THE

MILITARY ORDER OF THE PURPLE HEART

OF THE U.S.A.

THE ONLY CONGRESSIONALLY CHARTERED VETERANS ORGANIZATION

EXCLUSIVELY FOR COMBAT-WOUNDED VETERANS

STATEMENT OF

THE HONORABLE HERSHEL W. GOBER
NATIONAL COMMANDER

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

MARCH 22, 2017

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2017 ANNUAL TESTIMONY

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Chairmen Isakson and Roe, Ranking Members Tester and Walz, and Members of the Committees, on behalf of the approximately 45,000 members of the Military Order of the Purple Heart (MOPH), it is my honor and privilege to appear before this body to offer our testimony.

As I am sure all of you are aware, MOPH is a unique organization in that our membership is made up entirely of veterans who were wounded in combat. First organized in 1932, and Chartered by Congress in 1958, MOPH stands today as the ***original*** Veterans Service Organization for Wounded Warriors. Still, our advocacy efforts extend to all veterans, servicemembers, and their families and survivors.

To that end, MOPH will assist any veteran in filing a claim with the Department of Veterans Affairs (VA). Our network of 80 accredited National Service Officers operates out of 73 offices across the country, in addition to Guam and Puerto Rico. In Fiscal Year 2016, they submitted over 16,000 claims to VA, filed over 1,100 Notices of Disagreement, processed 347 appeals, appeared at 166 hearings, and made over 1,650 outreach visits to Vet Centers, hospitals, and MOPH Chapters. These efforts resulted in nearly $270 million in VA benefits for deserving veterans and their dependents. All of this assistance is, of course, provided completely free of charge.

MOPH is also proud to give back to our fellow veterans through our robust Veterans Affairs Voluntary Services (VAVS) program. Last year, MOPH volunteers donated more than 150,000 hours of their time at over 120 VA Medical Centers

(VAMCs). Their contributions resulted in a savings of nearly $3.4 million to the VA Health Care System. Certainly, this selfless service by MOPH Patriots epitomizes the phrase, "veterans helping veterans."

In addition, MOPH gives back to the community through our Scholarship Program. Each year, MOPH grants scholarships to Purple Heart recipients, their spouses, children and grandchildren. This includes surviving family members of Purple Heart recipients who were killed in action. In 2016, the MOPH Scholarship Program awarded 81 scholarships of $2,500 each for a total of $202,500.

This is just a brief overview of the MOPH National Programs. It does not even begin to describe the many contributions of what we believe to be the backbone of our organization, our MOPH members. Organized into 461 Chapters across the Nation, they are constantly engaged with their local communities, acting as ambassadors to the general public by participating in civic events and running their own unique programs. Just as important, they provide comradery and support to each other. MOPH members refer to each other as "Patriot," which is most appropriate, as each of them has shed their blood in defense of our country. It is on their behalf that I deliver our testimony today.

I would also like to take this opportunity to express our appreciation to both Committees for your continued hard work on behalf of our Nation's veterans in the previous year. The culmination of these efforts was the "Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016," which contained over eighty provisions related to compensation, medical care, education, employment, homelessness, burial benefits, and other important matters. In a year when each of you had so many other competing commitments, and with a shortened legislative calendar, this was certainly no small feat. Still, you made it a priority to come together in a bipartisan fashion to pass a comprehensive veterans' bill before the end of the 114th Congress, and for that, we thank you.

However, we all recognize that there is much more work to be done. Veterans from the current era continue to return home, often with battle wounds and other disabilities, and veterans from previous eras increasingly face unique challenges associated with their service as they age. While MOPH always has been, and will continue to be, the first to stand up for our fellow Purple Heart recipients, our priorities are reflective of the fact that we are staunch advocates

for all veterans and their families. With that, ***on behalf of the Order***, I am pleased to present the MOPH legislative agenda for 2017.

Veterans' Choice

The past few years have seen an unprecedented level of scrutiny placed on VA, and particularly the Veterans Health Administration (VHA), by Congress, the media, and the entire Nation. This is with good reason. In 2014 it was uncovered that the Phoenix VA Medical Center (VAMC) had been systematically manipulating wait time data, leading to the denial of care for countless veterans. Subsequent investigations revealed that this inexcusable behavior was occurring at VAMCs across the country. It had become clear the VA health care was in need of major reforms, and MOPH believes that Congress properly reacted by moving aggressively on this issue.

