

Statement of

Kathleen B. Moakler
Director, Government Relations

THE NATIONAL MILITARY FAMILY ASSOCIATION

Before the

SUBCOMMITTEE ON MILITARY PERSONNEL

of the

HOUSE ARMED SERVICES COMMITTEE

February 7, 2008

Not for Publication
Until Released by
The Committee

The National Military Family Association (NMFA) is the only national organization whose sole focus is the military family. The Association's goal is to influence the development and implementation of policies that will improve the lives of those family members. Its mission is to serve the families of the seven uniformed services through education, information, and advocacy.

Founded in 1969 as the National Military Wives Association, NMFA is a non-profit 501(c)(3) primarily volunteer organization. NMFA represents the interests of family members and survivors of active duty, reserve component, and retired personnel of the seven uniformed services: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service and the National Oceanic and Atmospheric Administration.

NMFA Representatives in military communities worldwide provide a direct link between military families and NMFA staff in the nation's capital. Representatives are the "eyes and ears" of NMFA, bringing shared local concerns to national attention.

NMFA does not have or receive federal grants or contracts.

NMFA's website is: <http://www.nmfa.org>.

Kathleen B. Moakler, Director, Government Relations

Mrs. Moakler has been associated with the National Military Family Association since 1995 as a member of the headquarters staff. Mrs. Moakler was appointed as Director of Government Relations in October 2007. In that position, she monitors the range of issues relevant to the quality of life of the families of the seven uniformed services and coordinates a staff of 4 deputy directors. Mrs. Moakler represents the interests of military families on a variety of advisory panels and working groups, including the American Red Cross "Get to Know Us Before You Need Us" working group, the DoD/VA Survivors Forum, and the State Department Interagency Roundtable. Mrs. Moakler is co-chair of the Survivors Committee and the Awards Committee for the Military Coalition (TMC), a consortium of 35 military and veteran organizations and serves on the Retiree Committee.

An Army spouse of over 28 years, Mrs. Moakler has served in various volunteer leadership positions in civilian and military community organizations in that time. Through the years, Mrs. Moakler has worked with various military community programs including hospital consumer boards, commanders' advisory boards, family readiness groups, church councils, youth programs, and the Army Family Action Plan at all levels. She believes that communication is paramount in the efficient delivery of services and the fostering of a rich community life for military families. She holds a Bachelor of Science degree in Business Administration from the State University of New York at Albany. Mrs. Moakler has been awarded the Army Commanders Award for Public Service and the President's Volunteer Service Award.

In addition to her work at NMFA, Mrs. Moakler participates as a co-director of the Contemporary Choir at the Chapel at Fort Belvoir, Virginia. She is also a military mom. Her daughter is an Army nurse who has served two tours in Baghdad and one son is an Army major stationed at Ft. Belvoir, Virginia. Her oldest son is an aspiring actor in Hollywood, California. Mrs. Moakler and her husband, retired Colonel Martin W. Moakler Jr. USA, reside in Alexandria, Virginia.

Madame Chairman and Distinguished Members of this Subcommittee, the National Military Family Association (NMFA) would like to thank you for the opportunity to present testimony today on the quality of life of military families. Once again, we thank you for your focus on the many elements of the quality of life package for service members and their families: access to quality health care, robust military pay and benefits, support for families dealing with deployment, special care for the families of the wounded, and of those who have made the greatest sacrifice.

NMFA endorses the recommendations contained in the statement submitted by The Military Coalition. In this statement, NMFA will expand on several issues of importance to military families:

- I. Family Readiness
- II. Family Health
- III. Families and Deployment
- IV. Wounded Families
- V. Families in Transition
- VI. Pay and Compensation
- VII. Families and Community

Family Readiness

Today's military families are required to be in a constant state of readiness. They are preparing for deployment, experiencing a deployment, or recovering from a deployment until it is time to prepare for another one. Family readiness calls for coordinated programs and the information delivery system necessary to create a strong foundation of family preparedness for the ongoing and unique challenges of military family life.

NMFA is most grateful for the provisions included in the National Defense Authorization Act (NDAA) for Fiscal Year 2008. This Subcommittee listened to the family concerns presented in our testimony last year and provided legislative changes that will greatly benefit military families. NMFA maintains the Department of Defense (DoD) and the Services provide many great programs to support military families during all stages of deployment. It is imperative, as the conference language emphasizes, "support is continuously available to military families in peacetime and war, as well as during periods of force structure change and relocation of military units." NMFA appreciates the emphasis on a consistent support structure for both active duty and reserve component, and the recommended inclusion of family support programs in the planning and budgeting process.

We are especially interested in the Congressional mandate for DoD to measure the effectiveness and performance of these support programs. Developing standardized metrics and ensuring all programs are properly evaluated against those metrics will ensure only the most effective and necessary programs continue to receive funding while indicating any shortfalls in coverage where new or

expanded programs may be required. We look forward to participating in the surveys and reading the outcome of the required reports.

The establishment of a DoD Military Family Readiness Council will elevate the importance of family readiness and the programs that support family readiness. We hope to work closely with the Council and to participate wherever possible in the formulation of its recommendations.

Since the beginning of the Global War on Terror, family programs have made great progress. Outreach to families is constantly evolving. We continue to hear from more and more families who access Military OneSource for information and counseling sessions. NMFA regards Military OneSource (www.militaryonesource.com), DoD's version of an employee assistance program, as a solid resource for service members, military families and their extended family members, regardless of Service affiliation or geographical location.

The DoD web portal www.militaryhomefront.dod.mil and the Service websites continue to adapt to the changing needs of families. The Army, including the Army Reserve, has been promoting virtual family readiness groups as one way for the geographically dispersed units to come together for support and information. The DoD Office of Family Policy is reaching out to service providers with their traveling Joint Family Assistance Workshop highlighting DoD resources. They also train service providers – relocation managers, financial counselors, state family assistance coordinators and others – on the most effective use of resources, cross training them to be information and referral specialists.

While we often think of family readiness in terms of military readiness, recent natural disasters have placed military families in the position of literally running for their lives. We are all familiar with the devastation families impacted by Hurricane Katrina. The wildfires in California this year found many military installations in its path. It was encouraging to observe how the Navy and Marines used the lessons learned in Katrina to alert families to the fire danger and to establish safe locations for military families, with one-stop aid centers to help them. Quick coordination of services was apparent and lessened the blow to the military families who found themselves displaced because of the fires. Military families, like all American families, should be ready for emergencies. Installation and command programs that foster emergency preparedness are another way to foster family readiness.

Child Care

The Services—and families—continue to tell NMFA more child care spaces are needed to fill the ever growing demand. We hear good news stories like this from Fort Irwin, California.

In recent months the CDC (Child Development Center) has extended hourly care on a trial basis to see if longer hours would be sufficiently used to warrant the changes. This resulted from requests from families for longer hourly care hours which typically were only available from 0900-1400.

Longer free respite hours are now available for all deployed families and limited respite hours are available for Rear Detachment families.

But, we also hear other stories from families:

We continue to struggle with the child care programs that were created to assist Guard and Reserve specifically. Long wait lists, denial of services because providers do not have the credentialing/license specified by the DoD and NACCRRRA (National Association of Child Care Resource and Referral Agencies) program. It is unfortunate that I will not even recommend the Operation Child Care benefit to my families any longer because they have actually been told that Air Force/ANG/AFR families do not qualify to use the program. The program/programs have so much red tape that what started out to be a positive resource has become a negative because people cannot utilize the programs when needed. Families who have been denied services or hit a brick wall when pursuing the program feel angry, let down and disappointed. This really hampers morale so why bother to add stress to an already stressful situation for them.

NMFA is very grateful for the additional Child Care Centers (CDC) Congress included in the Military Construction Appropriations Act for Fiscal Year 2008. However, the new Centers and funding will only provide 10 percent of the full time slots currently needed. There is still a shortfall of 31,500 spaces. These figures do not include drop-in and respite care shortages, which exist throughout the force. Multiple deployments have diminished the number of child care providers, both Center and home-based because Child and Youth Service (CYS) programs have historically counted heavily on the ranks of military spouses to fill these positions. Service CYS programs report a growing shortage of spouses willing to provide child care as the stress of single parenting and the worry over the deployed service member takes its toll. The partnerships between the Services and the National Association of Child Care Resource and Referral Agencies (NACCRRRA) are helping and have grown over the past two years; however, not all families qualify for the subsidies and not all programs are the same. To its credit, DoD is trying to provide an equal benefit across the board to its families. DoD CDCs are nationally accredited. In order to qualify for the NACCRRRA program, participating CDCs must be nationally accredited. This is an expensive and complex procedure. Perhaps, an incentive could be provided to participating CDCs to receive their accreditation. Not only would military children benefit, but all children using the Center would benefit as well.

As always, getting the word out to families that such programs exist is challenging. Military OneSource must do a better job of putting the NACCRRRA programs at the top of their list when referring families to CDCs within their neighborhood. Too often, a family will call OneSource and receive the closest child care option to their home address, NOT the program that is currently working with the military and providing subsidies.

Innovative strategies are also needed when addressing the unavailability of after-hour child care (before 6 A.M. and after 6 P.M.) and respite care. The Army, as part of the funding attached to its Army Family Covenant is rolling out more spaces for respite care for families of deployed soldiers. Respite care is needed across the board for the families of the deployed and for special needs families. Families often find it difficult to obtain affordable, quality care especially during hard-to-fill hours and on weekends. Both the Navy and the Air Force have piloted excellent programs that provide 24/7 care. The Navy has Centers in Norfolk and Hawaii, which provide a home-like atmosphere for children of Sailors working late nights or varying shifts. The Air Force provides Extended Duty Child Care and Missile Care (24-hour access to child care for service members working in the missile field). These innovative programs must be expanded to provide care to more families at the same high standard as the Services' traditional child development programs.

