WRITTEN STATEMENT RETIRED COL. PETER DUFFY
PRESIDENT
NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

As president of the National Guard Association of the United States, I thank you for the honor of appearing before you today and for all that you are doing for our veterans

Background - Unique Citizen Service Member/Veteran

The National Guard is unique among components of the Department of Defense in that it has the dual state and federal mission. While serving operationally on Title 10 active-duty status in Operation Iraqi Freedom or Operation Enduring Freedom, National Guard units are under the command and control of the president. However, upon release from active duty, members of the National Guard return to their states as both **veterans** and serving members of the reserve component but under the command and control of their governors. As members of a special branch of the Selected Reserves, they train not just for their federal missions but for their potential state active-duty missions, such as fire fighting, flood control and assistance to civil authorities in a variety of possible disaster scenarios.

While serving in their states, members are scattered geographically with their families as they hold jobs, own businesses or pursue academic programs and participate in their communities. Against this backdrop, members of the National Guard remain ready to uproot from their families and civilian lives to serve their governors domestically or their president in distance parts of the globe and to return to reintegrate within their communities when their missions are completed.

Military service in the National Guard is uniquely community based. But the culture of the National Guard remains little understood outside of its own circles. When the Department of Defense testifies before Congress stating its programmatic needs, it will likely recognize the indispensable role of the National Guard as a vital operational force in the Global War on Terrorism, but it will say little about and seek less to redress the benefit disparities, training challenges and unmet medical readiness issues for National Guard members and their families. We continue to ask that these disparities be given a fresh look with the best interests of the National Guard members and their families in mind.

Honoring as Veterans Retired Members of the National Guard and Reserve

NGAUS, in concert with the Military Coalition, has long sought legislation authorizing veteran status under Title 38 for National Guard and Reserve members of the Armed Forces who are entitled to a nonregular retirement under Chapter 1223 of 10 USC but were never called to Title 10 active service other than for training purposes during their careers – through no fault of their own.

Many members of Congress may not know that a reservist can complete a full Guard or Reserve career but not earn the title of "veteran of the Armed Forces of the United States" unless the service member has served on Title 10 active duty for other than training purposes.

Drill training, annual training and Title 32 service responding to domestic natural disasters and defending our nation's airspace, borders and coastlines do not qualify for veteran status.

Many reserve-component members have served 20 years, giving the government a blank check to send them anywhere in the world, but through no fault of their own were never deployed or, in some cases, even been allowed to be deployed.

Yet, an active-duty member whose entire short-term enlistment tour is spent in less rigorous domestic assignments to domestic posts and bases on Title 10 status will fully qualify, not just for veterans status, but for all veterans' benefits. This disparity is unfair and must end.

S. 1982 (Section 908) would honor as veterans a**ny person who is entitled to retirement pay for nonregular service or, but for age, would be entitled to retirement pay for nonregular service.** The bill would not bestow any benefits other than the honor of claiming veteran status for those who honorably served and sacrificed as career reserve-component members. They deserve nothing less.

Among its many other provisions, S. 1982 would allow certain veterans who lack access to health insurance except through a health exchange to enroll in the health care system of the Department of Veterans Affairs; authorize the VA to carry out a three-year comprehensive dental care pilot program; extend counseling and treatment to service members who suffered sexual trauma while serving on inactive-duty training; and require state recognition of military experience in issuing licenses and credentials as a precondition to receiving funds from the VA for state veteran employment outreach programs.

S. 1982 awaits a floor vote in the Senate and needs to become law. Authorizing veteran status for career reserve-component service would substantially boost morale without any cost to the taxpayer. Please urge your colleagues in the Senate and in the House to support this bill.

Investigate the Disproportionate Denial Rate for Reserve Component Claims for Disability Benefit Compensation

According to data compiled and published by the Veterans' Benefit Administration (VBA), National Guard and Reserve veterans of Operation Iraqi Freedom (OIF), Operation New Dawn (OND) and Operation Enduring Freedom (OEF) are half as likely as active duty veterans of those wars to file disability claims with the VBA (27.7 percent to 50.7 percent).

Disability claims that are filed by those National Guard and Reserve veterans are being denied by the VBA at four times the rate (1.2 percent to 4.8 percent) of those claims filed by non-National Guard and Reserve veterans.

According to the 2013 report filed by the VBA, of the 193,109 disability claims filed by National Guard and Reserve veterans of the Global War on Terror (GWOT), the VBA denied service connection for 9,296. In contrast, the VBA decided 531,882 disability claims for active duty GWOT veterans but denied service connection for only 6,156.

These may seem to be small numbers but they represent a claims denial rate for Guard and Reserve GWOT veterans four times greater than that for active duty GWOT veterans. We need to know why this is.

Years of neglect in the Office of the Secretary of Defense with the demobilization process for reserve-component members returning from deployment and the inadequate capturing of theater medical records for the reserve component may have come home to roost.

