

**THE  
MILITARY ORDER OF THE PURPLE HEART  
OF THE U.S.A., INC.**



**THE ONLY CONGRESSIONALLY CHARTERED VETERANS ORGANIZATION  
EXCLUSIVELY FOR COMBAT-WOUNDED VETERANS**

**ANNUAL TESTIMONY  
ROBERT J. PUSKAR  
NATIONAL COMMANDER**

**BEFORE A JOINT HEARING OF THE  
SENATE AND HOUSE COMMITTEES ON VETERANS  
AFFAIRS**

**MARCH 3, 2016**

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Chairman Isakson, Chairman Miller, Ranking Members, Senator Blumenthal and Representative Brown, Members of the Committees, Ladies and Gentlemen.

As the National Commander of the Military Order of the Purple Heart (MOPH), it is an honor and privilege to appear before this body on behalf of the members of the MOPH.

As all of you are aware, the MOPH is unique among Veterans Organizations, in that all of our members have been awarded the Purple Heart medal for being wounded on the battlefields throughout the world, or determined by the Department of Defense as having been wounded by terrorists' actions, including on U.S. soil as we have witnessed since September 11, 2001.

Since its founding in 1932, the MOPH has been and continues to be the original wounded warriors veterans organization. We continue to serve all veterans, of all wars, at no cost, by providing tangible benefits to veterans and their families who require our assistance.

The MOPH assists any veteran in the filing of a claim with the Department of Veterans Affairs (VA), and supports numerous service officers and personnel at locations throughout the United States and its territories to maintain this valuable service.

Between July 2014 and December 2015, at no charge to the veterans, our national service officers were able to assist veterans and their dependents in filing 25,219 claims that resulted in \$435,975,119 in monetary awards.

The MOPH participates in the VA Volunteer Services (VAVS) program which provides volunteer services at VA medical facilities and VA and state veterans' nursing homes. In 2015, MOPH volunteers logged 176,946 hours which the VA values at \$4,082,144.

In addition to funding the MOPH National Service Program, VAVS and other programs, the Purple Heart Foundation helps finance research and assistance that addresses the unseen wounds impacting veterans, such as Post Traumatic Stress (PTS), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST) and suicide awareness and prevention.

We can all agree that the VA budget can never cover all the costs of caring for veterans and their families, and this volunteer program is a great example of the federal government partnering with a non-profit organization to care for America's veterans. It is a further testament that veterans genuinely care about their brothers and sisters who have worn the military uniform in defense of our liberty.

The MOPH is appreciative of Congress passing the Veterans Access, Choice and Accountability Act and the Clay Hunt Legislation and other legislation that assists veterans and their families. We are particularly appreciative of the advanced funding for VA programs.

The following two issues have been addressed by the MOPH and other VSOs at these joint hearings for almost two decades. Since we strongly feel that they are of utmost importance, we are addressing them again.

In each session of Congress, legislation is introduced that would correct these two issues but never advanced in the legislative process.

Although the MOPH understands budgetary constraints, we do not understand what the budget has to do with doing the right thing especially when it comes to giving a "fair deal" to those who have served this country in uniform, their survivors, and their families.

SURVIVOR BENEFIT PLAN (SBP) AND DEPENDENCY AND INDEMNITY COMPENSATION (DIC) OFFSET:

While this may not seem to be an important issue to many Americans, it is indeed an important issue to thousands of veterans and/or their survivors. The MOPH and many other VSOs strongly support legislation that would end the dollar for dollar offset that is applied to the military SBP due to the receipt of veterans' DIC.

SBP and DIC are paid for two very dissimilar reasons. SBP is provided through the Department of Defense to active duty and retirement eligible individuals with a spouse or children. In the case of a retiree, it is coverage that is elected and paid for by the retiree to provide a portion of retired pay to his/her survivor. In other words, the retiree purchased an insurance policy with his/her own money, just like members of Congress and other Americans do.

DIC payments are provided by the VA as a special compensation to a survivor when the service member's death is a result of medical conditions or injuries received during military service.

Under the current law, there is a dollar-for-dollar reduction of the SBP annuity for each dollar of DIC compensation. Survivors, upon eligibility for DIC, lose a majority, or in some cases, the entire amount of their monthly SBP Annuity.

Frankly, this off-set is unexplainable and the MOPH urges your committees to move forward in addressing this shameful situation by supporting and passing S. 979 and H.R. 1594. Both of these BILLS have bi-partisan support, as it should be when righting a wrong concerning veterans and their families.

If Congress does not repeal the off-set, then the MOPH supports H.R. 4519 that would extend the Special Survivor Indemnity Allowance (SSIA), which currently will expire in October 2017, for five additional years.

**CONCURRENT RECEIPT OF MILITARY RETIRED PAY AND VETERANS DISABILITY COMPENSATION:**

This issue is another one that defies a logical explanation. Military retirees who served their country and were injured while in the military cannot draw their full military retirement, which they earned by their service, and VA compensation, for which they are eligible because of wounds or other medical conditions that occurred during their military service. The military retiree must give up dollar-for-dollar equal amount of retired pay to receive VA compensation. No other federal employee is treated like this -- only the military retiree.

