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The Servicemember's Voice in Government

Established in 1968



**Testimony**

**of**

**The National Association for Uniformed Services (NAUS)**

**presented by**

**NAUS Legislative Director Rick Jones**

**before the**

**Senate Committee on Appropriations**  
**Subcommittee on Defense Appropriations**

**Wednesday, June 18, 2009, 10:30 am**  
**Room SD-192 Dirksen Senate Office Building**

Chairman Inouye, Ranking Member Cochran, and members of the Subcommittee, it is a pleasure to appear before you today to present the views of The National Association for Uniformed Services on the Fiscal Year 2010 Defense Appropriations Bill.

My name is Richard "Rick" Jones, Legislative Director of The National Association for Uniformed Services (NAUS). And for the record, NAUS has not received any federal grant or contract during the current fiscal year or during the previous two years in relation to any of the subjects discussed today.

As you know, the National Association for Uniformed Services, founded in 1968, represents all ranks, branches and components of uniformed services personnel, their spouses and survivors. The Association includes all personnel of the active, retired, Reserve and National Guard, disabled veterans, veterans community and their families. We love our country, believe in a strong national defense, support our troops and honor their service.

Mr. Chairman, the first and most important responsibility of our government is the protection of our citizens. As we all know, we are at war. That is why the defense appropriations bill is so very important. It is critical that we provide the resources to those who fight for our protection and our way of life. We need to give our courageous men and women everything they need to prevail. And we must recognize as well that we must provide priority funding to keep the promises made to the generations of warriors whose sacrifice has paid for today's freedom.

At the start, I want to express NAUS concern about the amount of our investment in our national defense. At the height of the War on Terror, our current defense budget represents only a little more than 4 percent of the gross national product, as opposed to the average of 5.7 percent of GNP in the *peacetime* years between 1940 and 2000.

We cannot look the other way in a time when we face such serious threats. Resources are required to ensure our military is fully staffed, trained, and equipped to achieve victory against our enemies. Leaders in Congress and the administration need to balance our priorities and ensure our defense in a dangerous world.

Here, I would like to make special mention of the leadership and contribution this panel has made in providing the resources and support our forces need to complete their mission. Defending the United States homeland and the cause of freedom means that the dangers we face must be confronted. And it means that the brave men and women who put on the uniform must have the very best training, best weapons, best care and wherewithal we can give them.

The members of this important panel have taken every step to give our fighting men and women the funds they need, despite allocations we view as insufficient for our total defense needs. You have made difficult priority decisions that have helped defend America and taken special care of one of our greatest assets, namely our men and women in uniform.

And the National Association for Uniformed Services is very proud of the job this generation of Americans is doing to defend America. Every day they risk their lives, half a world away from loved ones. Their daily sacrifice is done in today's voluntary force. What they do is vital to our security. And the debt we owe them is enormous.

Our Association does, however, have some concerns about a number of matters. Among the major issues that we will address today is the provision of a proper health care for the military community and recognition of the funding requirements for TRICARE for retired military. Also, we will ask for adequate funding to improve the pay for members of our armed forces and to address a number of other challenges including TRICARE Reserve Select and the Survivor Benefit Plan.

We also have a number of related priority concerns such as the diagnosis and care of troops returning with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), the need for enhanced priority in the area of prosthetics research, and providing improved seamless transition for returning troops between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). In addition, we would like to ensure that adequate funds are provided to defeat injuries from the enemy's use of Improvised Explosive Devices (IEDs).

### **TRICARE and Military Quality of Life: Health Care**

Quality health care is a strong incentive to make military service a career. The provision of quality, timely care is considered one of the most important benefits afforded the career military. The TRICARE benefit, earned through a career of service in the uniformed services, reflects the commitment of a nation, and it deserves your wholehearted support.