Theater commands in Operation Iraqi Freedom and Operation Enduring Freedom did not establish a reliable method for preserving in-theater records of the reserve component. Congress heard testimony during the peak years of OIF in 2007 that some medically evacuated reserve-component members sometimes returned stateside with medical records resting on their supine chests.

Moreover, too many members of the Guard and Reserve have been allowed to slip

through the medical cracks at demobilization stations resulting in widespread under identification of service-connected injuries at that critical separation point.

A variety of reasons may have been at play, to include inadequate screening by medical personnel at the demobilization site; the reluctance of returning members to report disabling injuries at distant demobilization sites to avoid the risk of further separations from home after lengthy deployments; or simply the late onset of symptoms after discharge from exposures to chemical hazards, traumatic brain injury or post-traumatic stress disorder.

The Department of Defense has acknowledged that medical records were lost in those theaters of operations.

To address this discrepancy in denial rates for adjudicated disability claims, your committees need to direct the Government Accounting Office in cooperation with the Veterans Administration Office of the Inspector General to conduct an investigation to determine why there exists a greater denial rate within the VBA for adjudicated disability claims filed by National Guard and Reserve veterans of OIF, OND and OEF compared to those filed by active-duty veterans.

The investigation must analyze the types of medical conditions related to the disability claims filed with the VBA by National Guard and Reserve veterans and whether there is a pattern of denial of service connection for certain conditions underlying the disability claims filed by these veterans and whether there is a pattern of assigning lower disability ratings for disability claims filed by Guard and Reserve veterans compared to those filed by active-duty veterans.

The investigation needs to assess whether the subject denial rate discrepancy is caused in whole or in part by inadequate Department of Defense record keeping in-theater for National Guard and Reserve members, and if so, whether it may be appropriate as a corrective measure to grant a presumption of service connection for disability claims filed by National Guard and Reserve OIF, OND, OEF veterans due to DoD negligence creating and retaining medical records.

Community-based Mental Health Care for Our Veterans

In 2007, the Rand Corporation published “The Invisible wounds of War.” This study found that at the time, 300,000 veterans of Operation Iraqi Freedom and Operation Enduring Freedom suffered from either PTSD or major depression. This number can only have grown after more years of war. The harmful effects of these

untreated invisible wounds on our veterans hinder their ability to reintegrate with their families and communities, work productively and live independently and peacefully.

Rand recommended that a network of local, state, and federal resources centered at the community level be available to deliver evidence-based care to veterans whenever and wherever they are located. Veterans must have the ability to utilize trained and certified services in their communities. In addition to training providers, the VA must educate veterans and their families on how to recognize the signs of behavioral illness and how and where to obtain treatment.

VA and Vet Center facilities are often located hundreds of miles from our National Guard veterans living in rural areas. Requiring a veteran, once employed, to drive hundreds of miles to obtain care at a VA facility necessitates the veteran taking time off from work for reasons likely difficult to explain to an employer. The VA needs to leverage community resources to proactively engage veterans in caring for their mental health needs in a confidential and convenient manner that does not require long distance travel or delayed appointments.

To facilitate the leveraging of mental health care providers in our communities, the VA can actively exercise its authority to contract with private entities in local communities, or creatively implement a voucher program that would allow our veterans to seek fee-based treatment locally outside the brick and mortar of the Veterans Administration facilities and even Vet Centers.

The Vet Center in Spokane, Washington, for example, serves an area as wide as the state of Pennsylvania. It is not practical for veterans in this catchment area to drive hundreds of miles to seek counseling or behavioral clinical care. That Vet Center pre-screens fee-based providers to whom it will refer veterans for confidential treatment in its management area. It also monitors the process to make sure the veteran is actually receiving care paid for by the Vet Center. This system already works. However, a voucher process would improve efficiencies by relieving the Vet Center of its scheduling burden by allowing the veteran to directly make his or her own appointment with providers as needed.

The VA and Vet Centers also need to fully leverage existing state administrative mental health and veteran networks. Working with the state mental health care provider licensing authorities, community providers certified by the VA or Vet Center to treat veterans could be identified at the state agency level with vouchers to pay for treatment.

Several of our veterans have fallen through the cracks of the VA health care system, and will continue to do so. According to the Vietnam Veterans of America, last year only 30 percent of our veteran population had enrolled in VA medical programs. Many veterans end up in the care of state social service programs in cooperation with state and national veteran organizations. The VA has the authority to assist in maintaining this safety net of care for veterans in a stressful economic climate for our states with a voucher program or expanded contracting with private entities. It needs to act.

Thank you again for the honor of appearing before you today and for what you are doing for our National Guard veterans who are still serving and for those who have separated. They have benefited greatly from your efforts. Thank you.

Disclosure Statement

Neither NGAUS nor I have received in this current year or within the past two fiscal years any federal grant or contract.

Gus Hargett, MG US Army (Retired)
President
NGAUS