Critical to the discussion raised by the events in Phoenix and elsewhere is the extent to which veterans should be entitled to receive non-VA care if they choose. MOPH strongly believes that our Nation owes it to every enrolled veteran to provide them with geographically accessible medical treatment when they need it, not when VA gets around to it. In any instance where VA cannot provide that care at a VA facility, the veteran must immediately be given the option to seek care elsewhere. Care delayed is care denied, and no veteran should be made to wait for the care they need.

The initial response to the crisis was the temporary establishment of the Veterans Choice Program, paid for with $10 billion of emergency funding. Generally speaking, this allowed veterans to seek care from a network of local providers if VA could not schedule an appointment within 30 days, or if the veteran lived more than 40 miles from a VA facility. This created an outlet for the overburdened VA system, allowing more veterans to get the care they needed in a timely manner. As of January, 2017, over two million episodes of care have been authorized under the Choice Program. Although the program was not perfect, we believe that it was a good first step towards modernizing the way VHA delivers care.

However, we now find ourselves nearing the end of the Choice Program authorization period, and it will have to be replaced with a permanent program to allow veterans to obtain outside care. While designing the new program will be challenging for Congress and VA, the sunset of the Choice Program also provides

an excellent opportunity for improvements. MOPH has several recommendations on how this may be accomplished.

First and foremost, the Choice Program is set to expire before the Choice Fund is projected to run out. MOPH sees no reason why the program should not be allowed to continue until its funding is fully depleted. This will give Congress more time to authorize the replacement program, and hopefully give VA more time to implement the new program on schedule. For this reason, we support Chairman Roe's H.R. 369 and Senator McCain's S. 86, the *Veterans Choice Continuation Act*. These bills will provide several more months of needed time before the current program expires.

In designing the replacement for the Choice Program, MOPH supports the framework envisioned by Recommendation 1 of the Commission on Care, which calls for "high-performing, integrated community health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services." Under this plan, VA would remain the coordinator and primary provider of care, with the integrated network providers functioning as an option for veterans when VA cannot meet the demand for care in a timely manner.

We further agree with the Commission on Care's recommendation to eliminate the arbitrary "30 day, 40 mile rule" established by the Choice Program. The appropriate wait time for any episode of care, along with the appropriate distance that an individual veteran should be expected to travel to receive that care, should be a clinical decision made by a physician in consultation with the veteran.

MOPH also believes that veterans should have to face as few bureaucratic hurdles as possible to make appointments with community providers under the new system. Under the Choice program, the third party administrators (TPAs) acted as a go-between, communicating with VA, the provider, and the veteran often requiring several phone calls and unnecessary delays for the veteran. While we understand the value of the TPAs in helping VA to establish the networks, we believe it should be the goal to phase them out of the appointing process. We hope that the new integrated community health care networks envisioned by the Commission on Care will be sufficiently integrated for VA to communicate authorizations within the network, and then let the veteran schedule directly with the community provider.

With that being said, MOPH would oppose any plan deliberately designed to immediately or incrementally diminish the current VHA direct care system. We believe that veterans want choices of where and how they receive their care, and we believe they should have them. A robust VA direct care option must remain viable as one of those choices. While some veterans would rather receive care from community providers, others are very happy with the care they receive at VA, and would be terribly upset if they were no longer able to receive the full continuum of care at their local VAMC. Simply put, if "choice" is expanded at the expense of fully funding VA facilities, veterans who prefer to receive their care at VA will not be given a choice at all – they will only be forced out of the health care choice that they prefer and with which they are most comfortable.

Furthermore, MOPH does not believe that any expansion of veterans' choice should be made with the intention of forcing VA to compete with the private sector. We believe the integrated community care model will work best if VA and community providers cooperate as equal partners. If VA is encouraged to view community providers as competitive adversaries, VAMCs will naturally consider every authorization to the community networks as a failure. Rather, we believe that VA and the network providers should view every episode of quality, timely care as a victory, no matter where it is received. If VA and the networks truly work together, veterans win.

While we understand that it will be expensive to permanently authorize integrated community care networks across the country, while continuing to fully fund the VA direct care system, we believe it is the only way to truly provide all veterans with the choices they have earned and deserve. MOPH strongly believes that caring for veterans after they return home is part of the cost of going to war, and that our Nation owes them the very best health care available, both inside and outside the walls of VA.