It should also be recognized that discussions have once again begun on increasing the retiree-paid costs of TRICARE earned by military retirees and their families. We remember the outrageous statement of Dr. Gail Wilensky, a co-chair of the Task Force on the Future of Military, calling congressional passage of TRICARE for Life "a big mistake."

And more recently, we heard Admiral Mike Mullen, the current Chairman of Joint Chiefs of Staff, call for an increase in TRICARE fees. Mullen said, "It's a given as far as I'm concerned."

Fortunately, President Obama has taken fee increases off the table this year in the Administration budget recommendation. However, with comments like these from those in leadership positions, there is little wonder that retirees and active duty personnel are upset.

Seldom has NAUS seen such a lowering in confidence about the direction of those who manage the program. Faith in our leadership continues, but it is a weakening faith. And unless something changes, it is bound to affect recruiting and retention.

### **Criminal Activity Costs Medicare and TRICARE Billions of Dollars**

Recent testimony and studies from the Government Accountability Office (GAO), the investigative arm of the United States Congress, shows us that at least \$80 billion worth of

Medicare money is being ripped off every year. Frankly, it demonstrates that criminal activity costs Medicare and TRICARE billions of dollars.

Here are a couple of examples. GAO reports that one company billed Medicare for \$170 million for HIV drugs. In truth, the company dispensed less than a million dollars. In addition, the company billed \$142 million for nonexistent delivery of supplies and parts and medical equipment.

In another example, fake Medicare providers billed Medicare for prosthetic arms on people who already have two arms. The fraud amounted to \$1.4 billion of bills for people who do not need prosthetics.

TRICARE is closely tied to Medicare and its operations are not immune. According to Rose Sabo, Director of the TRICARE Program Integrity Office, the Government Accountability Office says that 10 percent of all health care expenditures are fraudulent. With a military health system annual cost of \$47 billion, fraudulent purchase of care in the military health system would amount to \$4.7 billion.

Last year a Philippine corporation was ordered to pay back more than \$100 million following a TRICARE fraud conviction. But despite TRICARE efforts to uncover this type of criminal activity, money continues to go out the door with insufficient resources dedicated to its recovery.

Regarding TRICARE efforts to uncover fraud problems, it should be noted that documents by the Department of Defense Inspector General (DODIG) reported the fraud as early as 1998 to TRICARE Management Activity (TMA). But it wasn't until 2005 that TMA stopped paying the fraudulent claims reported seven years earlier by DODIG.

NAUS urges the Subcommittee to challenge DoD and TRICARE authorities to put some guts behind efforts to drive fraud down and out of the system. If left unchecked, fraud will increasingly strip away resources from government programs like TRICARE. And unless Congress directs the Administration to take action, you know who will be left in the breach, holding the bag—the law abiding retiree and family.

We recently learned of an incident of clear outright healthcare fraud involving a Medicare/TRICARE provider. The patient was a member of a veterans-related survivor organization and a TRICARE for Life beneficiary. She went to visit a doctor for the first time but was not content with the provider so she did not see him again. But bills against TRICARE continued to roll in for visits and services that were never provided. The beneficiary reported this suspicious activity to the TRICARE Management Activity. TRICARE officials were reticent to talk to the individual when she called them again to report additional fraudulent bills. When the individual's survivor organization became involved, it was told by TRICARE not to worry about the billings because the bogus charges only added up to about \$2,500, which fell below the level of investigative action. The TMA rationale is troublesome on many levels. It is, of course, quite possible that the same doctor charged TRICARE for the "care" of other patients.

A fair portion of the cost of controlling Medicare and TRICARE fraud can be directly attributed to the detection of it. In this instance, a beneficiary attempted to perform her civic duty by “sounding the alarm” only to be ignored by the agency that claims to be committed to preventing, identifying, and assisting in the prosecution of healthcare fraud, not only to save valuable benefit dollars but also to ensure that eligible beneficiaries receive appropriate medical care. Deceitful schemes can adversely impact the quality of the care received. NAUS believes that criminal activity should be identified and prosecuted to the fullest extent of the law, whether it is for \$2,500 or \$250,000.

