

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



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

**STATEMENT OF
DOUGLAS J. GREENLAW
NATIONAL COMMANDER**

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

MARCH 12, 2019

MILITARY ORDER OF THE PURPLE HEART

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2019 LEGISLATIVE PRESENTATION

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

As I am sure all of you are aware, MOPH is a unique in that our membership is comprised entirely of veterans who were wounded in combat or by an act of terrorism. Still, our advocacy efforts extend to **ALL** veterans, servicemembers, and their families and survivors.

To that end, MOPH will assist any veteran in filing a claim with the Department of Veterans Affairs (VA). Our network of 87 accredited National Service Officers and staff operate out of 67 offices across the country, in addition to Guam and Puerto Rico. In Fiscal Year 2018, they submitted approximately 10,000 claims to VA, resulting in over \$140 million in VA benefits for veterans and their dependents. All of this assistance is always provided free of charge.

Additionally, MOPH gives back to the community through our Scholarship Program. Each year, MOPH grants scholarships to Purple Heart recipients, their spouses, children and grandchildren. This includes surviving family members of Purple Heart recipients who were killed in action. We also maintain a robust VA Voluntary Services Program, as well as our Purple Heart Truck Program, which allows us to provide brand new fully adapted pickup trucks to severely wounded veterans who require vehicle hand controls.

This is a brief overview of the MOPH National Programs. It does not even begin to describe the many contributions of what we believe to be the backbone of our organization, our MOPH members. Organized into 376 Chapters across the Nation, they are constantly engaged with their local communities, serving as ambassadors to the general public by participating in civic events and championing their own unique local programs.

We would also like to take this opportunity to express our appreciation to both Committees for your continued hard work on behalf of our Nation's veterans during the 115th Congress. The successful passage of multiple pieces of significant legislation to include the *VA MISSION Act*, the *Forever GI Bill*, and the *Veterans Appeals Improvement and Modernization Act*, was a monumental achievement, and for that, we are grateful. We also recognize that much of the

Committees' work in the 116th Congress will focus on oversight, and we look forward to working with you and VA to ensure the effective implementation of these new laws.

Still, there are many issues affecting veterans that Congress must continue to address with new legislation. While MOPH always has been, and will continue to be, the first to stand up for our fellow Purple Heart recipients, our priorities reflect the fact that we are staunch advocates for all veterans and their families. With that, *on behalf of the Order*, I am pleased to present the MOPH legislative agenda for 2019.

VA MISSION Act Implementation

The *VA MISSION Act*, which became law last year, contained multiple reforms to VA health care. Most significantly, it established a permanent Veterans Community Care Program (VCCP), replacing previous authorities including the Veterans Choice Program. At the same time, it strengthened internal VA health care by providing resources to recruit and retain more VA doctors. It also required a review of VA infrastructure, and finally expanded the Comprehensive Caregiver Support Program to veterans of all eras. As the product of several different legislative proposals, the *VA MISSION Act* represented a compromise that was ultimately supported by Congress, VA, and the Veteran Service Organization (VSO) community, to include MOPH.

MOPH strongly believes that VA has an obligation to provide high quality medical care to every enrolled veteran. In cases where VA facilities cannot provide veterans with care that is both timely and geographically accessible, veterans must be given the option to receive care from community providers. Still, we believe that VA should remain the primary provider and coordinator of care, and that community care must not come at the expense of funding for VA capacity. Doing so would jeopardize the VA care that many veterans prefer, and MOPH could never support that.

As part of the *MISSION Act*, VA was required to develop access standards for the VCCP, which were recently published for public comment. Among those are wait time and distance standards, which would establish a 20 day wait time standard and 30 minute average drive time standard for primary care, mental health care, and non-institutional extended care services, and a 28 day wait time standard and 60 minute average drive time standard for specialty care. If adopted, these standards are expected to increase both eligibility and cost for community care as compared to the "30 day-40 mile rule" of the Veterans Choice Program. At the same time, VA will require additional resources to implement the new hiring authority provisions of the *MISSION Act*. For this reason, it will be absolutely critical that Congress is prepared to fully fund community care and direct care simultaneously, no matter the cost. While we understand that this will be challenging, MOPH is committed to working with Congress, VA, and our VSO partners to ensure the correct balance is achieved.

Recommended Action: MOPH urges Congress to conduct robust oversight to ensure implementation of the VA MISSION Act strengthens both VA direct care and community care.

Mental Health and Suicide Prevention

Mental health care is certainly one of the foundational services offered at VA facilities. Veterans' mental health conditions often stem from their unique military experiences, both at home and while deployed. VA providers are familiar with the veteran experience, drawing on cultural competencies that cannot be replicated in the private sector.

However, VA continues to struggle to recruit, train and retain enough mental health providers to properly staff its facilities. A recent report by the VA Office of Inspector General found psychiatrists and psychologists to be two of the top five most frequently facility-designated occupational shortages. It is clear that in order to meet veterans' demand for services, Congress must continue to provide VA with the resources it needs to ensure its mental health occupations are fully staffed.

