

I am Marshall Hanson, in addition to my job at the Reserve Officers Association I am also a co-chair for TMC's Guard and Reserve committee.

Thank you for the opportunity to testify this morning. We all have heard how the Army expects to reduce its numbers to below the end strength levels prior to World War II. What is missing from this explanation is a back-up plan if DoD's strategy is wrong. Between 1924 and 1939, while the active Army was small in size, the plan was to mobilize 1.3 million men within 4 months of a crisis. No such fall back exists today, placing the full onus onto the Reserve and National Guard to provide any surge.

While there is an increasing a number of studies supporting the Reserve and Guard cost efficiencies, the Army pushes back against the role of the Reserve Force. Using the QDR as a reference, the Army is now challenging how quickly the Reserve or Guard can be mobilized to respond to a crisis. Over the last thirteen years, 893,911 have been mobilized.

TMC believes that the nation needs to continue to use the Reserve Components as an operational force and sustain a surge capacity for unexpected contingencies. DoD is will to accept risks, the Reserve and Guard are the only insurance policy. It is important to retain the combat experience of veterans during a Reduction in Force in the Reserve Force. Cutting the Reserve and Guard as well as the active forces will make achieving readiness goals even more difficult.

This is why there is a need for caution before making compensation cuts to the Reserve Force. Compensation needs to keep pace with the nation's ever-increasing reliance on the Reserve and the Guard. Yet DoD wants to reduce monthly reimbursement, has suggested changes to retirement and increase costs to benefits.

If you calculate the number of days worked against pay, the ratio's for both Active and Reserve are the same. Reducing monthly pay will drive away the best, as they can reap higher rewards, elsewhere. Suggested changes to retirement will actual pay Reserve Force retirees less over a lifetime.

A fiscal year barrier exists, denying them a 90 day credit if their service crosses between two fiscal years. TMC supports S.240 by Senators Tester, Chambliss and Blumenthal to fix the problem retroactively in U.S. Code. TMC also advocates extending the early retirement to the warriors who served since 9/11/2001. As many senior officers and enlisted are performing duty without pay, TMC endorses crediting all inactive duty toward reserve retirement.

Several years ago, DoD reassured beneficiary associations that TRICARE Reserve Select would not be included in the fee increases that DoD had requested. This year, if fees are increased they would be the same for TRICARE Reserve Select as for TRICARE Standard. The Pentagon

views TRS not as a health program for Reserve and Guard, but as a health insurance plan. Reserve Force members have proven themselves over the last 13 years, and should have a health care option fit for warriors.

Regrettably, transitions between different military health care programs are not seamless. Serving members need to reenroll at various points as they transition on and off Active Duty. This has caused many Reserve members to hesitate to use TRICARE Reserve Select. TMC supports an option to pay a stipend to employers during mobilization periods permitting family members to continue on their civilian medical insurance.

For those Reservist who have been wounded or injured, many are not receiving the same disability rating as their Active Duty counterparts. If any warrior is asked to take a risk, their benefits should be discounted because no one is part-time on the war zone. Similar if they make the final sacrifice in the line of duty, Reserve or Guard surviving family memories should receive the same level of benefits as their active duty counterpart.

The associations of TMC look forward to working with the committee on these and other issues highlighted in the written testimony. Thank you and I await your questions.