NMFA urges Congress to ensure resources are available to meet the child care needs of military families to include hourly, drop-in and increased respite care for families of deployed service members and families with special needs members.

Working with Youth

Older children and teens must not be overlooked. School personnel need to be educated on issues affecting military students and be sensitive to their needs. To achieve this goal, schools need tools. Parents need tools too. Military parents constantly seek more resources to assist their children in coping with military life, especially the challenges and stress of frequent deployments. Parents tell NMFA repeatedly they want resources to "help them help their children." Support for parents in their efforts to help children of all ages is increasing but continues to be fragmented. New federal, public-private initiatives, increased awareness, and support by DoD and civilian schools educating military children have been developed; however, many military parents are either not aware such programs exist or find the programs do not always meet their needs.

NMFA is working to meet this pressing need through its *Operation Purple*® summer camps. Unique in its ability to reach out and gather military children of different age groups (7-18), Services, and components, *Operation Purple* provides a safe and fun environment in which military children feel immediately supported and understood. Last year, 4,000 campers, primarily the children of deployed service members, were able to attend camp. Our ultimate goal for 2008, with the support of private donors, is to send 10,000 military children to camp. Additionally, NMFA hopes to expand the camp experience to more children of the wounded and bereaved, and a program addressing the family as a unit.

NMFA appreciates the provisions in the FY 2008 NDAA instructing DoD to report on the effects of deployment of children of all ages. Through its *Operation Purple* camps (OPC), NMFA has begun to identify the cumulative effects multiple deployments are having on the emotional growth and well being of military children and the challenges posed to the relationship between deployed parent and child in

this very stressful environment. Understanding a need for qualitative analysis of this information, NMFA contracted with the RAND corporation to conduct a pilot study aimed at the current functioning and wellness of military children attending *Operation Purple* camps and assessing the potential benefits of the OPC program in this environment of multiple and extended deployments. The results of this pilot study will be available later this spring. NMFA also plans an additional longitudinal study over the next several years.

Education of Military Children

As increased numbers of military families move into new communities due to Global Rebasing and BRAC, their housing needs are being met further and further away from the installation. Thus, military children may be attending school in districts whose familiarity with the military lifestyle may be limited. Educating large numbers of military children will put an added burden on schools already hard-pressed to meet the needs of their current populations. Impact Aid has traditionally helped to ease this burden; however, the program remains under-funded. NMFA remains appreciative of the additional funding you provide to civilian school districts educating large numbers of military children. However, NMFA was disappointed to learn the DoD supplement to Impact Aid was once again funded at only \$30 million dollars for FY 2008 for school districts with more than 20 percent military enrollment and only \$10 million was provided to school districts experiencing significant shifts in military dependent attendance due to force structure changes, with another \$5 million for districts educating severely-disabled military children.

While the total funding available to support civilian schools educating military children is greater than in recent years, we urge Congress to further increase funding for schools educating large numbers of military children. This supplement to Impact Aid is vital to school districts that have shouldered the burden of ensuring military children receive a quality education despite the stresses of military life. NMFA also encourages this Subcommittee to make the additional funding for school districts experiencing growth available to all school districts experiencing significant enrollment increases and not just to those districts meeting the current 20 percent enrollment threshold. We also urge you to authorize an increase in the level of this funding until BRAC and Global Rebasing moves are completed. The arrival of several hundred military students can be financially devastating to any school district, regardless of how many of those students the district already serves. Because military families cannot time their moves, they must find available housing wherever they can. Why restrict DoD funding to local school districts trying to meet the needs of military children simply because they did not have a large military child enrollment to begin with?

NMFA congratulates the DoD Office of Personnel and Readiness and the Council of State Governments (CSG) for drafting the new Interstate Compact on Educational Opportunity for Military Children. This compact is intended to bring states together to allow for the uniform treatment, at the state and local district level, of military children transferring between school districts and states. Since July 2006, CSG has worked with a variety of federal, state and local officials as well as national stakeholder organizations representing education groups and military

families to create the new interstate compact. NMFA was pleased to participate on both the Advisory Group and Drafting Team for the compact. Currently, many states are considering joining the compact, and legislatures in several have already filed bills to allow their states to participate. NMFA is very excited to see this important state legislation going forward.

NMFA asks Congress to increase the DoD supplement to Impact Aid to \$50 million to help districts better meet the additional demands caused by large numbers of military children, deployment-related issues, and the effects of military programs and policies. We also ask Congress to allow all school districts experiencing a significant growth in their military student population due to BRAC, Global Rebasing, or installation housing changes to be eligible for the additional funding currently available only to districts with an enrollment of at least 20 percent military children.

Spouse Education

Since 2004, NMFA has been fortunate to sponsor our Joanne Holbrook Patton Military Spouse Scholarship Program, with the generosity of donors who wish to help military families. In 2007, NMFA published *Education and the Military Spouse: The Long Road to Success*, based on spouse scholarship applicant survey responses, identifying education issues and barriers specific to military spouses. The entire report may be found at www.nmfa.org/education.

The survey found military spouses, like their service members and the military as a whole, value education and set education goals for themselves. Yet, military spouses often feel their options are limited. Deployments, the shortage of affordable and quality child care, frequent moves, the lack of educational benefits and tuition assistance for tuition are discouraging.

For military spouses, the total cost of obtaining a degree can be significantly higher than the cost for civilian students. The unique circumstances that accompany the military lifestyle have significant negative impacts upon a spouse's ability to remain continuously enrolled in an educational program. Military spouses often take longer than the expected time to complete their degrees. More than one-third of those surveyed have been working toward their goal for five years or more.

The report offers recommendations for solutions that Congress could provide. Some, like the recently announced partnership between the Department of Labor (DoL) and DoD to designate military spouses as an eligible group for DoL training and education funds have been implemented. Others include:

- Ensuring installation education centers have the funding necessary to support spouse education programs and initiatives,
- Providing additional child care funding to support child care needs of military spouse-scholars,
- Providing additional funding for education benefits under the "Spouses to Teachers" program,

- Helping to defray additional costs incurred by military spouses who ultimately spend more than civilian counterparts to obtain a degree. Some possibilities include:
 - Removing housing allowances from FAFSA calculations to allow more spouses to qualify for need-based financial aid programs,
 - Providing tuition assistance to spouses,
 - Providing an additional education tax credit to military spouses.

Also in the spouse suggestions was expanded eligibility for the transfer of Montgomery G.I. Bill education benefits. NMFA wishes to thank President George W. Bush for his recognition of the importance of educational opportunities to military spouses in his recent State of the Union address. NMFA hears often from military spouses who wish they had access to the unused Montgomery G.I. Bill education benefits of their service member. They feel this would greatly assist them in the pursuit of educational and career objectives. Expanding the existing G.I. Bill transferability pilot has been a top issue for the Army-wide Army Family Action Plan delegates for several years. NMFA believes that expanding the Montgomery G.I. Bill benefit to eligible dependents would go a long way in making education more affordable for them.

We have concerns, however, on how to ensure an equitable disbursement of this benefit and how the expansion of this program will be funded. We feel the sooner in a service member's career that spouses could avail themselves of this benefit, the greater the positive impact would be on the spouse's education. Although these benefits are currently available through some Services, we believe that all military spouses of eligible service members should be eligible. In addition, we would hope transference of G.I. benefits would not preclude the service member from receiving re-enlistment or other incentive bonuses. It is difficult for families to make the choice between the short-term benefit of bonuses and the long-term effect of additional education of the spouse on the family. NMFA realizes that extending educational benefits to military children may have unintended effects on future recruitment of those same military children. It is a complex issue and we welcome a full discussion of any legislation that may be proposed with Congress and the Services.

Spouse Employment, Unemployment

NMFA applauds the DoD, and DoL, and the Department of Veteran Affairs (VA) for the new Military Spouse Career Advancement Initiative, which creates a more accessible education system for military spouses along with targeting careers in high-growth sectors. The Military Spouse Career Advancement Initiative will provide more than \$35 million to military spouses in eight states on 18 military installations, and set up accounts for eligible spouses in those states to cover expenses directly related to post-secondary education and training. NMFA believes this is an important first step to helping spouses advance their careers, but we would like to see this pilot program expanded. NMFA supports H.R. 2682 which expands the Workforce Opportunity Tax Credit for employers who hire spouses of active duty and Reserve component service members, and to provide tax credits to

military spouses to offset the expense in obtaining career licenses and certifications when service members are relocated to a new duty station within a different state.

Expanding spouse hiring preference beyond the DoD to the entire Federal government is another avenue to enhancing employment opportunities and career development for military spouses.

Financial Readiness

Financial readiness is a critical component of family readiness. NMFA completely supports the Military Lending Act (MLA) and is following its implementation and enforcement closely. This legislation was desperately needed to protect service members and their families from unscrupulous business practices. Last year we expressed our concern that many lenders would attempt to exploit loopholes in the narrow definitions contained in the regulation to circumvent the intent of this important legislation. Unfortunately, our fears have been realized. Covered products are so narrowly defined, lenders have changed their product to fit the regulations. Payday loans have become revolving credit loans addressed in the MLA. The Refund Anticipation Loans (RALs) regulated in the MLA that were addressed were re-packaged as well by tax preparation companies. Although they meet the letter of the law, the new products use a debit card as a vehicle for the loan. One debit card has an expiration date of August. If the taxpayer fails to spend the entire refund by the expiration date a fee is charged to get the remainder of the tax refund back. Installment loans, rent to own, and credit cards are still not addressed.

While we fully recognize expanding this regulation could impede the ability of some service members and their families to obtain short-term loans, we believe this risk is justified given the negative impact of the use of predatory loans. Military banks and credit unions have worked diligently to develop excellent alternatives to payday loans. Small dollar, short-term loan products are available to service members through reputable lenders and should be marketed to pull families away from predatory lenders. We look forward to the Congressionally-mandated DoD report on the MLA due in April 2008. We also believe better education about other available resources and improved financial education for both the service member and spouse will also reduce the risk. NMFA contends that legitimate lenders have no need to fear an interest rate cap of 36 percent. We encourage DoD to continue to make military families aware of the need to improve their money management skills and avoid high cost credit cards and other lenders. DoD must continue to monitor high cost, low value financial products targeted at military families.

