STATEMENT BY

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ARKANSAS NATIONAL GUARD

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Chairman Boozman, distinguished members of the subcommittee, I am Brigadier General Larry W. Haltom, Deputy Adjutant General, Arkansas National Guard, and on behalf of Major General Don Morrow, the Adjutant General, thank you for the opportunity to speak with you today on such important topics.

The location of the hearing is most appropriate, as this is the home of Battery C, 1st Battalion of the 142d Fires Brigade of the Arkansas National Guard. This unit deployed for service in Iraq on 18 March 2006. The unit has spent over three months at their mobilization station preparing for their mission. They will spend an additional twelve months in places that possibly will put them in harm's way in support of Operation Iraqi Freedom. At present, the Arkansas Army and Air National Guard has over 900 members serving our country in various locations around the world, but primarily in the Middle East.

Since 9/11, over 7,500 Arkansas Army and Air National Guard members have been mobilized in support of missions such as airport and key asset security; Multi-National Task Force in the Sinai, Operation Noble Eagle; Operation Enduring Freedom; and Operation Iraqi Freedom. We have also recently expended over 120,000 man-days in a 6-month period for Hurricanes Katrina and Rita response and recovery operations. Approximately 85 percent of our members have been mobilized since September 11, 2001.

Transition assistance is critically important in our efforts to care for our service members. The effectiveness of any transition assistance program holds significant

implications, not only for our service members and their families, but also for the long term health of our organization as a whole – which in turn impacts our ability to support the National Military Strategy and provide support to local and state authorities. The interest and concern of our elected officials and military leaders is reflected in available benefits and the timeliness of support to our returning service members.

A successful Transition Assistance Program (TAP) cannot be just *an after the fact* process. We have learned that it must begin with the briefings and processing actions upon alert and mobilization phases, as some benefits require that the members apply before he or she leaves the state. Upon mobilization, we conduct readiness processing to ensure service members are ready and qualified to enter into active federal service. We also try to identify and resolve any issues that may have the potential to become problematic. During this phase, members undergo medical and dental checks; immunization review; personnel files review; supply review; legal reviews; dependent enrollment into the Defense Enrollment Eligibility Reporting System (DEERS); and a session with a chaplain, if so desired.

While our service members are deployed, we continue to stay in touch and provide assistance where possible. Through our Family Support Program, we have Family Assistance Centers (FACs) established across the state. The FACs are there to provide guidance, assistance, and support to the family members of our deployed troops. For example, if a spouse's car breaks down, the family can call a FAC. The FAC has a list of local businesses that have volunteered to provide services at a reduced price or provide free labor. Family Support workshops are also conducted for spouses and family members in order to educate them on what to expect from their loved one when he or she returns home from deployment. When soldiers and airmen know their families are taken care of at home, they are better able to focus on their mission at hand.

As the deployment in-country nears the end of the rotation, Chaplains give a mental health briefing to provide information on re-acclimating themselves back to civilian life.

A medical assessment is completed and other briefings, such as finance, are also conducted.

Upon arrival at the demobilization center in the U.S., our service members normally receive a brief "Welcome Home" ceremony and the demobilization process begins shortly thereafter. The demobilization process is critical due to some benefits require that the member apply before he or she leaves mobilized active duty status. Many staff members from the Arkansas National Guard, staff from the active duty installation, representatives from the Veterans Administration and Department of Labor all work hand-in-hand to conduct the demobilization. Some of the actions taken during the demobilization phase are medical and dental screenings, ensuring records are documented, and scheduling consultations as needed. In addition, briefings, hand-outs, and training is provided on: VA benefits, Employer Support for the Guard and Reserve and Department of Labor information; education benefits, TRICARE, family reunion training, suicide awareness and prevention, potential changes in relationship/ communication with spouse and children; marital enrichment assessments; post deployment stress and normalization of experience information. Identification cards are reviewed for any necessary updates, and DD Form 214s (Certificate of Discharge or Release from Active Service) are initiated on each service member.