Recommended Actions: *MOPH urges Congress to pass H.R. 369 and S. 86, and to permanently authorize a fully integrated VA community care program to replace the expiring Veterans Choice Program.*

Accountability

The ability to reward good employees and hold poor employees accountable is essential to any high-performing organization. Unfortunately, events in recent years have made it clear to MOPH that VA lacks the necessary authority to punish,

remove, and recoup the performance bonuses of employees who were found to have endangered veterans, misused government funds, and otherwise underperformed in their duties. This not only hinders VA's ability to improve its own workforce, it badly damages its image in the eyes of the veterans it serves.

MOPH realizes that we are not alone in this opinion. We note that VA Secretary, Dr. David Shulkin, has publicly commented on the need for improved removal authorities to promote greater employee accountability within his Department. We are also well aware that there are many Members of Congress who are committed to addressing this issue, and for that, we are thankful.

Accordingly, MOPH supports Chairman Roe's H.R 1259, the *VA Accountability First Act of 2017*, and we thank the House of Representatives for already passing it. We feel that the common sense improvements to the Secretary's removal authorities made by this legislation are critical to allowing VA to improve its own workforce, while also restoring veterans' trust in their VA. Furthermore, these reforms would send the right message to the vast majority of VA employees who do an exemplary job that their good performance is appreciated, and any rewards or promotions they receive were truly earned.

We are also pleased that Chairman Roe's legislation would grant the Secretary direct hiring authority for VA Medical Center and Veterans Integrated Service Network Directors with demonstrated abilities in their fields. We feel that if it becomes easier to remove poor employees, it must be easier to hire high-quality replacements as well. We are also pleased that this legislation would go further to discourage whistleblower retaliation, as no VA employee should ever fear reprisal for identifying deficiencies that could endanger veterans in any way.

MOPH considers the *VA Accountability First Act of 2017* critical legislation and urges the Senate to pass it swiftly.

Recommended Actions: *MOPH urges the Senate to pass H.R 1259, the VA Accountability First Act of 2017.*

Education Benefits

There is no doubt that the Post-9/11 GI Bill is among the most significant benefits available to current era veterans. Its popularity is also without question. According to research recently published by Student Veterans of America, 347,564 student veterans have completed a total of 453,508 post-secondary

certificates or degrees using the Post-9/11 GI Bill since its inception. While it is impossible to know at this point what the long-term return on investment will be for the program, MOPH is confident that it will eventually prove to have contributed significantly to the American economy, similar to previous iterations of the GI Bill. Simply put, when a veteran's military experience is combined with quality higher education opportunities, they are bound for success.

Still, there is room for improvement in the Post-9/11 GI Bill. Since it first went into effect in 2009, there have been multiple changes made to the program to address oversights in the original legislation. MOPH strongly believes that Congress should act to improve the Post-9/11 GI Bill once again to extend 100 percent eligibility to all Post-9/11 Purple Heart recipients.

Currently, only veterans who either serve at least 36 months on active duty or are medically retired receive Post-9/11 GI Bill benefits at the 100 percent rate. Those who were not medically retired and serve less than 36 months receive only a portion of the benefit on a prorated basis.

MOPH strongly believes that any veteran who sheds his or her blood for our country on a Post-9/11 battlefield should be automatically granted the full benefit of the GI Bill that bears the name of the conflict in which he or she served. While we fully understand that there must be left and right limits on eligibility for any benefit as generous as the Post-9/11 GI Bill, we firmly believe that every single current era Purple Heart recipient is equally as deserving as any other servicemember, regardless of total time served on active duty.

MOPH suspects that the majority of Purple Heart recipients who are eligible for less than the full benefit are veterans of the Guard and Reserve. Often activated only to deploy and then deactivated once they return home, it is not unusual for combat veterans of the reserve component to amass less than 36 months of active service before they are discharged.

It is also not uncommon for Purple Heart recipients not to receive medical discharges, even if their wounds are relatively severe. All too often, veterans who are wounded close to the end of their enlistments, or while on stop-loss, are

simply discharged on schedule rather than initiating the lengthy medical board process necessary for a medical discharge. Anecdotally, we hear that this is also more common in the reserve component.

To better illustrate our point, please consider the following examples:

Servicemember A enlists in the Air Force for three years. She is stationed at Dover Air Force Base where she works as a pay distribution specialist. She serves honorably and is discharged at the end of her three year term having never left the United States. Servicemember A is eligible for the Post-9/11 GI Bill at the 100 percent benefit level.