NMFA asserts that the protections provided under the Military Lending Act must be strengthened to eliminate loopholes that will diminish the protection for service members and their families. We urge Congress to monitor DoD's implementation of the legislative provision to ensure full protections are made available to military families.

Family readiness is directly linked to service member readiness. NMFA asks Congress to direct DoD to maintain robust family readiness programs

addressing child care, youth services, education of military children, spouse employment and education, and financial literacy and to see that resources are in place to accomplish this goal.

Family Health

Family readiness calls for access to quality health care and mental health services. Families need to know the various elements of their military health system are coordinated and working as a synergistic system. NMFA is concerned the DoD military health care system may not have all the resources it needs to meet both the military medical readiness mission and provide access to health care for all beneficiaries. It must be funded sufficiently, so the direct care system of military treatment facilities (MTF) and the purchased care segment of civilian providers can work in tandem to meet the responsibilities given under the TRICARE contracts, meet readiness needs, and ensure access for all military beneficiaries.

The Military Health Care System

Officials of the DoD often speak of “the Military Health System”, the MHS. There are annual MHS conferences, a Military Health System website (www.tricare.mil), and a MHS Strategic Plan. The current round of TRICARE contracts require coordination of many health care activities in markets with multiple MTFs and Memoranda of Understanding to govern the relationships between TRICARE contractors and individual MTFs. Battlefield medicine has never been more joint and is supported by the coordination of many elements. While NMFA believes DoD has made some progress in living up to the rhetoric regarding a military health “system”, we still see too many separations between and within Services. We agree with the statement of the Task Force on the Future of Military Health Care that there is a “lack of integration (within the MHS, which) diffuses accountability for fiscal management, result (ing) in misalignment of incentives, and limits the potential for continuous improvement in the quality of care delivered to beneficiaries.” NMFA feels there have been many missed opportunities resulting in inefficiencies, higher costs, and decreased beneficiary satisfaction. For example,

- In a market served by several military hospitals and clinics, one MTF decides to limit the items carried in its pharmacy. While this decision saves money for this particular MTF, it shifts pharmacy costs to other local MTFs or to DoD as a whole when beneficiaries opt to obtain their medications in the more expensive retail pharmacies.
- In another market with several MTFs, local commanders work together to share providers in order to keep care within the MTF direct care side of the system and avoid the costs of moving more patients to the more expensive purchased care side. This arrangement, while successful, depends on the individuals involved and could change when commanders are replaced.
- In Alaska, several factors are in play: different Services, geographical boundaries, and a lack of a robust civilian network specialty care. Currently, the solution is to fly the service member, family member(s), or retiree to the nearest MTF – Madigan Army Medical Center in Washington State rather than finding care close to home.

NMFA thanks this Subcommittee for supporting continued funding to provide for a robust military health care system. This system must continue to meet the needs of service members and the DoD in times of armed conflict. It must also acknowledge that military members and their families are indeed a unique population with unique duties, who earn an entitlement to a unique health care program.

The proposals by DoD and the Task Force on the Future of Military Health Care to raise TRICARE fees by exorbitant amounts have resonated throughout the beneficiary population. Beneficiaries see these proposals as a concentrated effort by DoD to change their earned entitlement to health care into an insurance plan. NMFA appreciates the concern shown by Members of Congress since the release of DoD's proposals regarding the need for more information about the budget assumptions used to create the proposals, the effects of possible increases on beneficiary behavior, the need for DoD to implement greater efficiencies in the Defense Health Care Program (DHP), and the adequacy of the DHP budget as proposed by DoD. We appreciate the many questions Members of Congress are asking about these proposals and urge Congress to continue its oversight responsibilities on these issues.

TRICARE

In the ongoing debate about whether or not to raise TRICARE beneficiary fees, NMFA believes it is important for everyone participating in that debate to understand the difference between TRICARE Prime and TRICARE Standard and to distinguish between creating a TRICARE Standard enrollment fee and raising the Standard deductible amount. TRICARE Prime has an enrollment fee for military retirees; however, it offers enhancements to the health care benefit. These enhancements include: lower out-of-pocket costs, access to care within prescribed standards, additional preventive care, assistance in finding providers, and the management of one's health care. In other words, enrollment fees for Prime are not to access the earned entitlement, but for additional services. These fees, which have not changed since the start of TRICARE, are \$230 per year for an individual and \$460 per year for a family.

	Prime	Standard
Enrollment fees	\$230/year for an individual; \$460/year for a family	None
Annual Deductibles	None	\$150/individual; \$300 for a family
Outpatient co-payment (Prime)/cost share (Standard) for individual providers	\$12	25% of allowed charges ^{1,2}
Inpatient co-payment/cost share for individual providers	None	25% of allowed charges ^{1,2}

Daily inpatient hospitalization charge	Greater of \$11 per day or \$25 per admission	Lesser of \$535/day or 25% of billed charges if treated in non-network hospital ³
Emergency Services co-payment/cost share	\$30	25% of allowed charges
Ambulance Services co-payment/cost share	\$20	25% of allowed charges
Preventive Examinations (such as: blood pressure tests, breast exams, mammograms, pelvic exams, PAP smears, school physicals) co-payments/cost shares	None	25% cost share ^{1,2}

¹ Providers may charge 15% above the TRICARE allowable and the beneficiary is responsible for this additional cost, making the potential cost share 40%.

² If care is accessed from a TRICARE Prime/Extra network provider the cost share is 20%.

³ If care is received in a TRICARE Prime/Extra network hospital, the daily hospitalization rate is the lesser of \$250/day or 25% of negotiated charges. (For a more detailed comparison of TRICARE costs, go to: <http://www.tricare.mil/tricarecost.cfm>)

TRICARE Prime

DoD's proposal to increase TRICARE Prime enrollment fees, while completely out-of-line dollar wise, was not unexpected. While Congress temporarily forestalled increases over the past two years, NMFA believes DoD officials continue to support large increased retiree enrollment fees for TRICARE Prime, combined with a tiered system of enrollment fees and TRICARE Standard deductibles. The Task Force on the Future of the Military Health Care report, recently recommended the same. NMFA believes DoD's tiered system based on rank was arbitrarily devised and failed to acknowledge the needs of the most vulnerable beneficiaries: survivors, wounded service members, and their families. NMFA does consider the Task Force's tiered system to be more palatable since it is based on retiree pay rather than rank.

NMFA acknowledges the annual Prime enrollment fee has not increased in more than 10 years and that it may be reasonable to have a mechanism to increase fees. With this in mind, NMFA has presented an alternative to DoD's proposal should Congress deem some cost increase necessary. The most important feature of our proposal is that any fee increase be no greater than the percentage increase in the retiree cost of living adjustment (COLA). If DoD thought \$230/\$460 was a fair fee for all in 1995, then it would appear that raising the fees simply by the percentage increase in retiree pay is also fair. NMFA also suggests it would be reasonable to adjust the TRICARE Standard deductibles by tying increases to the percent of the retiree annual COLA.

TRICARE Standard

NMFA remains especially concerned about what seems to be the intent of DoD and the Task Force on the Future of Military Health Care to create a TRICARE Standard enrollment fee. TRICARE Standard, as the successor to CHAMPUS, is an extension of the earned entitlement to health care. Charging a premium (enrollment fee) for TRICARE Standard moves the benefit from an earned entitlement to an opportunity to buy into an insurance plan. We are pleased the Task Force did not recommend an enrollment fee for active duty family members. We note, however, Standard is the only option for many retirees, their families, and survivors because TRICARE Prime is not offered everywhere. Also, using the Standard option does not guarantee beneficiaries access to health care, which beneficiaries opting to use Standard rather than Prime understand. DoD or the Task Force has not linked any guarantee of access to a Standard enrollment fee.

We also ask what additional services beneficiaries who enroll in Standard will receive after paying the enrollment fee. Or, will they only be paying for the “privilege” of having to seek their own providers, often filing their own claims, meeting a deductible, paying a 20 to 25 percent cost share for their care (plus an additional 15 percent if the provider does not participate in the claim), and being liable for a daily hospitalization charge of up to \$535? And, because they recognize the cost liabilities of being in Standard, we know most will continue to bear the cost of a TRICARE supplemental insurance policy.

NMFA opposes DoD’s proposal to institute a TRICARE Standard enrollment fee and believes Congress should reject this proposal because it changes beneficiaries’ entitlement to health care under TRICARE Standard to just another insurance plan. However, we would be remiss if we did not ask the many questions beneficiaries have about how a Standard enrollment fee would be implemented and its implications regarding access to care:

1. How much will it cost to implement the enrollment fee, including the education efforts, additional tasks imposed on the TRICARE contractors, and the inevitable cost of handling appeals from beneficiaries whose claims were denied because they did not know they had lost their benefit?
2. What type of open enrollment season will be needed to provide retirees with the opportunity to coordinate coverage between TRICARE and their employer-sponsored insurance?
3. Will retirees who do not enroll in Prime and do not pay a premium (enrollment fee) for Standard be refused space available care in military treatment facilities (MTFs), including their emergency rooms?
4. Will these same retirees be refused pharmaceutical services at MTFs or be unable to use TRICARE retail network pharmacies and the TRICARE mail order pharmacy?
5. Will retirees who only use Standard as a wrap-around to their employer-provided health care insurance pay the same premium (enrollment fee) as those who will use Standard as their primary coverage?

