caregivers to take care of themselves.

On April 1, 2014, RAND Corporation released results from the largest-ever study²⁴ of military caregivers, commissioned by the Elizabeth Dole Foundation. The study was designed to describe the magnitude of military caregiving as well as to identify gaps in the array of programs, policies, and initiatives designed to support military caregivers.

The RAND study shows that the demographics, responsibilities and characteristics of military caregivers of veterans from earlier eras are similar to civilian caregivers. However, post-9/11 caregivers are different in many ways:

- They tend to be younger (37% are age 30 or younger) and are caring for a younger individual.
- They are more likely to be employed.

²³ <http://www.militaryfamily.org/get-info/caregiver/care-for-the-caregiver/tips-from-caregivers.html>

²⁴ R. Ramchand, et al., RAND Center for Military Health Policy Research, Hidden Heroes: America's Military Caregivers, 2014

- They are twice as likely to be caring for someone with a behavioral health condition.
- They are less likely to be connected to a support network or have another person they can rely on to assist with caregiving responsibilities.
- Many more of them lack health insurance; 30% of post-9/11 caregivers lack health care coverage.

While all caregivers face an elevated risk of depression, this risk is pronounced in post-9/11 caregivers. Every additional hour spent caregiving raises the risk of depression. Caregivers who spend more time managing their wounded warrior's behavioral health symptoms are most likely to exhibit symptoms of depression.

The RAND study indicates that all military caregivers face elevated risks of poor health outcomes, strained family relationships, and financial losses from missed work; these risks are higher among post-9/11 military caregivers.

RAND researchers initially identified over 500 resources that included military caregivers as part of their mission. Upon closer examination, only 120 programs actually interact with military caregivers directly and most of these offer caregiver services that are incidental to the main programs targeting the veteran. RAND concludes that there is an acute shortage of efforts to provide services directly to military caregivers. Specifically, few caregiver support programs provide respite care, health care coverage, and financial support to offset income loss, though these may be the areas of greatest need.

These findings indicate that, while private and non-profit programs are important, we cannot rely solely on the private sector to address the extensive and evolving unmet needs of caregivers. Congress plays a crucial role in ensuring that all aspects of the demanding military caregiver role are addressed.

Support legislation that expands military caregiver benefits and addresses the findings and recommendations of the RAND military caregiver study.

Our Association appreciates the strides DoD has made in providing monetary compensation to caregivers of catastrophically wounded, ill, and injured service members. The Special Compensation for Assistance with Activities of Daily Living (SCAADL) helps offset the loss of income by a primary caregiver who provides non-medical care, support, and assistance to the service member. We believe, however, more can be done to optimize the program. SCAADL is considered taxable income, which diminishes its value to wounded warrior families. Awareness of SCAADL is low and families report difficulties in applying for the benefit. Consistent with recommendations from the Recovering Warrior Task Force, we request a legislative change to exempt SCAADL from income taxes, enhance marketing to the eligible population, and add an electronic application process to reduce the burden of completing SCAADL paperwork.

Exempt SCAADL from income taxes, enhance marketing to the eligible population, and add an electronic application process to reduce the burden of completing SCAADL paperwork.

We believe that DoD and VA must regularly assess the unmet needs of caregivers and develop programs to address their evolving requirements. These programs not only enable our military caregivers to provide essential support to recovering warriors, they also signal a commitment to all service members and their families. These assurances allow military families to more willingly accept the risks inherent in military service resulting in enhanced family readiness.

Require the Departments of Defense (DoD) and Veterans Affairs (VA) to regularly assess the unmet needs of caregivers and develop programs to address their evolving requirements.

Military Families – Maintaining Their Readiness

We have made many recommendations in our statement today all in the name of supporting the readiness of military families. Recent national fiscal challenges have left military families confused and concerned about whether the programs, resources, and benefits contributing to their strength, resilience, and readiness will remain available to support them and be flexible enough to address emerging needs. Our Association believes the Department of Defense Instruction 1342.22 must be the baseline for military family readiness. The Department of Defense must provide the level of programs and resources to meet this standard. Sequestration weakens its ability to do so.

Service members and their families have kept trust with America, through over 13 years of war, with multiple deployments and separations. We ask the Nation to keep the trust with military families and not try to balance budget shortfalls from the pockets of those who serve.

Bringing the troops home does not end our military's mission or the necessity to support military families, dealing with the long-term effects of more than a decade at war. The government should ensure military families have the tools to remain ready and to provide for the readiness of their service members. Effective support for military families must involve a broad network of government agencies, community groups, businesses, and concerned citizens.