Servicemember B enlists in the Navy, also for three years. He is stationed at Naval Station Norfolk. One year into his assignment, he steps in a pothole during a unit run, fracturing his ankle. His unit initiates a medical board and it is determined that he can no longer perform his duties as an electronics technician. Having never left the United States, Servicemember B is granted a medical discharge and becomes eligible for the Post-9/11 GI Bill at the 100 percent benefit level.

Servicemember C is an infantryman in the National Guard. After spending five years drilling with his unit, he is activated for the first time to deploy to Iraq at the height of the conflict. Ten months into his one year deployment, his night patrol is stuck by a command-detonated improvised explosive device, signaling the beginning of an ambush by insurgents. Shrapnel from the blast rips into his lips, exiting through his cheek and causing him to lose three teeth. After he and his squad suppress the enemy, he is evacuated to Baghdad where he receives two dozen stitches in his face, a partial denture, and a Purple Heart. After being allowed to convalesce for two weeks, a medical officer determines that he can still perform his duties as an infantryman. He rejoins his unit, and returns home two months later. Having completed his six year enlistment, he is discharged honorably. Since only 12 months of his service was spent on active duty, Servicemember C becomes eligible for the Post-9/11 GI Bill at only the 60 percent benefit level.

In using these examples, we are in no way implying that Servicemembers A and B are somehow undeserving of the benefits for which they qualify. All honorable service to our country is commendable and should be rewarded. We are only trying to illustrate how a Purple Heart recipient who serves less than 36 months on active duty and is not medically discharged is at least equally as deserving.

In light of all this, MOPH strongly supports H.R. 1379, introduced by Representatives Peters, Mast, Walz, and Bergman, and we deeply thank Chairman Roe and all Members of the House Veterans Affairs Committee for already advancing it to the full House for consideration. We strongly urge both Chambers to pass this important legislation without delay.

While full Post-9/11 GI Bill eligibility for Purple Heart recipients is our main focus, MOPH is also monitoring other issues surrounding veteran education benefits. One is that members of the reserve component who are activated under 12304b orders for a "Pre-planned Mission in Support of Combatant Commands" do not accrue time towards their Post-9/11 GI Bill eligibility. MOPH would like to see this changed, as we believe that all active service should be treated equally. For this reason we support H.R. 1384, the Reserve Component Benefits Parity Act, introduced by Representatives Palazzo and Walz. This bill would address gaps for those serving under 12304b orders, not only for education benefits, but also health care, retirement, and pay eligibility.

MOPH also remains concerned about aggressive and deceptive recruiting practices by schools targeting veterans for enrollment. Thousands of veterans have complained through the GI Bill Feedback System that they were deceived or defrauded somehow by institutions of higher learning. We request the Committees' continued efforts to provide oversight on this issue.

Recommended Actions: *MOPH urges Congress to pass H.R. 1379 and H.R. 1384 without delay.*

Appeals Modernization

Over the course of the past few years, the Veterans Benefits Administration (VBA) has achieved great success in reducing the claims backlog, which it defines as the

number of claims that have been pending longer than 125 days. The claims backlog has fallen from over 600,000 in March of 2013, to fewer than 100,000 in February of 2017. This means that, on average, veterans are waiting less time for their claims to be decided, and for that, VBA deserves credit.

Over the same time period, however, the appeals "backlog" has increased significantly. During that same time period, the number of appeals pending at the Board of Veterans Appeals (BVA) jumped from under 250,000 to over 320,000. The result is that veterans are commonly waiting over three years for their appeals to be decided. MOPH finds this unacceptable, and believes that appeals modernization must be the next major focus with regards to veterans' benefits delivery.

MOPH believes that veterans want an appeals system that is faster and easier to understand. At the same time, we believe that any reforms to the current system must continue to include significant due process rights. Put simply, speed without due process protections will only lead to faster denials, which is not what veterans need or want.

Last year, Veterans Service Organizations came together with VA to develop a way forward for the appeals process. The result was a comprehensive appeals modernization framework, which was introduced as legislation in the 114th Congress. This legislation included, among others things, an option for veterans who do not wish to submit additional evidence to have their appeals decided in an expedited manner, with the goal being within one year. We believe there are many veterans for whom this would be the best option, while also allowing BVA to begin reducing its backlogged appeals.