After the service members have cleared all the requirements from the demobilization center, they return home to their families, but the demobilization process doesn't end here. The next phase is back at their home unit and consists of spiritual and legal assistance for problems arising from, or aggravated by, mobilization. Married service members complete a marital assessment, and a voluntary marriage education/enrichment workshop is offered for those who wish to participate. For spouses who wish to participate, we offer information on post-deployment and stress; TRICARE benefits; and suicide awareness and prevention. During this period, and for some months afterwards, the chain of command actively seeks to assist service members who have displayed higher than normal levels of stress, or if we receive reports of families with separation and/or reintegration issues. Chaplain support during

this period is vital to assist service members with reintegration with their families and to aid them in returning to their pre-mobilization life.

We have recently hired a State Benefits Advisor (SBA) to assist with the Transition Assistance Program. The SBA, along with all benefits providers and a multitude of Veterans Service Organizations, are there to work with the service member to ensure they are aware of all benefits available to them. Our SBA will be an incredible asset in assisting with future mobilizations and demobilizations.

Much has been done by Congress over the past few years to provide the Reserve Component members TRICARE benefits. For example, Transitional Assistance Management Program (TAMP) coverage to 180 days for all service members; TRICARE Reserve Select where service members can purchase TRICARE coverage at a very reasonable rate, 1 year for every 90 days of mobilization service; and Pre-Mobilization TRICARE coverage have been of tremendous help. However, there are still some challenges:

(1) Short-notice mobilizations prevent service members and dependents from taking full advantage of the 90 days of pre-mob TRICARE.

(2) There are not enough TRICARE providers in Arkansas. We believe that incentives should be offered for physicians and medical facilities to become TRICARE network providers.

(3) Under TAMP, the 180 days of TRICARE coverage after a mobilization ends, does not include TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.

(4) The TRICARE Dental Program administered by United Concordia has two price schedules, one for the Active Duty and one for Reserve Component members. The Reserve Component price is more than double the Active Component price. Dental readiness is the number-one disqualifier for mobilization.

In March 2005 the Assistant Secretary of Defense (Health Affairs) directed that Post Deployment Health Re-Assessments (PDHRA) be conducted for all soldiers deployed

for greater than 30 days in support of contingency operations. These assessments are ideally conducted three to six months post deployment, which is the most likely timeframe for post deployment health issues to emerge.

We were very fortunate to have our 39th Infantry Brigade Combat Team (IBCT) selected as the pilot program for the Army National Guard. The 39th IBCT began the PDHRA in November 2005. We have experienced a 50% referral rate from the PDHRA, with 20% being for medical issues only, 8% being for mental health issues only, and 21% having referrals for both medical and mental health issues. Referrals were primarily worked through the VA hospital, VA satellite clinics, and the Vet Centers. If no VA system clinic was available within 50 miles of the soldiers' home then they were referred through the TRICARE system.

It is important to remember that this was the pilot program for the entire Army National Guard. The VA has worked very well with us, has made adjustments along the way, and the program is getting better. We believe however, there are some areas that could be improved:

(1) Funding for temporary Case Managers and Referral Managers would greatly improve our program as the case loads have exceeded our available manpower.

(2) Funding to place soldiers on orders to go to their appointments, instead of split-training them away from unit drill periods.

(3) We recommend that PDHRA referrals be worked through the Military Medical Support Office (MMSO) instead of the VA. This is the standard system for acquiring medical care for activated Reserve Component members and provides us with the documentation and tracking mechanism needed to provide proper care. The referral system for soldiers under PDHRA should not differ from normal operating procedures.

We believe that conducting the PDHRAs is the right thing to do, and obviously with the current 50% referral rate it is a vital program. Reserve Component members mobilized in past wars and conflicts were left to deal with these post deployment problems on their

own. The PDHRA system provides a viable means for these soldiers to be evaluated and receive needed treatment.

Community Based Health Care Organizations (CBHCO) were established in January 2004 in an effort to expeditiously and effectively evaluate and treat Reserve Component soldiers that have incurred medical problems, in the line of duty, while mobilized for the Global War on Terrorism. There are eight CBHCO's providing case management and command and control for these soldiers while they reside at home, receive local medical care, and perform limited duty in local military facilities. The care is provided using TRICARE, VA Facilities, Navy and Air Force Medical Treatment Facilities.