America expects its government to move courageously and tackle the real problems of issues like fraud in the TRICARE system and the Medicare system. The government should direct and resource its investigative teams to root out criminal activity, rather than looking to take money out of the pockets of military retirees. With hard work and honest public service, we are confident Congress will have more than enough money to pay for earned benefits like TRICARE.

The National Association for Uniformed Services urges increased funding for the Defense Criminal Investigative Service (DCIS), the criminal investigative arm of the DoD Inspector General, and for the TRICARE Program Integrity Office, responsible for anti-fraud activity in the military health system.

We urge the Subcommittee to take the actions necessary for honoring our obligation to those men and women who have worn the nation’s military uniform. Root out the corruption, fraud and waste. And confirm America’s solemn, moral obligation to support our troops, our military retirees, and their families. They have kept their promise to our Nation, now it’s time for us to keep our promise to them.

### **Military Quality of Life: Pay**

For fiscal year 2010, the Administration recommends a 2.9 percent across-the-board pay increase for members of the Armed Forces. The proposal is designed, according to the Pentagon, to keep military pay in line with civilian wage growth.

The National Association for Uniformed Services calls on you to put our troops and their families first. Our forces are stretched thin, at war, yet getting the job done. We ask you to express the nation’s gratitude for their critical service, increase basic pay and drill pay one-half percent above the administration’s request to 3.4 percent.

Congress and the administration have done a good job over the recent past to narrow the gap between civilian-sector and military pay. The differential, which was as great as 14 percent in the late 1990s, has been reduced to just under 4 percent with the January 2009 pay increase.

However, we can do better than simply maintaining a rough measure of comparability with the civilian wage scale. To help retention of experience and entice recruitment, the pay differential is important. We have made significant strides. But we are still below the private sector.

In addition, we urge the appropriations panel to never lose sight of the fact that our DoD manpower policy needs a compensation package that is reasonable and competitive. Bonuses have a role in this area. Bonuses for instance can pull people into special jobs that help supply our manpower for critical assets, and they can also entice “old hands” to come back into the game with their skills.

The National Association for Uniformed Services asks you to do all you can to fully compensate these brave men and women for being in harm’s way, we should clearly recognize the risks they face and make every effort to appropriately compensate them for the job they do.

### **Military Quality of Life: Basic Allowance For Housing**

The National Association for Uniformed Services strongly supports revised housing standards within the Basic Allowance for Housing (BAH). We are most grateful for the congressional actions reducing out-of-pocket housing expenses for servicemembers over the last several years. Despite the many advances made, many enlisted personnel continue to face steep challenge in providing themselves and their families with affordable off-base housing and utility expenses. BAH provisions must ensure that rates keep pace with housing costs in communities where military members serve and reside. Efforts to better align actual housing rates can reduce unnecessary stress and help those who serve better focus on the job at hand, rather than the struggle with meeting housing costs for their families.

### **Military Quality of Life: Family Housing Accounts**

The National Association for Uniformed Services urges the Subcommittee to provide adequate funding for military construction and family housing accounts used by DoD to provide our service members and their families quality housing. The funds for base allowance and housing should ensure that those serving our country are able to afford to live in quality housing whether on or off the base. The current program to upgrade military housing by privatizing Defense housing stock is working well. We encourage continued oversight in this area to ensure joint military-developer activity continues to improve housing options. Clearly, we need to be particularly alert to this challenge as we implement BRAC and related rebasing changes.

The National Association for Uniformed Services also asks special provision be granted the National Guard and Reserve for planning and design in the upgrade of facilities. Since the terrorist attacks of Sept. 11, 2001, our Guardsmen and reservists have witnessed an upward spiral in the rate of deployment and mobilization. The mission has clearly changed, and we must recognize they account for an increasing role in our national defense and homeland security responsibilities. The challenge to help them keep pace is an obligation we owe for their vital service.