MOPH supported the appeals modernization framework last year, and hopes that the Committees will make it a priority to revisit appeals reform in the 115th Congress with the intent of passing legislation to address the issue. Without significant reforms to the current system, we believe that the appeals backlog will only continue to grow at its present rate, leaving veterans to wait an increasing amount of time for their decisions.

Recommended Actions: *MOPH urges Congress to act swiftly to modernize the VA appeals process.*

Concurrent Receipt

As your Committees are well aware, military retirees who have a service connected disability rated less than 50 percent are still subject to an offset of their retired pay by an amount equal to their VA disability compensation. Veterans who were retired from service after less than 20 years due to a disability are subject to the offset no matter what their disability rating is. While MOPH is grateful for the provision of the 2003 National Defense Authorization Act that provided concurrent receipt of these two benefits for military retirees with disabilities rated at 50 or higher and more than 20 years of service, we strongly believe that the time to extend full concurrent receipt to all military retirees is long overdue.

To MOPH, the fact that so many veterans are still subject to the offset implies that they would somehow be "double dipping" if they were allowed to collect both benefits. We strongly disagree with this. Military retired pay and service connected disability compensation are two different benefits granted for entirely different reasons. Retired pay is granted for having served a full military career and funded by DOD, while disability compensation is a benefit available to all veterans who are disabled while in service and funded by VA. We see absolutely no reason why any military retiree should be penalized for suffering a service-related disability by having their retired pay reduced.

To correct this injustice once and for all, we urge your support of H.R. 303, introduced by Representative Bilirakis, and S. 66, introduced by Senator Heller, which would extend full concurrent receipt to all military retirees with at least 20 years of service. We also ask that you support Representative Bishop's bill, H.R. 333, which would also extend full concurrent receipt to all veterans who were retired due to a disability.

Recommended Actions: *MOPH urges Congress to pass S. 66, H.R. 303, and H.R. 333.*

SBP/DIC Offset

It is not just veterans who are subject to unjust offsets. Surviving spouses who are eligible for both the DOD Survivor Benefit Plan (SBP) and VA Dependency and Indemnity Compensation (DIC) also experience a dollar-for-dollar offset of their SBP payments. Among surviving spouses, this unfair policy is commonly referred to as the "Widow's Tax." Similar to concurrent receipt, the collection of both SBP

and DIC should in no way be considered "double dipping," as they are likewise granted for completely different reasons.

Under the SBP program, retirees make voluntary contributions of 6.5 percent of their retired pay, with the understanding that their dependents will continue to receive 55 percent of their retired pay when they die. This program is completely voluntary, and is a personal decision by each retiree to sacrifice a portion of the payments they receive over their lifetime in order to provide some financial stability to their survivors. In this way, it is similar to the decision to purchase a life insurance policy.

DIC is a VA benefit granted to surviving spouses of veterans who die due to a service-connected disability. This serves as compensation to a spouse when a veteran's life is cut short due to their service. MOPH sees absolutely no reason why an annuity that was bought and paid for by a veteran should be reduced, simply because they suffered the misfortune of dying of a service-related disability.

While we recognize that the Special Survivor Indemnity Allowance has provided some relief on an incremental, temporary basis, we believe that Congress must act to correct this situation permanently. For this reason, we ask for your support of H.R. 846 introduced by Representative Joe Wilson and S. 339 introduced by Senator Bill Nelson, which would eliminate the SBP/DIC offset.

Recommended Actions: *MOPH urges Congress pass H.R. 846 and S. 339.*

Honoring Purple Heart Recipients

While MOPH understands that the following issues are not under your jurisdiction, we ask that each Member of both Committees support these bills which are deeply important to the MOPH membership.

H.R. 544, **the *Private Corrado Piccoli Purple Heart Preservation Act***, introduced by Representative Paul Cook, would make it illegal to buy and sell military-issued Purple Hearts. It is already illegal to buy and sell our Nation's highest award, the Medal of Honor. This bill would grant similar protection under the law to our Nation's symbol of military sacrifice, the Purple Heart.

For servicemembers who pay the ultimate sacrifice, the Purple Heart is often the last tangible item their family receives in their memory. In cases where Purple

Hearts are lost or stolen, we believe every effort should be made to return those medals to their rightful owners.