NMFA is most appreciative of efforts by Congress to force DoD to improve TRICARE Standard. Congressionally-mandated surveys of providers have pointed

out some issues related to providers' reluctance to treat TRICARE patients, including the perennial complaints of complicated paperwork and low reimbursement rates. We appreciate Congress' requirement of DoD to report on patient satisfaction.

Pharmacy

It has been theorized there is a relationship between medication co-payments and the use of generics by beneficiaries: as the difference in co-payment widens between two groups (generics and preferred-brand named medication to non-preferred brand named drugs), beneficiaries will choose the lower costing medications. In fact, the Task Force used this assumption when designing their pharmacy tier and co-payment structure. However, some studies have shown a high co-payment does not necessarily drive beneficiaries to choose lower costing medications. One study found participants did not switch to the lower cost generics, finding there was a decrease in overall medication purchases by consumers. This decrease in drug utilization meant consumers were no longer adhering to or complying with their medication regime, which could lead to increased Emergency Room visits and in-patient hospital stays. It is believed the unexpected outcome resulted from the lack of education by the insurer to the beneficiaries. Results may have been different if they had been told the reason behind the large increases and provided information on ways to lower their drug costs through the purchase of generics and preferred-brand named drugs. As we all know, DoD infrequently contacts its beneficiaries, even though military associations have asked for years for this to be done. NMFA cautions DoD about generalizing findings of certain beneficiary behaviors and automatically applying them to our Nation's unique military population. NMFA encourages Congress to require DoD to utilize peer-reviewed research involving beneficiaries and prescription drug benefit options, along with performing additional research involving military beneficiaries, before making any recommendations on prescription drug benefit changes such as co-payment and tier structure changes for military service members, retirees, their families and survivors.

NMFA appreciates the inclusion of federal pricing for the TRICARE retail pharmacies in the FY 2008 NDAA. However, we will need to examine its effect on the cost of medications for both beneficiaries and DoD. Also, we will need to see how this may potentially impact the overall negotiation of future drug prices by Medicare and civilian private insurance programs.

NMFA appreciates the establishment of the Beneficiary Advisory Panel (BAP), which gave beneficiaries a voice in DoD process to move medications to the Uniform Formulary's third tier. The BAP has played an important role, but, at times it has been limited in its ability to be effective. NMFA requests Congress require the BAP play a more substantial role in the formulary-setting process, have access to drug cost data on medications being considered, have BAP comments directly incorporated in the decision-making process, and require formal feedback by DoD addressing why recommendations by the BAP were not taken into consideration.

TRICARE for Life Enrollment Fees

NMFA applauds the Congressional creation of TRICARE for Life. The reasons behind the creation of this benefit was to right an injustice. We should not let this get lost when the Task Force's recommendation, to include an enrollment fee for retired service members over 65, is discussed by DoD. NMFA strongly believes an enrollment fee for TFL is not appropriate for many reasons. The fee will create additional financial burdens on a population who has limited income and is currently paying for Medicare Part B at \$94 a month. The current system does not really encourage wellness and prevention. It is important to maintain continuity of care and access to prevention programs for Medicare eligible retirees because it will stabilize this group known for its co-morbidities and lead to more cost-effective care for both Medicare and TRICARE. Also, being part of TRICARE allows beneficiaries to access medications through MTFs and TMOP, which creates a lower individual out-of-pocket burden and provides significant costs savings for DoD and ultimately Medicare, making the beneficiary a good steward of our tax dollars. Certainly, a victory for everyone involved.

TRICARE Reimbursement

NMFA has been encouraged by the TRICARE contractors' efforts to speed payments, especially to providers who choose to file claims electronically. TRICARE is no longer the slowest payer, but it remains the lowest payer. TRICARE rates are tied to Medicare rates, which often mean providers are reluctant to accept too many TRICARE beneficiaries. The passage of the Medicare, Medicaid, and SCHIP Extension Act of 2007 in December was important to TRICARE beneficiaries because it prevented a scheduled 10.1 percent cut to Medicare physician reimbursement rate for six months and provided a half-percent update in payments. NMFA is concerned that continuing pressure to lower Medicare reimbursement rates will create a hollow benefit for TRICARE beneficiaries. As Congress takes up Medicare legislation this summer, NMFA requests consideration of how this legislation will also impact military families' health care, especially access to mental health services.

NMFA believes tying increases in TRICARE enrollment fees to the percentage increase in the retiree Cost of Living Adjustment (COLA) is a fair way to increase beneficiary cost shares should Congress deem an increase necessary.

NMFA encourages Congress to direct DoD to continue efforts to gain real efficiencies, improve the quality of care, and access before passing additional costs on to beneficiaries.

NMFA believes Congress and DoD must address the reasons why providers do not accept TRICARE Standard. There should be NO enrollment fee for TRICARE Standard and TRICARE for Life (TFL). Further research should be done on the pharmacy benefit's impact on beneficiaries.

Improving Access to Care

MHS funding shortfalls are experienced first-hand by military families enrolled in TRICARE Prime when they find their MTF cannot meet prescribed access standards. No one is more cognizant of the need for superior health care to be provided to service members in harm's way than their families. However, a contract was made with those who enrolled in Prime. Beneficiaries must seek care in the manner prescribed in the Prime agreement, but in return they are given what are supposed to be guaranteed access standards. When an MTF cannot meet those standards, appointments within the civilian TRICARE network must be offered. In many cases, this is not happening and families are told to call back next week or next month. In other cases, MTFs must send enrolled beneficiaries to providers in the civilian network, thus increasing costs to the system as a whole.

Because operational requirements have reduced the number of uniformed health care personnel available to serve in the MTF system, a more coordinated approach is needed to optimize care and enable MTFs to meet access standards. We continue to hear difficulties in the Service contracting process are preventing MTFs from filling open contract provider slots and thus optimizing care within their facilities or increasing the overall numbers of health care providers to help backfill forward deployed health care personnel. NMFA suggests DoD reassess the resource sharing program used prior to the implementation of the T-Nex contracts and take the steps necessary to ensure MTFs meet access standards with high quality health care providers.

MTFs must have the resources and the encouragement to ensure their facilities are optimized to provide high quality, coordinated care for the most beneficiaries possible. They must be held accountable for meeting stated access standards. If funding or personnel resource issues are the reason access standards are not being met, then assistance must be provided to ensure MTFs are able to meet access standards, support the military mission, and continue to provide quality health care.

DoD Must Look for Savings

The Task Force on the Future of Military Health Care, along with the Government Accountability Office, highlighted DoD had no single point of accountability for costs. In fact, the Task Force went as far as to say "DoD cannot provide financial statements that are reliable or that account with a high level of confidence the true and accurate costs of health care in the MHS." Given this information, how can we know what DoD's cost for beneficiary health care really is? We ask Congress to establish better oversight for DoD's accountability in becoming more cost-efficient.

We have two possible recommendations:

- Require the Comptroller General to audit MTFs on a random basis until all have been examined for their ability to provide quality health care in a cost-effective manner;
- Create an oversight committee, similar in nature to the Medicare Payment Advisory Commission, which provides oversight to the

Medicare program and makes annual recommendations to Congress. The Task Force often stated it was unable to address certain issues not within their charter or the timeframe in which they were commissioned to examine the issues. This Commission would have the time to examine every aspect in a nonbiased manner.

According to the Task Force on the Future of Military Health Care, DoD's organizational structure is a large, inflexible, disintegrated system that leads to negative outcomes at the operational level. The Task Force noted fragmentation still exists within the MHS, which is unable to effectively leverage resources to meet common or shared requirements. The Task Force recommended DoD needed greater flexibility and alignment at all levels in order to provide better decision-making based on cost-effectiveness and to plan properly to manage prudently its direct versus purchased health care services. DoD and the Task Force have made recommendations for beneficiaries to pay enrollment fees, higher co-pays and deductibles. NMFA believes DoD must first make the health care side of its house run more efficiently. Large private sector Health Care Organizations have incorporated best business practices and centralized their resources. However, DoD continues to split health care resources between three Services, and within the Services and between the TRICARE contractors. Why should military families have to pay for DoD's inability to gain control of their health care costs through streamlining their organization? One solution would be to move toward a Unified "Joint" Medical Command structure, which was recommended by the Defense Health Board in 2006.

In recent years at the annual TRICARE conferences and other venues, DoD officials have discussed the benefits of disease management, especially for certain chronic illnesses. These benefits flow to the beneficiaries through better management of their conditions and to DoD through patients' decreased need for costly emergency room visits or hospitalizations. However, more needs to be done. NMFA does not support the recommendation of the Task Force on the Future of Military Health Care to carve out one regional TRICARE contractor to provide both the pharmacy and health care benefit. We agree a link between pharmacy and disease management is necessary, but feel this pilot would only further erode DoD's ability to maximize potential savings through TMOP. NMFA was also disappointed to find no mention of disease management or a requirement for coordination between the pharmacy contractor and Managed Care Support Contractors in the Request for Proposals for the new TRICARE pharmacy contract. The ability certainly exists for them to share information bi-directional.

Despite the successes of the TRICARE Next Generation (T-Nex) managed care support contracts, NMFA remains concerned that efforts to optimize the MTFs have not met expectations in terms of increasing or even maintaining access for TRICARE beneficiaries. NMFA believes optimizing the capabilities of the facilities of the direct care system through timely replacement construction, funding allocations, and innovative staffing would allow more beneficiaries to be cared for in the MTFs, which DoD asserts is the least costly venue. The Task Force made recommendations to make DoD MHS more cost-efficient. NMFA supports: the MHS

must be appropriately sized, resourced, and stabilized; and make changes in its business and health care practices.