It is well documented that an average of 20 veterans tragically die by suicide each day. Of those, approximately 14 were not receiving VA health care services at the time. Recognizing that one veteran suicide is too many, VA must continue to its community outreach efforts focused on providing every at-risk veteran with the care they need.

VA must also maintain a strong partnership with the Department of Defense (DOD) to ensure at-risk veterans get the care they need. The most recent data reflects that veteran suicide rates are highest among those who served most recently, age 18-29. DOD is aware of which servicemembers are receiving mental health treatment at the time of discharge. In every instance, this information should be shared with VA to ensure recently separated veterans who may be at-risk for suicide get the care they need.

Recommended Action: MOPH urges Congress to provide VA with the resources to fully staff its mental health occupations, and to ensure that DOD shares information with VA about separating servicemembers who may be at-risk for suicide.

Improving Services for Women Veterans

According to VA, the woman veteran population is expected to increase by approximately 18,000 per year over the next 10 years. Women are also increasingly engaged in combat roles on today's modern battlefield. Approximately 1,450 women are current MOPH members, and we firmly believe that VA must continue to improve access to the health care and gender-specific services that they and all woman veterans need and deserve.

For this reason, MOPH strongly supports S. 514, the *Deborah Sampson Act*, introduced by Senator Tester. This comprehensive bill contains many important provisions, to include expanding peer-to-peer counseling for women veterans, extending the period of eligibility for newborn care, retrofitting VA facilities to offer more privacy to women veterans, and increasing the number of gender-specific providers at VA, among other improvements. For far too long, women veterans have had to deal with the reality VA services were not always designed with their specific needs in mind. If VA is to be a truly modern health care organization, it must be

able to provide the full range of care to all those who earned it, and we believe that the improvements made by the *Deborah Sampson Act* are long overdue.

Additionally, one of the biggest barriers to health care for veterans with young children is lack of access to adequate child care. This disproportionately affects women veterans, who are most often their children's primary caregivers. Under no circumstances should any veteran be forced to make the difficult choice to forego care for their own service-related conditions because their children have nowhere to go during their appointments. VA has been operating a successful pilot program to provide child care for veterans, but the pilot sites are limited. Representative Brownley's bill, H.R. 840, the *Veterans' Access to Child Care Act*, would solve this problem by expanding child care benefits to all VA facilities. The House has already passed this legislation, and we urge the Senate to pass it without delay.

Recommended Action: MOPH urges Congress to pass S. 514, the Deborah Sampson Act and the Senate to pass H.R. 840, the Veterans' Access to Child Care Act.

Burn Pit Accountability

It is well known that the U.S. military used open air burn pits as a common practice to dispose of waste at forward operating bases in Iraq and Afghanistan. Burned waste often included things like chemicals, batteries, munitions, tires, human waste, and garbage. As a result, millions of servicemembers were potentially exposed to toxic fumes on a constant basis while deployed to those theaters, and many continue to report unexplained illnesses and symptoms that may be the direct result of that exposure.

In response, VA operates its Airborne Hazards and Open Burn Pit Registry, which is used to collect data from veterans who may have been exposed, help them schedule health exams, and inform them of any future developments on the issue. Currently, registration is done on an opt-in basis. Over 140,000 veterans have chosen to participate in the registry, however, this is only a small percentage of those likely exposed, given that nearly 3 million have served in Iraq and Afghanistan since 2001. MOPH believes that the responsibility for burn pit registration should not fall solely on the veteran, and that DOD and VA should share greater accountability in ensuring that every exposed veteran gets care and benefits they deserve.

For this reason, MOPH supports H.R. 663, the *Burn Pits Accountability Act*, sponsored by Representative Gabbard, and S. 191 sponsored by Senator Klobuchar. This legislation would require DOD to conduct routine medical exams on servicemembers for burn pit exposure, and report those who suffered exposure for enrollment in the Burn Pit Registry.

Additionally, MOPH is pleased that VA has contracted with the National Academy of Medicine to provide a comprehensive review of the respiratory health effects of burn pit exposure. However, the results of the study are not expected to be complete until 2020. Currently, combat veterans discharged on or after January 28, 2003 are eligible for only five years of VA health care enrollment, absent any other enrollment eligibilities. MOPH believes that VA should continue to treat veterans who are suffering from illnesses that may be associated with burn pit exposure beyond that five year window, and we would support legislation to extend

their enrollment eligibility period until the long term effects of burn pit exposure are fully understood.

Recommended Action: MOPH urges Congress to pass H.R. 663 and S. 191, the Burn Pits Accountability Act, and to enact legislation to extend the five year VA enrollment eligibility period for veterans who may have suffered burn pit exposure.

Home Loan Fee Waiver for Active Duty Purple Heart Recipients

The VA Home Loan Program is a valuable benefit that allows veterans to purchase homes with no down payment or mortgage insurance. Instead, a funding fee is used to cover any losses VA may incur in guaranteeing the loans. The fees for first time users are between 2.15 and 2.4 percent of the loan amount, and may be paid upfront or financed as part of the loan, generally adding thousands of dollars to the final amount of the loan. However, disabled veterans and surviving spouses of veterans who died of service connected disabilities are eligible to have the funding fee waived as a benefit of their service.