Unfortunately, it has come to our attention that certain military memorabilia dealers are selling military-issued Purple Hearts on the secondary market at exorbitant prices, making it harder to reunite veterans and families with lost or stolen medals. Due to the morbid curiosity of some collectors, medals engraved with the names of those killed in action command the highest prices.

The Purple Heart Preservation Act would put an end to this objectionable practice by making it illegal to buy and sell military-issued Purple Hearts. This would prevent merchants from profiteering off the sale of those medals, eliminating the market and making it easier to return them to their rightful owners. This bill would not prevent the sale of replacement or duplicate medals through authorized sellers.

The National Purple Heart Hall of Honor Commemorative Coin Act, sponsored by Representative Sean Patrick Maloney, would honor all Purple Hear recipients, while also providing needed funding to the National Purple Heart Hall of Honor. The mission of the Hall is to preserve the stories of Purple Heart recipients of all eras, serving as a public tribute to their extraordinary service.

Since the Commemorative Coin Program began in 1892, Congress has used them to commemorate scores of notable people, events, and causes. Still, no commemorative coin has ever been authorized to honor Purple Heart recipients. MOPH strongly believes that the minting of a National Purple Heart Hall of Honor coin would represent a fitting tribute to them, not only by providing budget-neutral funding to an institution that preserves their memory, but also by creating a tangible item that will serve to remind the general public of their sacrifice to our nation.

Finally, MOPH asks that Congress designate August 7, 2017 as National Purple Heart Day. August 7th is significant to Purple Heart recipients as the day when General George Washington first established the Badge of Military Merit at Newburgh, New York in 1782 to recognize enlisted soldiers under his command. The Badge of Military Merit fell into disuse following the American Revolution, but was later reconstituted in 1932 as the Purple Heart, an award to be presented to servicemembers who were wounded or killed in combat against the enemy.

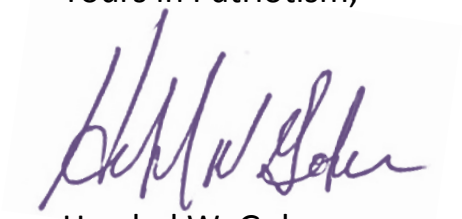
Throughout the many wars and conflicts that our Nation has fought since then, approximately 1.8 million Purple Hearts have been awarded.

While many states officially recognize August 7 each year as Purple Heart Day, Congress has not acted to do so in many years. MOPH believes that Congressional recognition of a National Purple Heart Day would be most appropriate, serving as a fitting tribute to all those who have been killed or wounded in combat against our Nation's enemies, granting the American public an opportunity to properly recognize their extraordinary military sacrifices.

Recommended Actions: *MOPH urges both the House and the Senate to pass H.R. 544, the Private Corrado Piccoli Purple Heart Preservation Act; The National Purple Heart Hall of Honor Commemorative Coin Act; and a Concurrent Resolution designating August 7, 2017 as National Purple Heart Day.*

Chairmen Isakson and Roe, Ranking Members Tester and Walz, this concludes my statement. ***On behalf of the Order***, I thank you for the opportunity to testify today, and I look forward to any questions you or other Members of the Committee may have.

Yours in Patriotism,



Hershel W. Gober
National Commander

Disclosure of Federal Grants and Contracts:

The Military Order of the Purple Heart (MILITARY ORDER OF THE PURPLE HEART) does not currently receive, nor has MILITARY ORDER OF THE PURPLE HEART 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 Officer Program.

Hershel W. Gober

National Commander

Hershel W. Gober is the National Commander of the Military Order of the Purple Heart, elected in 2016 at the 84th National Convention in Norfolk, VA. He is the past Legislative Director of the Military Order of the Purple Heart, 2002-2016.

Commander Gober served in the U.S. Marine Corps from 1956 to 1959 as an enlisted man. He then reenlisted in the U.S. Army in 1961. After completing Officer Candidate School, he continued to serve as an officer, retiring in 1978 as a Major. He served two tours in Vietnam and was wounded on March 11, 1969 while commanding Co. C, 5th Bn., 60th Infantry Regiment, 9th Infantry Division.

Following retirement from the military, Hershel served as Director of Northwest Alaska Pipeline from 1978-1983; JROTC Senior Instructor from 1983-1985; Arkansas Department Adjutant of The American Legion from 1985-1988; Arkansas Director of Veterans Affairs from 1988-1993; and was Deputy and Acting Secretary of the U.S. Department of Veterans Affairs from 1993-2001 in the Clinton Administration.