### **Increase Force Readiness Funds**

The readiness of our forces is in decline. The long war fought by an overstretched force tells us one thing: there are simply too many missions and too few troops. Extended and repeated deployments are taking a human toll. Back-to-back deployments means, in practical terms,

that our troops face unrealistic demands. To sustain the service we must recognize that an increase in troop strength is needed and it must be resourced.

In addition, we ask you to give priority to funding for the operations and maintenance accounts where money is secured to reset, recapitalize and renew the force. The National Guard, for example, has virtually depleted its equipment inventory, causing rising concern about its capacity to respond to disasters at home or to train for its missions abroad.

The deficiencies in the equipment available for the National Guard to respond to such disasters include sufficient levels of trucks, tractors, communication, and miscellaneous equipment. If we have another overwhelming storm, hurricane or, God forbid, a large-scale terrorist attack, our National Guard is not going to have the basic level of resources to do the job right.

### **Walter Reed Army Medical Center**

Another matter of great interest to our members is the plan to realign and consolidate military health facilities in the National Capital Region. The proposed plan includes the realignment of all highly specialized and sophisticated medical services currently located at Walter Reed Army Medical Center in Washington, DC, to the National Naval Medical Center in Bethesda, MD, and the closing of the existing Walter Reed by 2011.

While we herald the renewed review of the adequacy of our hospital facilities and the care and treatment of our wounded warriors that result from last year's news reports of deteriorating conditions at Walter Reed Army Medical Center, the National Association for Uniformed Services believes that Congress must continue to provide adequate resources for WRAMC to maintain its base operations' support and medical services that are required for uninterrupted care of our catastrophically wounded soldiers and marines as they move through this premier medical center.

We request that funds be in place to ensure that Walter Reed remains open, fully operational and fully functional, until the planned facilities at Bethesda or Ft. Belvoir are in place and ready to give appropriate care and treatment to the men and women wounded in armed service.

Our wounded warriors deserve our nation's best, most compassionate healthcare and quality treatment system. They earned it the hard way. And with application of the proper resources, we know the nation will continue to hold the well being of soldiers and their families as our number one priority.

### **Department of Defense, Seamless Transition Between the DoD and VA**

The development of electronic medical records remains a major goal. It is our view that providing a seamless transition for recently discharged military is especially important for servicemembers leaving the military for medical reasons related to combat, particularly for the most severely injured patients.

The National Association for Uniformed Services is pleased to receive the support of President Obama and the forward movement of Secretaries Gates and Shinseki toward this long-supported goal of providing a comprehensive e-health record.

The National Association for Uniformed Services calls on the appropriations committee to continue the push for DoD and VA to follow through on establishing a bi-directional, interoperable electronic medical record. Since 1982, these two departments have been working on sharing critical medical records, yet to date neither has effectively come together in coordination with the other.

The time for foot dragging is over. Taking care of soldiers, sailors, airmen and marines is a national obligation, and doing it right sends a strong signal to those currently in military service as well as to those thinking about joining the military.

DoD must be directed to adopt electronic architecture including software, data standards and data repositories that are compatible with the system used at the Department of Veterans Affairs. It makes absolute sense and it would lower costs for both organizations.

If our seriously wounded troops are to receive the care they deserve, the departments must do what is necessary to establish a system that allows seamless transition of medical records. It is essential if our nation is to ensure that all troops receive timely, quality health care and other benefits earned in military service.

To improve the DoD/VA exchange, the hand-off should include a detailed history of care provided and an assessment of what each patient may require in the future, including mental health services. No veteran leaving military service should fall through the bureaucratic cracks.