NMFA is dismayed that DoD has taken only small steps to encourage migration to the TRICARE Mail Order Pharmacy (TMOP). Its marketing effort to promote the use of the TMOP came only after NMFA and other associations raised the issue in Congressional testimony in their push for the implementation of significant cost-saving measures prior to any increase in TRICARE fees. Promoting use of the TMOP makes sense, as it provides significant savings to beneficiaries, as well as huge savings to the Department. The creation of the Members Choice Center by DoD and Express Scripts in August 2007, to provide personal assistance in transferring beneficiaries' prescriptions from TRICARE Retail Pharmacies (TRRx) to TMOP, has provided more than \$800,000 in savings to beneficiaries and \$9.3 million to DoD. Significant savings have also been seen in the Over the Counter (OTC) demonstration project for select Proton Pump Inhibitors. In just six months, roughly 14,000 beneficiaries have participated with huge savings to beneficiaries and DoD. We are confident similar results will be seen with the second OTC demonstration project for select Antihistamine products. NMFA believes it is imperative all of the medications available through TRRx should also be made available through TMOP. Medications treating chronic conditions, such as asthma, diabetes, and hypertension should be made available at the lowest level of co-payment regardless of brand or generic status. We agree with the recommendations of the Task Force on the Future of Military Health Care that OTC drugs be a covered pharmacy benefit and there be a zero co-pay for TMOP Tier 1 medications.

NMFA strongly suggests that DoD look within itself for cost savings before first suggesting that beneficiaries bear the burden! We encourage DoD to investigate further cost saving measures such as: a systemic approach to disease management, a concentrated marketing campaign to increase use of the TRICARE Mail Order Pharmacy, eliminating contract redundancies, holding DoD more accountable, moving towards a Unified Medical Command, and optimizing MTFs.

Support for Families With Special Needs

NMFA is grateful to Congress for expanding health care and other support services to military dependent children with autism in the FY 2008 NDAA. This complicated condition places a burden on many military families. Frequent military moves make it difficult for these children to receive a consistent level of services. Approximately 12 percent of military children have disabilities, of which autism is only one condition affecting military special needs children. While grateful for the increased support targeted at military children with autism, NMFA urges Congress and DoD to ensure a comparable level of support for all military special needs families. Deployment of a service member removes a caregiver from the home, making managing therapy and doctors' appointments, negotiating with school officials for suitable services, and caring for other children in the family difficult for the parent remaining behind.

In the FY 2002 NDAA, Congress authorized the Extended Care Health Option (ECHO) to provide additional benefits to active duty with a qualifying mental or physical disability in recognition of extraordinary challenges faced by active duty families because of the service member's deployment or frequent relocations that often make accessing services in the civilian community difficult. We applaud the Congress and DoD desire to create a robust health care and educational service for special needs children. But, these robust services do not follow them when they retire. NMFA has encouraged the Services to allow these military families the opportunity to have their final duty station be in an area of their choice. This will allow them to move up on waiting lists for local services before retirement. Because not all service members can have such an assignment, NMFA suggests ECHO be extended for one year after retirement for those who were already enrolled in ECHO prior to retirement.

We remain concerned that military service members with special needs family members continue to battle a lack of information or support and are often frustrated by the failure of the military health care and family support systems to work together and with civilian agencies to support their families' needs.

Guard and Reserve Family Health Care

Despite increased training opportunities for families, the problem still persists of educating Guard and Reserve family members about their benefits. New and improved benefits do not always enhance the quality of life of Guard and Reserve families as intended because these families lack the information about how to access these benefits. NMFA is grateful to Congress for its initial efforts to enhance the continuity of care for National Guard and Reserve members and their families by creating TRICARE Reserve Select. We continue to monitor this new program closely, watching both premium increases and beneficiaries access to providers. Because TRICARE Reserve Select is basically the TRICARE Standard benefit, access to providers within certain standards is not guaranteed. Because Guard and Reserve members are paying premiums for this program, however, we believe they will expect DoD to ensure providers are available and willing to treat beneficiaries in this program.

TRICARE Reserve Select is not the complete answer to Guard and Reserve families' health care needs. Information and support are improving for Guard and Reserve families who must transition into TRICARE; however, NMFA believes that going into TRICARE may not be the best option for all of these families. Guard and Reserve service members who have been mobilized should have the same option as their peers who work for the Department of Defense: DoD should pay their civilian health care premiums. The ability to stay with their civilian health care plan is especially important when a Guard or Reserve family member has a special need. We appreciate the provision in the FY 2008 NDAA that provided for a stipend for that purpose but the need is just as great for a family member with a chronic condition, or in the midst of treatment. NMFA also believes that paying a subsidy to a mobilized Guard or Reserve member for their family's coverage under their employer-sponsored insurance plan may also prove to be more cost-effective for

the government than subsidizing 72 percent of the costs of TRICARE Reserve Select for Guard or Reserve members not on active duty.

Emphasis must continue on promoting continuity of care for families of Guard and Reserve service members. NMFA's recommendation to enhance continuity of care for this population is to allow members of the Selected Reserve to choose between buying into TRICARE when not on active duty or receive a DoD subsidy allowing their families to remain with their employer-sponsored care when mobilized.

Families and Deployment

Families are impacted differently in all phases of deployment. They may be preparing for a first deployment. They may be in the first few months, adjusting to life without that all important partner, parent, son or daughter. They may be feeling the strain as month 6, 7 or 8 go by, as the tension of loved one in danger or the strain of keeping things "normal" begin to show. They may be experiencing the anticipation of reunion. But even with reunion there are worries, as we heard from one young man: "Will my dad still like me?" And, with return and reunion, families struggle to re-acquaint themselves with the member who has returned. Will she be the same as before? Did he suffer a TBI? How do we cope with his isolation or changes in personality?

Each deployment is different. The needs of each family are different as well. We hear from families that they are weary. A recent article in *USA Today* highlighted the burn-out of family readiness group leaders and commander's spouses, family members who support other families in the unit, dealing with the problems at the other end of the phone, expressed in the commissary line or shared at the child care center. We appreciate the emphasis by the Services on the importance of training these important volunteers. Having attended several regional training sessions, we have seen first hand the tools and training that these volunteers are equipped with. It does take a measure of individual insight to know when a family member needs a good listener and when they need more help than the volunteer is able to provide. Care for these caregivers is essential. It is difficult to mandate or legislate relief for volunteers. NMFA hopes that professional staff members and commanders at the unit and installation levels are aware of the stress that these volunteers live with and look for ways to relieve them of some of these responsibilities. We applaud the Army's infusion of family readiness support assistants (FRSA) to units down to the battalion level to help relieve some of the overworked volunteers. But we want to make sure that there is a distinction between administrative help and the counseling that many of our deployed families need. We want to make sure that this additional staff support is available across all Services and Components.

NMFA is pleased that DoD is reaching out to service members and families to gauge their needs. Defense Secretary Robert M. Gates' recent visit with soldiers and families at Ft. Campbell revealed many of the same concerns that NMFA hears from families. The impact of extended deployments was a significant concern of

families there. Secretary Gates stated "There is no question that 15-month deployments are a real strain, not only on the soldiers, but (also) on the families they leave behind." NMFA has said before, missing one birthday, one Christmas, one anniversary can be viewed as just part of the deployment. When two Christmases go by, or dad or mom has not been there for two birthdays in a row, the sacrifice can seem too great.

The Services are also reaching out to the families of individual augmentees, those "onesies and twosies" who often are far from the unit headquarters of the deploying unit or may get lost in the shuffle. The Navy has developed a number of new initiatives in support of individual augmentee (IA) sailors and their families. One such initiative is the new Fleet and Family Support Centers (FFSC) and Expeditionary Combat Readiness Center (ECRC) individual augmentee newsletter. This newsletter will be published monthly to inform augmentees and their families of programs and services available to them. The ECRC Care Line can be reached via phone at 877-364-4302, email at ecrc.fs.fct@navy.mil, or online at <http://www.ecrc.navy.mil/>.

Fleet and Family Support Centers (FFSC) have also created programs and services to keep IAs and their families informed. Among them are Virtual Individual Augmentee Discussion Groups hosted by Fleet and Family Support Centers worldwide. Discussion Groups will be available to help IA family members stay connected to other Navy families who are experiencing an IA deployment. Participation is via Internet and telephone.

Guard and Reserve

NMFA would like to thank Congress for authorizing many provisions within the FY 2008 NDAA that affect our Guard and Reserve families. We now ask Congress to fund these important provisions to help improve the quality of life for our Guard and Reserve families, who have sacrificed greatly in support of our Nation. In the recently released final report from the Commission on the National Guard and Reserves the commissioners stated "*Reserve Component family members face special challenges because they are often at a considerable distance from military facilities and lack the on-base infrastructure and assistance available to active duty families.*" The report also stated "*Military family members today believe that all families in the community should enjoy a comparable level of "purple" support services, regardless of service or component – with adequate funding and staffing resources.*" The report recognized the importance of Military OneSource to Reserve Component families. While citing a robust volunteer network as crucial, the report also stated that family readiness suffers when there are too few paid staff professionals supporting the volunteers. These findings resonate with support recommendations made by NMFA through the years. NMFA thanks the Commission for recognizing the importance of family support to the National Guard and Reserve.

The Yellow Ribbon Reintegration program was extremely successful in the state of Minnesota. Best practices always deserve to be shared. NMFA thanks this Subcommittee for including provisions to implement the Yellow Ribbon program in

all states and territories. This program should provide National Guard and Reserve members and their families with sufficient information, services, referral, and proactive outreach opportunities throughout the entire deployment cycle. We are well aware that members of the Reserve components face a host of unique challenges upon returning to their families, hometowns, and civilian jobs. NMFA is concerned, however, that a lack of funding may diminish the impact of this critical program. We urge Congress to fully fund this initiative supporting the men and women of our Reserve components and their families who have answered the call to protect our nation. We must not forget that reintegration programs must address the needs of the entire family, including children.

NMFA supports the institution of the Yellow Ribbon Reintegration program in all states and territories but asks that the program be fully funded to be most effective.