Progress has been made in overturning the bar on disabled military retirees from collecting their full retirement for serving a minimum of 20 years in the military. The 2003 National Defense Authorization Act authorized a special compensation for certain military retirees injured in combat. Congress has advanced concurrent receipt to include benefits to most military retirees with combat related disabilities and to personnel with a service-connected VA disability rating of 50 percent or higher.

The MOPH asks your committees to right a wrong, and repeal the current law and pass legislation that would allow ALL disabled military retirees to receive both their military retired pay and the VA compensation that they are entitled to.

The MOPH supports and urges passage of S. 271 "The Retired Pay Restoration Act of 2015."

## **VETERANS CAREGIVERS:**

The MOPH commends Congress for passing the Caregiver legislation that provided benefits to those veterans who were severely injured and require a full-time caregiver to provide all of their daily needs. Many caregivers had to leave their jobs to assume the task of caring for their loved one who needed them 24/7 and Congress authorized a stipend for those caregivers. However, the legislation only recognized those injured after 9/11. Now it is time to go further and extend these benefits to those veterans of all conflicts who are in need of these services, not just since 9/11. There are veterans of WWII, Korea, Vietnam and conflicts in between who are experiencing the same circumstances. Their caregivers have been caring for them for decades without any benefits, only out of love for their severely injured family member.

MOPH supports H.R. 2894, H.R. 914, S. 1085 and any other legislation that expands the Caregiver program to all eligible veterans.

## **VA CLAIMS SYSTEM:**

The issue of VA claims continues to be one of the most important issues that MOPH and your committees, keep monitoring closely. The good news is that there has been improvement in the claims process. This can be attributed to the fact that Congress has provided the VA with additional funding, thereby enabling the VA to hire more personnel and improve their information technology and infrastructure.

Last month, the VA reported that they had processed 1.4 million disability compensation and pension claims last year, which is the highest in VA history. The VA also reported that the disability claims backlog stands at fewer than 82,000. Assuming that more claims were accurately processed, this is good news considering that in March 2013 the backlog stood at over 600,000.

The tragic news is that the VA also reported that the current inventory of appeals is at more than 440,000 and continues to increase rapidly. Veterans who file an appeal wait an average of 3 years for their appeal to be resolved. If the veteran's appeal goes to the Board of Veterans Appeals, it can be 5 years or more before the appeal is resolved. The MOPH agrees with the Secretary of the VA that this is unacceptable and the efforts to address the timeliness and accuracy of VA claims must remain one of the highest priorities for all of us.

The MOPH appreciates the efforts of your committees continued detailed monitoring of the VA claims process.

### **TRAUMATIC BRAIN INJURY (TBI):**

The MOPH has addressed this issue for several years during testimony before your committees. Fortunately, there has been progress in the recognition and treatment of this severe injury that affects a significant number of veterans.

The VA must continue to invest in research and utilize cutting edge treatment standards to improve the lives of those suffering from this injury. The screening of all Iraq and Afghanistan veterans is a must.

### **POST TRAUMATIC STRESS (PTS):**

PTS is a condition that has been around for as long as there has been a conflict in which this Nation has been involved. Unfortunately, it was not recognized as a medical condition until the evidence became apparent following the Vietnam War. It is a serious condition that requires the VA and the medical community to continue the research into diagnosis and treatment. In the last decade, considerable headway has been made in addressing the causes and treatment. The first breakthrough was in acknowledging that the illness actually existed and then working on the causes and treatment.

Congress is commended for passing the "Clay Hunt Legislation" and taking other steps to ensure that those veterans suffering from PTS have access to the mental health support that they require.

The MOPH encourages your committees and the VA to continue making improvements in the treatment of this devastating illness.

### **WOMEN VETERANS HEALTH CARE AND SUICIDE PREVENTION:**

MOPH supports H.R. 2054 which requires the VA to ensure that gender specific services are continuously available and expanded at every VA medical center and community based outpatient clinic. It further authorizes the VA to employ such personnel and to enter into contracts as are necessary to provide these services.

With female members now making up a significant portion of the active duty ranks, it is important that they receive the medical care they have earned by their military service. No longer can the VA operate as a male only health care system, but they must adjust to the realities of modern conflict.

Women veterans have unique medical needs that the VA must be prepared for. MOPH is pleased to see that Congress and the VA both recognize these needs. Women veterans have served their country just like their male counterparts and should not have to accept second class service at any VA facility. Women veterans also face the same hardships as their male counterparts in that the suicide rate is rising.

The MOPH thanks the House for passing H.R.2915, which would direct the VA to identify VA mental health care and suicide prevention programs that are most effective for women veterans and identify those programs with the highest satisfaction rates among women veterans. MOPH, like Congress, believes that all veterans who experience combat-related mental health wounds should have immediate and consistent access to comprehensive mental health care.



If a woman veteran, or for that matter any veteran who served their country honorably, finds themselves homeless, depression, alcohol, drug and/or other substance dependency and abuse which plummets their life into a downward spiral.