### **Defense Department Force Protection**

The National Association for Uniformed Services urges the Subcommittee to provide adequate funding to rapidly deploy and acquire the full range of force protection capabilities for deployed forces. This would include resources for up-armored high mobility multipurpose wheeled vehicles and add-on ballistic protection to provide force protection for soldiers in Iraq and Afghanistan, ensure increased activity for joint research and treatment effort to treat combat blast injuries resulting from improvised explosive devices (IEDs), rocket propelled grenades, and other attacks; and facilitate the early deployment of new technology, equipment, and tactics to counter the threat of IEDs.

We ask special consideration be given to counter IEDs, defined as makeshift or “homemade” bombs, often used by enemy forces to destroy military convoys and currently the leading cause of casualties to troops deployed in Iraq. These devices are the weapon of choice and, unfortunately, a very efficient weapon used by our enemy. The Joint Improvised Explosive Device Defeat Organization (JIEDDO) is established to coordinate efforts that would help eliminate the threat posed by these IEDs. We urge efforts to advance investment in technology to counteract radio-controlled devices used to detonate these killers. Maintaining support is required to stay ahead of our enemy and to decrease casualties caused by IEDs.

## **Defense Health Program—TRICARE Reserve Select**

Mr. Chairman, another area that requires attention is reservist participation in TRICARE. As we are all aware, National Guard and Reserve personnel have seen an upward spiral of mobilization and deployment since the terrorist attacks of Sept. 11, 2001. The mission has changed and with it our reliance on these forces has risen. Congress has recognized these changes and begun to update and upgrade protections and benefits for those called away from family, home and employment to active duty. We urge your commitment to these troops to ensure that the long overdue changes made in the provision of their health care and related benefits is adequately resourced. We are one force, all bearing a critical share of the load.

## **Department of Defense, Prosthetic Research**

Clearly, care for our troops with limb loss is a matter of national concern. The global war on terrorism in Iraq and Afghanistan has produced wounded soldiers with multiple amputations and limb loss who in previous conflicts would have died from their injuries. Improved body armor and better advances in battlefield medicine reduce the number of fatalities, however injured soldiers are coming back oftentimes with severe, devastating physical losses.

In order to help meet the challenge, Defense Department research must be adequately funded to continue its critical focus on treatment of troops surviving this war with grievous injuries. The research program also requires funding for continued development of advanced prosthesis that will focus on the use of prosthetics with microprocessors that will perform more like the natural limb.

The National Association for Uniformed Services encourages the Subcommittee to ensure that funding for Defense Department's prosthetic research is adequate to support the full range of programs needed to meet current and future health challenges facing wounded veterans. To meet the situation, the Subcommittee needs to focus a substantial, dedicated funding stream on Defense Department research to address the care needs of a growing number of casualties who require specialized treatment and rehabilitation that result from their armed service.

We would also like to see better coordination between the Department of Defense Advanced Research Projects Agency and the Department of Veterans Affairs in the development of prosthetics that are readily adaptable to aid amputees.

## **Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)**

The National Association for Uniformed Services supports a higher priority on Defense Department care of troops demonstrating symptoms of mental health disorders and traumatic brain injury.

It is said that Traumatic Brain Injury (TBI) is the signature injury of the Iraq war. Blast injuries often cause permanent damage to brain tissue. Veterans with severe TBI will require extensive rehabilitation and medical and clinical support, including neurological and psychiatric services with physical and psycho-social therapies.

We call on the Subcommittee to fund a full spectrum of TBI care and to recognize that care is also needed for patients suffering from mild to moderate brain injuries, as well. The approach to this problem requires resources for hiring caseworkers, doctors, nurses, clinicians and general caregivers if we are to meet the needs of these men and women and their families.

The mental condition known as Post Traumatic Stress Disorder (PTSD) has been well known for over a hundred years under an assortment of different names. For example more than sixty years ago, Army psychiatrists reported, "That each moment of combat imposes a strain so great that ... psychiatric casualties are as inevitable as gunshot and shrapnel wounds in warfare."