Military Family Life Consultants

As this DoD program has matured, NMFA hears good things about the Military Family Life Consultant (MFLC) program. More service members and families are familiar with the program and expect to see the counselors in their communities. We heard from one Marine family who said:

As a Marine wife and a medical provider at Quantico I can tell you the family life consultants have been a God send. Quick access for Marines to get counseling for combat operational stress, Stress management and spouse education post deployment. They are so accommodating to the Marines schedule and they work closely with deployment health issues and mental health clinic.

Installations and commanders are also recognizing them as resource multipliers. Said one family support professional:

The MFLC program works hard to make services available to families. New MFLCs are announced in the post paper as she or he is assigned. MFLCs attend post activities to meet families, pass out phone numbers and make themselves available to families. I have personally met them on playgrounds, at workshops offered through MCEC, and through MOPs meeting groups.

MFLCs are also an integral part of NMFA's *Operation Purple*® Camps. Through the support of DoD every OP camp, with the exception of the western region, has assigned an MFLC mental health consultant (NMFA wishes to thank the TriWest Healthcare Alliance which supports OP camps in the West through a similar program).

Military Family Life Consultants fill an important need in the overall support of military families. The program's success warrants its continued authorization and funding.

Wounded Families

Wounded Service Members Have Wounded Families

Post-deployment transitions can be especially problematic for injured service members and their families. NMFA asserts that behind every wounded service member is a wounded family. Spouses, children, parents, and siblings of service members injured defending our country experience many uncertainties. Fear of the unknown and what lies ahead in future weeks, months, and even years, weighs heavily on their minds. Other concerns include the injured service member's return and reunion with their family, financial stresses, and navigating the transition process to the VA.

The system should alleviate, not heighten these concerns, and provide for coordination of care that starts when the family is notified the service member has been injured and ends with the DoD and VA working together to create a seamless transition as the injured service member transfers from active duty status to veteran status. NMFA congratulates Congress on the FY 2008 NDAA Wounded Warrior Act, in which many issues affecting this population were addressed. We also appreciate the work DoD and the VA have done in establishing the Senior Oversight Committee (SOC) to address the many issues highlighted by the three Presidential Commissions. However, more still needs to be done. NMFA recently heard the SOC is now meeting monthly rather than weekly. There is certainly more work to be done. We urge Congress to establish an oversight committee to monitor DoD and VA's partnership initiatives, especially with the upcoming Administration turnover and the disbandment of the SOC early this year.

It is NMFA's belief the government, especially the VA, must take a more inclusive view of military families. Those who have the responsibility to care for the wounded service member must also consider the needs of the spouse, children, and the parents of single service members and their siblings. According to the Traumatic Brain Injury Task Force, family members are very involved with taking care of their loved one. As their expectations for a positive outcome ebbs and flows throughout the rehabilitation and recovery phases, many experience stress and frustration and become emotional drained. NMFA recommends care for the families of the wounded/ill/injured should include support, assistance, and counseling programs. NMFA recently held a focus group composed of wounded service members and their families to learn more about issues affecting them. They said following the injury, families find themselves having to redefine their roles. They must learn how to parent with an injury and become a spouse/lover with an injury. Each member needs to understand the unique aspects the injury brings to the family unit. Reintegration programs become a key ingredient in the family's success. NMFA believes we need to focus on treating the whole family with programs offering skill based training for coping, intervention, resiliency, and overcoming adversities. Parents need opportunities to get together with other parents who are in similar situations and share their experiences and successful coping methods. DoD and VA need to provide family and individual counseling to address these unique issues. A retreat for the entire family and for the couple provides an opportunity to reconnect and bond as a family again.

Caregivers of the severely wounded, ill, and injured services members, such as those with severe Traumatic Brain Injury, must be trained through a standardized program, certified, and compensated. Caregivers need to be recognized for the important role they play in the care of their loved one. Without them, their quality of life would be significantly compromised. Additional financial burdens would be placed on the DoD and the VA health care systems. NMFA has heard from caregivers the difficult decisions they have to make over their loved one's bedside following the injury. Many don't know how to proceed because they don't know what their loved one's wishes were. We support the recently released Traumatic Brain Injury Task Force recommendation for DoD to require each deploying service member to have a Medical Power of Attorney and a Living Will. The FY 2008 NDAA authorized an active-duty TRICARE benefit for severely wounded/ill/injured service members, but not for their family members. This needs to be rectified to include the service member's spouse and children. NMFA recommends an active duty benefit like the surviving spouse benefit for 3 years for the family members of those who are medically retired.

The impact of the wounded/ill/injured on children is often overlooked and underestimated. Military children experience a metaphorical death of the parent they once knew and must make many adjustments as their parent recovers. Many families relocate to be near the MTF or the VA Polytrauma Center in order to make rehabilitation process more successful. As the spouse focuses on the rehabilitation and recovery, older children take on new roles. They may become the caregivers for other siblings, as well as for the wounded parent. Many spouses send their children to stay with neighbors or extended family members, as they tend to their wounded/ill/injured spouse. Children get shuffled from place to place until they can be reunited with their parents. Once reunited, they must adapt to the parent's new injury and living with the "new normal." Brooke Army Medical Center has recognized a need to support these families and has allowed for the system to expand in terms of guesthouses co-located within the hospital grounds. The on-base school system is also sensitive to issues surrounding these children. Unfortunately, not all families enjoy this type of support. NMFA is concerned the impact of the injury is having on our most vulnerable population, military children. NMFA believes we need research to better understand this phenomenon and identify effective support programs for these children.

NMFA strongly suggests research on families, especially children of wounded/ill/injured service members; standardized training, certification, and compensation for caregivers; individual and family counseling and support programs; and a reintegration program that provides an environment rich for families to reconnect. An oversight committee to monitor DoD's and VA's continued progress toward seamless transition.

Mental Health

As the war continues, families' need for a full spectrum of mental health services—from preventative care to stress reduction techniques, to individual or family counseling, to medical mental health services—continues to grow. The

military offers a variety of mental health services, both preventative and treatment, across many helping agencies and programs. However, as service members and families experience numerous lengthy and dangerous deployments, NMFA believes the need for confidential, preventative mental health services will continue to rise. It will also remain high for some time even after military operations scale down. Successful return and reunion programs will require attention over the long term, as well as a strong partnership at all levels between the various mental health arms of the DoD and VA.

The Army's Mental Health Advisory Team (MHAT) IV report links the need to address family issues as a means for reducing stress on deployed service members. The team found the top non-combat stressors were deployment length and family separation. They noted that Soldiers serving a repeat deployment reported higher acute stress than those on their first deployment and the level of combat was the key ingredient for their mental health status upon return. They found there was no difference in Services. Multiple deployers reported higher acute stress than first-time deployers, which is a difference from the MHAT III that found those who redeploy were better prepared due to improved pre-deployment training. They also acknowledged deployment length was causing higher rates of marital problems. Given all the focus on mental health prevention, the study found current suicide prevention training was not designed for a combat/deployed environment. Recent reports on the increased number of suicides in the Army also focused on tour lengths and relationship problems.

DoD's Task Force on Mental Health stated timely access to the proper mental health provider remains one of the greatest barriers to quality mental health services for service members and their families. NMFA and the families it serves have noted with relief more providers are deployed to theaters of combat operations to support service members. The work of these mental health professionals with units and individuals close to the combat action they experience have proved very helpful and will reduce the stress that impedes service members' performance of their mission and their successful reintegration with their families.

While families are pleased more mental health providers are available in theater to assist their service members, they are less happy with the resulting limited access to providers at home. DoD's Task Force on Mental Health found families are reporting an increase difficulty in obtaining appointments with social workers, psychologists, and psychiatrists at their military hospitals and clinics. The military fuels the shortage by deploying some of its child and adolescent psychology providers to the combat zones. Providers remaining at home stations report they are frequently overwhelmed treating active duty members who either have returned from deployment or are preparing to deploy to fit family members into their schedules, which could lead to compassion fatigue. Creating burnout and exacerbating the problem.

In the seventh year of the Global War on Terror, care for the caregivers must become a priority. NMFA hears from the senior officer and enlisted spouses who are so often called upon to be the strength for others. We hear from the health care

providers, educators, rear detachment staff, chaplains, and counselors who are working long hours to assist service members and their families. Unless these caregivers are also afforded respite and care, given emotional support through their command, and effective family programs, they will be of little use to those who need their services most.

Thousands of service member parents have been away from their families and placed into harm's way for long periods of time. Military children, the treasure of many military families, have shouldered the burden of sacrifice with great pride and resiliency. Many programs, both governmental and private, have been created with the goal of providing support and coping skills to our military children during this great time of need. Unfortunately, many support programs are based on vague and out of date information.

Given this concern, NMFA has partnered with RAND Corporation to research the impact of war on military children with a report due in April 2008. In addition, NMFA held its first ever Youth Initiatives Summit for Military Children, "Military Children in a Time of War" last October. All panelists agreed the current military environment is having an effect on military children. Multiple deployments are creating layers of stressors, which families are experience at different stages. Teens especially carry a burden of care they are reluctant to share with the non-deployed parent in order to not "rock the boat." They are often encumbered by the feeling of trying to keep the family going, alongside anger over changes in their schedules, increase responsibility, and fear for their deployed parent. Children of the National Guard and Reserve face unique challenges as there are no military installations for them to utilize. They find themselves "suddenly military" without resources to support them. School systems are generally unaware of this change in focus within these family units and are ill prepared to lookout for potential problems caused by these deployments. Also vulnerable are children who have disabilities that are further complicated by deployment. Their families find stress can be overwhelming, but are afraid of reaching out for assistance for fear of retribution on the service member.

NMFA recommends research to:

- Gain a better understanding of the impact of war, especially multiple and extended deployments;
- Identify and fund effective programs to address this issue;
- Educate those who are at the touch point of our military children on how to provide support, such as clergy, child care providers, and teachers; and
- Encourage DoD to reach out and partner with those private and nongovernmental organizations who are experts in their field on children and adolescents to identify and incorporate best practices in the prevention and treatment of mental health issues affecting our military children.