MOPH is pleased to acknowledge that over the last two years much has been done to address the veterans homelessness issue and we thank the VA and state and local governments for their efforts. No veteran who honorably wore the uniform of our country should ever find themselves lacking quality and timely health care or being homeless. Our country is better than that.

MOPH supports H.R. 742, S. 469, S. 167 and H.R. 203.

**VETERANS ACCESS, ACCOUNTABILITY AND CHOICE ACT:**

MOPH commends Congress for passing this legislation, which is now Public Law 113-146. We do believe that the legislation was extremely important but also believe that it can be vastly improved.

VA should fully implement the improvements included in the Law by expanding the VA internal medical capacity, assure timely access for outside VA referrals, hire additional medical professionals and fix the scheduling system.

The VA must integrate the available community medical resources into their planning and treatment of veterans.

The MOPH does not support, as some have suggested, privatizing the VA Health Care System. The MOPH does approve the improvement and expansion of the system to ensure that veterans who are scheduled receive treatment for their medical conditions in a timely manner. If VA services are not available, then rapid referral to services available in the civilian sector is warranted.

MOPH supports S. 207 and H. R. 572, as well as any other legislation that will improve the current Law.

**PROMISE FOR ANTIBIOTICS AND THERAPEUTICS FOR HEALTH ACT OR THE PATH ACT: (S.185)**

The MOPH supports S. 185. The Center for Disease Control (CDC) estimates that 2 million antibiotic-resistant infections occur in the US each year and 23 thousand Americans die as a result. Military service members are at particular risk. They now survive once-deadly combat wounds only to become victims of untreatable, deadly superbugs. This legislation would amend current Law and require the Food and Drug Administration (FDA) to establish a program to approve a limited population antibacterial drug intended to treat a serious medical condition and to address an unmet medical need within an identifiable limited population.

It would also require the FDA's determination of the safety and effectiveness of these drugs to reflect the drug's benefit-risk profile in the intended limited population. It would further prohibit the FDA from denying approval of a drug based on a lack of evidence of a favorable benefit-risk profile in a broader population. Other requirements are contained in this legislation.

**FURTHERING ASBESTOS CLAIMS TRANSPARENCY (FACT) ACT: (S. 357)**

MOPH and 16 other national veterans' organizations oppose this legislation. Simply put, it is a "solution looking for a problem."

S. 357 is bad legislation for the victims of exposure to asbestos, 30 percent of whom are veterans and their families. The legislation places new obstacles and demands on the victims and makes it more difficult to file their claims. It places no requirements on the corporations that produced this dangerous material to make more disclosures that would assist the victims in their claims process.

The House passed its version of the legislation in January (H.R. 1927) with all Democrats and 16 Republicans voting against passage.

The MOPH urges all Senate members to vote against this ill-advised legislation should it come up for a vote.

**ADDITIONAL LEGISLATION THAT MOPH SUPPORTS:**

- MILITARY SPOUSES ACHIEVING COLLEGE EDUCATION FOR SURVIVORS ACT OF 2015 (ACES ACT) (H.R. 2531)
- ANNUITY SAFETY AND SECURITY UNDER REASONABLE ENFORCEMENT ACT OF 2015 (ASSURE ACT) (H.R. 3850)
- VETERANS PROTECTION ENHANCEMENT ACT. (H.R. 2862)
- TOXIC EXPOSURE RESEARCH ACT OF 2015 (H.R.1769)
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- SECURE LEGAL SERVICES FOR VETERANS ACT. (H.R. 2863)
- VETERANS EMPLOYMENT, EDUCATION, AND HEALTHCARE IMPROVEMENT ACT. (H.R. 3016)
- CAREER-READY STUDENT VETERANS ACT OF 2015. (H.R. 2360)
- AMERICAN HEROES COLA ACT OF 2015. (H.R. 677)
- FAILING VA MEDICAL CENTER RECOVERY ACT. (H.R. 3234)
- AGENT ORANGE EXTENSION ACT OF 2015. (H.R. 3423)
- TO AMEND TITLE 38, USC, TO EXTEND THE AUTHORITY OF THE ADVISORY COMMITTEE ON HOMELESS VETERANS FOR FIVE YEARS (H.R.2934)

- TO AMEND TITLE 38, USC, TO INCREASE THE AMOUNT OF SPECIAL PENSION FOR MEDAL OF HONOR RECIPIENTS, AND FOR OTHER PURPOSES. (H.R. 3491 & S. 2022)
- NATIONAL PURPLE HEART HALL OF HONOR COMMEMORATIVE COIN ACT. (H.R. 358)

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

Thank you,

*Robert Puskar*

Robert J. Puskar  
National Commander

**Disclosure of Federal Grants and Contracts:**

The Military Order of the Purple Heart (MOPH) does not currently receive, nor has the MOPH ever received any federal money for grants or contracts other than the routine allocation of office space and associated resources at government facilities for outreach and direct veteran assistance services through its Department of Veterans' Affairs accredited National Service Office Program.