Combat wounded veterans still serving on active duty, however, are required to pay the funding fee in all cases. MOPH strongly believes that these veterans, the vast majority of whom will almost certainly be eligible for some level of service connected disability rating upon separation, should be entitled to the funding fee waiver on the same basis as disabled veterans who have already been discharged. Many active duty Purple Heart recipients were severely wounded in Iraq and Afghanistan, and spent many months recovering in military hospitals before they were able to return to duty. Others may spend months or years in military hospitals before ultimately receiving medical discharges, but may wish to purchase homes during that period of recovery. MOPH sees absolutely no reason why they should be penalized by the VA Home Loan Program in any way, simply because they continue to serve on active duty in some capacity.

The *Blue Water Navy Vietnam Veterans Act*, introduced by Representative Takano as H.R. 299 and Representative Roe as H.R. 203, would correct this injustice by extending the VA home loan funding fee waiver to active duty Purple Heart recipients. MOPH strongly supports this legislation.

Recommended Action: MOPH urges Congress to pass H.R. 299/203, the Blue Water Navy Vietnam Veterans Act.

Concurrent Receipt

As your Committees are well aware, military retirees who have a service connected disability, rated less than 50 percent, are still subject to an offset of their retired pay by an amount equal to their VA disability compensation. Veterans who were retired from service after less than 20 years due to a disability are subject to the offset, regardless of their disability ratings. While MOPH is grateful for the provision of the 2003 National Defense Authorization Act that provided concurrent receipt of these two benefits for military retirees with disabilities rated at

50 percent or higher and more than 20 years of service, we strongly believe that the time to extend full concurrent receipt to all military retirees is long overdue.

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

To correct this injustice once and for all, we urge your support of S. 208, introduced by Senator Tester and H.R. 303, introduced by Representative Bilirakis, the *Retired Pay Restoration Act*, which would extend full concurrent receipt to all military retirees with at least 20 years of service. We also ask that you support Representative Bishop’s bill, H.R. 333, the *Disabled Veterans Tax Termination Act*, which would also extend full concurrent receipt to all veterans who were retired due to a disability.

Recommended Action: MOPH urges Congress to pass S. 208, H.R. 303, and H.R. 333.

SBP/DIC Offset

It is not just veterans who are subject to unjust offsets. Surviving spouses who are eligible for both the DOD Survivor Benefit Plan (SBP) and VA Dependency and Indemnity Compensation (DIC) also experience a dollar-for-dollar offset of their SBP payments. Among surviving spouses, this unfair policy is commonly referred to as the “Widow’s Tax.” Similar to concurrent receipt, the collection of both SBP and DIC should in no way be considered “double dipping,” as they are likewise granted for completely different reasons.

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

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

While we recognize that the Special Survivor Indemnity Allowance has provided some relief on an incremental, temporary basis, we believe that Congress must act to correct this situation permanently. For this reason, we ask for your support of H.R. 553, the *Military Surviving*

Spouses Equity Act, introduced by Representative Joe Wilson, which would eliminate the SBP/DIC offset.

Recommended Action: MOPH urges Congress to pass H.R. 553, the Military Surviving Spouses Equity Act.

Protecting the Purple Heart Medal

For servicemembers who paid the ultimate sacrifice, the Purple Heart is often the last tangible item their family receives in their memory. In cases where Purple Hearts are lost or stolen, we believe every effort should be made to return those medals to their rightful owners.

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

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

This legislation has been introduced by Senator David Perdue as S. 122, and passed the Senate by Unanimous Consent in the 115th Congress. However, the House took no action on it or its counterpart, introduced by Representative Paul Cook. MOPH strongly urges Congress to pass the *Private Corrado Piccoli Purple Heart Preservation Act* without delay.

Recommended Action: MOPH urges the Congress to pass S. 122, the Private Corrado Piccoli Purple Heart Preservation Act.

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

Yours in Patriotism,



Douglas J. Greenlaw
National Commander

Disclosure of Federal Grants and Contracts:

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



Douglas J. Greenlaw



National Commander

Doug Greenlaw is an experienced senior media industry executive with a record of accomplishment in CEO, COO and senior executive positions at such leading corporations as Viacom's MTV Networks, Multimedia, Whittle Communications, The Family Channel, and Switchboard.

Greenlaw has lead three (3) IPOs as CEO and participated as a Board of Directors member on all three. He has lead three public corporations. Greenlaw is currently on the Board of Directors of Alcentra Capital Corporation/Bank of New York/Mellon. Greenlaw is a decorated US Army Veteran having served in Vietnam as a Platoon Leader and Company Commander with the 196th Light Infantry Brigade, a recipient of the Silver Star, 2 Bronze Stars and 2 Purple Hearts.

Doug Greenlaw was elected MOPH National Commander in August, 2018, having previously served as a Founder and Commander of a successful Chapter and a term as State Commander of South Carolina.