National provider shortages in this field, especially in child and adolescent psychology, are exacerbated in many cases by low TRICARE reimbursement rates,

TRICARE rules, or military-unique geographical challenges: large populations in rural or traditionally underserved areas. Many mental health providers are willing to see military beneficiaries in a voluntary status. However, these providers often tell us they will not participate in TRICARE because of what they believe are time-consuming requirements and low reimbursement rates. More must be done to persuade these providers to participate in TRICARE and become a resource for the entire system, even if that means DoD must raise reimbursement rates.

Many mental health experts state that some post-deployment problems may not surface for several months or years after the service member's return. We encourage Congress to request DoD to include families in its Psychological Health Support survey; perform a pre and post-deployment mental health screening on family members (similar to the PDHA and PDHRA currently being done for service members as they deploy into theater); and sponsor a longitudinal study, similar to DoD's Millennium Cohort Study, in order to get a better understanding of the long-term effects of war on our military families.

NMFA is especially concerned not as many services are available to the families of returning National Guard and Reserve members and service members who leave the military following the end of their enlistment. They are eligible for TRICARE Reserve Select, but as we know Guard and Reserve are often located in rural areas where there may be no mental health providers available. We ask you to address the distance issues families face in linking with military mental health resources and obtaining appropriate care. Isolated Guard and Reserve families do not have the benefit of the safety net of services provided by MTFs and installation family support programs. Families want to be able to access care with a provider who understands or is sympathetic to the issues they face. NMFA recommends the use of alternative treatment methods, such as telemental health; increasing mental health reimbursement rates for rural areas; modifying licensing requirements in order to remove geographical practice barriers that prevent mental health providers from participating in telemental health services; and educating civilian network mental health providers about our military culture.

Mental health professionals must have a greater understanding of the effects of mild Traumatic Brain Injury (TBI) in order to help accurately diagnose and treat the service member's condition. They must be able to deal with polytrauma—Post-Traumatic Stress Disorder (PTSD) in combination with multiple physical injuries. NMFA appreciates Congress establishing a Center of Excellence for TBI and PTSD. For a long time, the Defense and Veterans Brain Injury Center (DVBIC) has been the lead agent on TBI. Now with the new Center, it is very important DVBIC become more integrated and partner with other Services in researching TBI. Also, we need more education to civilian health care providers on how to identify signs and symptoms of mild TBI and PTSD.

DoD must balance the demand for mental health personnel in theater and at home to help service members and families deal with unique emotional challenges and stresses related to the nature and duration of continued deployments. We ask you to continue to put pressure on DoD to step up

the recruitment and training of uniformed mental health providers and the hiring of civilian mental providers to assist service members in combat theaters AND at home stations to care for the families of the deployed and service members who have either returned from deployment or are preparing to deploy.

DoD should increase reimbursement rates to attract more providers in areas where there is the greatest need. TRICARE contractors should be tasked with stepping up their efforts to attract mental health providers into the TRICARE networks and to identify and ease the barriers providers cite when asked to participate in TRICARE.

Families in Transition

Survivors

NMFA applauds the enhancement of medical benefits included in the FY2006 NDAA making surviving children eligible for full medical benefits to age 21 (or 23 if they are enrolled in college) bringing them in line with the active duty benefit for dependent children. To complete the benefit package, we ask Congress to allow surviving children to remain in the TRICARE Dental Program until they age out of TRICARE and, in cases where the surviving family had employer-sponsored dental insurance, treat them as if they had been enrolled in the TRICARE Dental Program at the time of the service member's death.

Because the VA has as part of its charge the "care for the widow and the orphan," NMFA was concerned about recent reports that many Vet Centers did not have the qualified counseling services they needed to provide promised counseling to survivors, especially to children. DoD and the VA must work together to ensure surviving spouses and their children can receive the mental health services they need. New legislative language governing the TRICARE behavioral health benefit may also be needed to allow TRICARE coverage of bereavement or grief counseling. While some widows and surviving children suffer from depression or some other medical condition for a time after their loss, many others simply need counseling to help in managing their grief and helping them to focus on the future. Many have been frustrated when they have asked their TRICARE contractor or provider for "grief counseling" only to be told TRICARE does not cover "grief counseling." Available counselors at military hospitals can sometimes provide this service and certain providers have found a way within the reimbursement rules to provide needed care, but many families who cannot access military hospitals are often left without care because they do not know what to ask for or their provider does not know how to help them obtain covered services. Targeted grief counseling when the survivor first identifies the need for help could prevent more serious issues from developing later.

NMFA recommends that surviving children be allowed to remain in the TRICARE Dental Program until they age out of TRICARE eligibility. We also recommend that grief counseling be more readily available to survivors.

NMFA appreciates the work being done by DoD and the Services to provide training to casualty assistance officers and to make sure survivors are receiving accurate information in a timely manner. The survivor notebook provided by DoD and the services, *The Days Ahead: Essential Papers for Families of Fallen Servicemembers*, has received praise from survivors and families and has enhanced the information being provided by the Services. The Army Long Term Family Case Management Office - the one-stop resolution and assistance for benefits, outreach, advocacy, and support – for their improvements to the case management system and continued communication with families to further refine their services and response time.

NMFA 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). Ending this offset would correct an inequity that has existed for many years. Each payment serves a different purpose. The DIC is a special indemnity (compensation or insurance) payment paid by the VA to the survivor when the service member's service causes his or her death. It is a flat rate payment of \$1,091 for the surviving spouse and \$271 for each surviving child. The SPB annuity, paid by DoD, reflects the longevity of the service of the military member. It is ordinarily calculated at 55 percent of retired pay. Military retirees who elect SBP pay a portion of their retired pay to ensure that their family has a guaranteed income should the retiree die. If that retiree dies due to a service connected disability, their survivor becomes eligible for DIC.

Surviving active duty spouses can make several choices, dependent upon their circumstances and the ages of their children. Because SBP is offset by the DIC payment, the spouse may choose to waive this benefit and select the "child only" option. In this scenario, the spouse would receive the DIC payment and the children would receive the full SBP amount until each child turns 18 (23 if in college), as well as the individual child DIC until each child turns 18 (23 if in college). Once the children have left the house, this choice currently leaves the spouse with an annual income of \$13,092, a significant drop in income from what the family had been earning while the service member was alive and on active duty. The percentage of loss is even greater for survivors whose service members served longer. Those who give their lives for their country deserve more fair compensation for their surviving spouses.

NMFA appreciates the establishment of a special survivor indemnity allowance as a first step in the process to eliminate the DIC offset to SBP. As written, the FY 2008 NDAA only provides this allowance for survivors of military retirees who paid premiums for the Survivor Benefit Plan and survivors of gray area reservists who have signed up for SBP but had not yet begun paying premiums. The House version of the FY 2008 NDAA extended this allowance to all surviving spouses, including those survivors of active duty deaths. NMFA believes that eligibility for this special allowance should be extended to all survivors.

NMFA believes several other adjustments could be made to the Survivor Benefit Plan. These include allowing payment of the SBP benefits into a Special Needs Trust in cases of disabled children and allowing SBP eligibility to switch to children if a surviving spouse is convicted of complicity in the member's death.

NMFA has always emphasized that service members and families understand there is a package of survivor benefits. While NMFA understands the impetus for allowing a service member to designate payment of the death gratuity in 10 percent increments to persons other than their primary next of kin, it begs the question "what is the purpose of the death gratuity?" The death gratuity was originally intended to act as a financial bridge, to help with living expenses until other benefits such as the Dependency and Indemnity Compensation (DIC) payment, the Survivor Benefit annuity, and Social Security benefits begin to be paid. The death gratuity is not an insurance payment, even though its \$100,000 payment is bigger than many civilian life insurance plans. NMFA is concerned that families may be left without that financial bridge if the service member designates someone other than their primary next of kin to receive the entire death gratuity. We do appreciate the provision language that requires notification of the spouse if the service member does change designees. We will monitor with interest the effects of this change on surviving families.

NMFA recommends that eligibility for the special survivor indemnity allowance be expanded to include all SBP-DIC survivors. We also ask the DIC offset to SPB be eliminated to recognize the length of commitment and service of the career service member and spouse

Families on the Move

NMFA is gratified that DoD has begun to implement the "Families First" program for Permanent Change of Station (PCS) moves with the launching of the full replacement value (FRV) component late last year. This program is long overdue. It will provide much needed protections to military families entrusting their most precious possessions to movers. We ask Congress to monitor additional issues related to Families First to ensure all components are brought online in a timely manner. NMFA will monitor the implementation of the provision included in the FY 2008 NDAA that requires the service member to comply with reasonable restrictions or conditions prescribed in order to receive payment for damaged or lost items. NMFA is concerned that this language, coupled with the small business language in the Conference Report, could be used to diminish or destroy this important benefit families have waited so long to receive. NMFA asks Congress to ensure full replacement value coverage is not diminished or lost now that families finally have the benefit.

We also ask Congress to recognize that military spouses accumulate professional goods over the course of a military career. Frequent moves make it difficult to establish and maintain professional materials used for a job or volunteer activities that will ultimately count against the family's weight allowance when the time to move arrives. Military members are permitted a professional goods weight allowance to compensate for the computers, books and equipment that must

accompany them from duty station to duty station. We request that spouses be provided this professional courtesy as well.

NMFA was disappointed this Subcommittee's recommendation for shipment of a second vehicle to non-foreign overseas duty stations was dropped in conference. A PCS move to an overseas location can be especially stressful. Military families are faced with the prospect of being thousands of miles from extended family and living in a foreign culture. At many overseas locations, there are insufficient numbers of government quarters resulting in the requirement to live on the local economy away from the installation. Family members in these situations can begin to feel extremely isolated; for some the only connection to anything familiar is the local military installation. Unfortunately, current law permits the shipment of only one vehicle to an overseas location, including Alaska and Hawaii. Since most families today have two vehicles, they sell one of the vehicles.