The CBHCO in Arkansas is responsible for the Mid-Southern States (AR, OK, LA, MO, TX, NE, and KS). Soldiers in-process at the CBHCO at Camp Robinson, then proceed to their home of record. Individualized medical treatment plans are established for each CBHCO patient by Army Medical Officers.

CBHCOs provide a great service to our soldiers. Returning home for the remainder of medical care allows reunification with family and friends, allows soldiers to maintain their self-worth while on limited duty, reduces undue financial hardships on families, and provides continuity of care that will be important after the soldiers are released from active duty or separated from the service.

To date, CBHCO-AR has in-processed over 700 Soldiers. There have been 218 Arkansas Army National Guard soldiers and 19 U.S. Army Reserve soldiers from Arkansas that have been a patient with CBHCO-AR. Without CBHCO, those soldiers would have been in a medical-hold status in another state away from their family. The program provides the Reserve Component soldier with the same benefit of living at home while recovering that active duty soldiers receive.

The Montgomery GI Bill is a very complicated program with many variations depending on the various sub programs and the service member's particular situation. One of the

complicating factors is that each service component manages their program differently. For instance, in the active Army, a soldier cannot use Federal Tuition Assistance (FTA) and GI Bill together unless the cost of tuition exceeds the funds provided by one program and then the additional amount from a second program can only be used to cover the remaining cost of tuition. In the Army National Guard, soldiers can use any of the GI Bill programs and FTA at the same time. The Army National Guard views the GI Bill as a program to cover the additional expenses of college beyond the tuition cost.

In addition to the Montgomery GI Bill and Federal Tuition Assistance, Arkansas currently offers the Guard Tuition Incentive Program (GTIP), a state program funded biennially by the state legislature. It is currently funded at $500,000 per academic year. GTIP provides assistance benefits for Soldiers and Airmen attending Arkansas Colleges and Universities at a rate of $1,000 per semester for a full-time student. It is pro-rated for less than full-time and students who receive tuition assistance from other programs. About 450 Army and Air Guardsmen receive the GTIP each semester.

In addition to these programs, the State of Arkansas recently formed the Arkansas National Guard Education Partnership Program. Under this program, partnership schools waive 25% of tuition and fees for the Air National Guard (the Air Guard does not provide FTA) and for the Army National Guard they waive all tuition cost that exceed the $4,500 a year FTA limit. Currently, we have 33 partnership members.

Over the last two years, the Arkansas National Guard Education Office has done a tremendous job providing help to Guardsmen with the transition process. The only reoccurring issue has been a number of complaints about the National Guard's policy concerning after-service benefits. Unlike the active components, members of the Guard and Reserve must maintain membership in order to remain eligible for benefits. The number one program that this issue has been associated with is the Chapter 1607 GI Bill. Although we empathize with Guardsmen who desire to separate from the National Guard and retain eligibility for benefits, we understand that benefit policies are often

fashioned in order to maximize a high number of reenlistments. GTIP, FTA and the GI Bill require Guardsmen to remain members of the Guard in order to retain eligibility.

Many of our service members are changed for life by their experiences during mobilization and deployment. Transition Assistance Programs are critical to their successful reintegration into society and letting them know that we care about their welfare. Most service members are not paying a lot of attention during the many briefings during the de-mobilization process, as they are only thinking of their family and home. Therefore, we believe that these programs could be improved by allowing returning service members to remain on active duty at home station for a period of time, possibly pro-rated based on the time spent deployed. This time would allow closer monitoring of their situation and better education as to what is available for them. In fact, the 90 day post deployment ban on being on duty may actually be counter-productive. We have found that our service members wanted to continue to spend time with their fellow service members. They were their own support group.

Some needs of support, like Post Traumatic Stress Disorder (PTSD), do not manifest themselves until the service member is fully immersed in civilian life, sometimes months later. For that reason, we need the authority and funding to bring service members back on duty, if needed, to officially resolve these late-developing issues.

Again, thank you for your continued interest in the welfare of our soldiers and airmen from the Guard and Reserve – true American patriots who continue to answer their country's call for duty. Pending your questions, this concludes my testimony.