Upon arriving at the new duty station, the service member requires transportation to and from the place of duty leaving the military spouse and family members at home without transportation. This lack of transportation limits the ability of spouses to secure employment and the ability of children to participate in extra curricular activities. While the purchase of a second vehicle alleviates these issues, it also results in significant expense while the family is already absorbing other costs associated with a move. Simply permitting the shipment of a second vehicle at government expense could alleviate this expense and acknowledge the needs of today's military family.

NMFA requests that Congress ease the burden of military PCS moves on military families by authorizing a professional goods weight allowance for military spouses and by authorizing the shipment of a second vehicle for families assigned to an overseas location on accompanied tours.

Pay and Compensation

NMFA thanks Members of this Subcommittee for their recognition that service members and their families deserve a comprehensive benefit package consistent with the extraordinary demands of military service. We ask you to continue to evaluate changing circumstances that may diminish the value of that package and threaten the retention of a quality force. We also ask you to recognize the interaction between the various elements of the compensation package and how they affect families' eligibility for certain state and federal programs. Despite regular annual pay increases, in addition to targeted raises, over the past several years, military pay for some service members still lags behind civilian pay. NMFA was disappointed to see the additional one half percent above ECI provision was stripped from the FY 2008 NDAA during conference. We encourage Congress to consider extending the pay raise for 2009 by an additional one-half percent over the ECI.

Military Allowances and Safety Net Programs

In Congressional testimony since 2003, NMFA has raised a long-standing frustration for military families: the confusion involved in how and when military allowances are counted to determine eligibility for military and civilian programs. NMFA again reinforces the need for Members of Congress, as well as state officials, to assist in bringing a sense of order in how military allowances are counted for federal and state programs. We ask you to help ensure equitable access to these safety net services and protect families against disruptions in benefit eligibility caused by the receipt of deployment pays. No family should have to face the prospect of losing valuable benefits for a disabled child because a service member has received deployment orders. Families living off the installation are often there only because of insufficient on-base housing, yet endure higher expenses than families living on an installation. Ideally, therefore, NMFA believes tax free allowances such as BAH should not be counted under any safety net program, which is how they are now treated in determining eligibility for the Earned Income Tax Credit (EITC). NMFA understands this could increase the number of military families eligible for some of these programs, but believe this increase is justified given the need for equitable treatment of all service members, as well as the loss of spouse income due to military relocations and high operations tempo.

Inconsistent treatment of military allowances in determining eligibility for safety net programs creates confusion and can exact a financial penalty on military families. A start in correcting this inequity would be to adopt a common standard in how BAH should be counted in eligibility formulas and to ensure that the receipt of deployment-related allowances do not cause military family members to become ineligible for support services for which they would otherwise be eligible.

Flexible Spending Accounts

Flexible Spending Accounts have done a great deal to help federal employees and corporate civilian employees defray out-of-pocket costs for both their health care and dependent care needs. NMFA believes this important program should be extended to military service members, and urges Congress to work with the Department of Defense to accomplish this much needed change. It is imperative that we include active duty and Selected Reserve members in this cost saving benefit.

NMFA asks that a flexible spending account benefit be extended to military families.

Commissaries and Exchanges

The commissary is a key element of the total compensation package for service members and retirees and is valued by them, their families, and survivors. NMFA surveys indicate that military families consider the commissary one of their most important benefits. In addition to providing average savings of more than 30 percent over local supermarkets, commissaries provide an important tie to the military community. Commissary shoppers get more than groceries at the commissary. They gain an opportunity to connect with other military family

members and to get information on installation programs and activities through bulletin boards and installation publications. Finally, commissary shoppers receive nutrition information and education through commissary promotions and educational campaigns contributing to the overall health of the entire beneficiary population.

NMFA is concerned that there will not be enough commissaries to deal with the areas experiencing substantial growth. The surcharge was never intended to pay for DoD and Service transformation. Additional funding is needed to ensure commissaries are built in areas that are gaining personnel as a result of these programs.

The military exchange system serves as a community hub, in addition to providing valuable cost savings to members of the military community. Equally important is the fact that exchange system profits are reinvested in important Morale Welfare and Recreation (MWR) programs, resulting in quality of life improvements for the entire community. We believe that every effort must be made to ensure that this important benefit and the MWR revenue is preserved, especially as facilities are down-sized or closed overseas. Exchanges must also continue to be responsive to the needs of deployed service members in combat zones.

Military Housing

In the past few years, privatized housing has changed the lifestyle for the military families who live there. New or renovated housing with spacious floor plans, new appliances and amenities you would find the new suburban subdivisions have gone a long way to improving the quality of life for military families. However, there are still a few things that need to be addressed.

With rebasing, as more installations become joint, there is a need for a single unified definition of adequate housing. Currently some service members are receiving refunds of part of their BAH while members of other Services living in identical units are not. The only difference is the individual Service definition of "adequate housing". This situation creates a disparity in benefit between service members of equal rank. In addition, there are concerns that DoD is not adequately monitoring construction contracts. Air Force privatization contracts have fallen hopelessly behind schedule in some areas leaving sizeable wait lists for housing that should already be complete and occupied. Better oversight is absolutely necessary. NMFA appreciates the provision in the FY 2008 NDAA calling for a report on this issue.

Commanders must be held accountable for privatized communities. These housing areas remain the responsibility of the installation Commander even when managed by a private company. Military members should not be on wait lists while civilians occupy housing. While privatization contracts permit other occupants for vacant units, Commanders must ensure that privatized housing is first and foremost meeting the needs of the active duty population of the installation. In some cases this will require modification or renegotiation of contracts. On an

aesthetic and health care note, NMFA asks that a minimum number of non-smoking quarters be designated at each installation. Non-smokers, especially in multi-family dwellings, are being forced to live with second hand smoke in far too many cases. NMFA has received complaints from families who are suffering health consequences of living with a neighbor's smoking habit. This is unacceptable.

NMFA feels there needs to be a review of BAH standards. While families who live on the installation are better off, families living off the installation are forced to absorb more out-of-pocket expenses in order to live in a home that will meet their needs. In the calculation for BAH there is no regard for family size. In addition, the standards are based on an outdated concept of what would constitute a reasonable dwelling. For example, in order to receive BAH for a single family dwelling a service member must be an E9. However, if that same service member lived in military housing, he or she would likely have a single family home at the rank of E6 or E7. BAH standards should mirror the type of dwelling a service member would occupy if government quarters were available.

Families and Community

Higher stress levels caused by open-ended and multiple deployments require a higher level of community support. Military families, especially those geographically dispersed, often look to support programs in their communities because of their proximity and familiarity.

A question is often asked about whether there is a sense of detachment between the civilian community and military service members and their families. A small part of the nation is being asked to assume duties and sacrifices while the rest of the nation goes about their business, oblivious to the contributions of the few. To recognize the sacrifices and the day-to-day needs of America's military family members, NMFA worked with the US Family Health Plan (USFHP), a TRICARE provider, to implement a public service campaign urging citizens to "support, befriend, remember and appreciate" military family members. The campaign consists of national print, radio, TV, online and in-cinema public service announcements. The messages are moving and emotional, designed to get people thinking about the families who contribute to the nation's well-being every day, during war as well as peace. For example, the Public Service Announcements (PSAs) suggest having coffee with a soldier's parents, hiring a military spouse and mentoring a military child. Thirty- and 15-second video PSAs were shown to approximately 3.4 million moviegoers in 205 theatres this past summer. The videos along with four radio PSAs, may be downloaded from <http://www.yearofthemilitaryfamily.org/>.

NMFA often learns of other community programs that are reaching out to military families. Some of these are initiatives funded by other federal agencies. Many of these programs are highlighted on the America Supports You website. In North Carolina, *Essential Life Skills for Military Families* is a 12-hour workshop series designed for National Guard and reserve component couples. The sessions offer to help military families deal with the unique challenges they experience as a citizen

soldier family. Held in their own communities, the classes are taught by local Cooperative Extension Family & Consumer Sciences Agents. Funding for this project was provided by the United States Department of Health and Human Services, Administration for Children and Families. The program addresses marriage and family relationships, parenting, balancing military and family needs, financial literacy, legal issues and building a support network in your own community.

NMFA is also partnering with the United Way's 2-1-1 program. This hotline program provides health and human service information to callers around the United States. The program is robust in some areas, like Texas and still in the development stage in others. NMFA is offering military family friendly information and resources through webinars and conferences to the 2-1-1 information and referral operators so that they can send military families who call the hotline to already existent military resources like Military OneSource or state Joint Family Assistance Centers.

Military families share a bond that is unequalled in the civilian world. They support each other through hardship, deployments, PCS moves, and sometimes, the loss of a loved one. The military community is close knit and must be so. It is imperative that our Nation ensure the necessary infrastructure and support components are in place to support families regardless of where they happen to be located geographically. More importantly, we ask you and other Members of Congress to ensure that the measures undertaken today in the interest of cutting costs and improving efficiency do not also destroy the sense of military community so critical to the successful navigation of a military lifestyle. Educating families on what support is being provided helps reduce the uncertainty for families.

Preparation and training are essential in reaching families and making sure they are aware of additional resources available to them. While NMFA appreciates the extraordinary support that was made available to address the special needs of the families during deployment extensions and last year's "Surge", our Nation must ensure this level of support is available to all families day in and day out. Military family support and quality of life facilities and programs require dedicated funding, not emergency funding. Military families are being asked to sustain their readiness. The least their country can do is make sure their support structure is consistently sustained as well. Strong families equal a strong force. Family readiness is integral to service member readiness. The cost of that readiness is an integral part of the cost of the war and a National responsibility. We ask Congress to shoulder that responsibility as service members and their families shoulder theirs.