PTSD is a serious psychiatric disorder. While the government has demonstrated over the past several years a higher level of attention to those military personnel who exhibit PTSD symptoms, more should be done to assist service members found to be at risk.

Pre-deployment and post-deployment medicine is very important. Our legacy of the Gulf War demonstrates the concept that we need to understand the health of our service members as a continuum, from pre- to post-deployment.

The National Association for Uniformed Services applauds the extent of help provided by the Defense Department, however we encourage that more resources be made available to assist. Early recognition of the symptoms and proactive programs are essential to help many of those who must deal with the debilitating effects of mental injuries, as inevitable in combat as gunshot and shrapnel wounds.

We encourage the Members of the Subcommittee to provide for these funds and to closely monitor their expenditure and to see they are not redirected to other areas of defense spending.

### **Armed Forces Retirement Home**

The National Association for Uniformed Services encourages the Subcommittee's continued interest in providing funds for the Armed Forces Retirement Home (AFRH).

We urge the Subcommittee to continue its help in providing adequate funding to alleviate the strains on the Washington home. Also, we remain concerned about the future of the Gulfport home, so we urge your continued close oversight on its re-construction. And we thank the subcommittee for the construction of a new Armed Forces Retirement Home at its present location in Gulfport.

The National Association for Uniformed Services also asks the Subcommittee to closely review administration plans to sell great portions of the Washington AFRH to developers. The AFRH home is a historic national treasure, and we thank Congress for its oversight of this gentle program and its work to provide for a world-class quality-of-life support system for these deserving veterans.

## **Improved Medicine with Less Cost at Military Treatment Facilities**

The National Association for Uniformed Services is also seriously concerned over the consistent push to have Military Health System beneficiaries age of 65 and over moved into the civilian sector from military care. That is a very serious problem for the Graduate Medical Education (GME) programs in the MHS; the patients over 65 are required for sound GME programs, which, in turn, ensure that the military can retain the appropriate number of physicians who are board certified in their specialties.

TRICARE/HA policies are pushing out those patients not on active duty into the private sector where the cost per patient is at least twice as expensive as that provided within Military Treatment Facilities (MTFs). We understand that there are many retirees and their families who must use the private sector due to the distance from the closest MTF; however, where possible, it is best for the patients themselves, GME, medical readiness, and the minimizing the cost of TRICARE premiums if as many non-active duty beneficiaries are taken care of within the MTFs. As more and more MHS beneficiaries are pushed into the private sector, the cost of the MHS rises. The MHS can provide better medicine, more appreciated service and do it at improved medical readiness and less cost to the taxpayers.

## **Uniformed Services University of the Health Sciences**

As you know, the Uniformed Services University of the Health Sciences (USUHS) is the nation's federal school of medicine and graduate school of nursing. The medical students are all active-duty uniformed officers in the Army, Navy, Air Force and U.S. Public Health Service who are being educated to deal with wartime casualties, national disasters, emerging diseases and other public health emergencies.

The National Association for Uniformed Services supports the USUHS and requests adequate funding be provided to ensure continued accredited training, especially in the area of chemical, biological, radiological and nuclear response. In this regard, it is our understanding that USUHS requires funding for training and educational focus on biological threats and incidents for military, civilian, uniformed first responders and healthcare providers across the nation.

## **Joint POW/MIA Accounting Command (JPAC)**

We also want the fullest accounting of our missing servicemen and ask for your support in DoD dedicated efforts to find and identify remains. It is a duty we owe to the families of those still missing as well as to those who served or who currently serve. And as President Bush said, "It is a signal that those who wear our country's military uniform will never be abandoned."

In recent years, funding for the Joint POW/MIA Accounting Command (JPAC) has fallen short, forcing the agency to scale back and even cancel many of its investigative and recovery operations. NAUS supports the fullest possible accounting of our missing servicemen. It is a duty we owe the families, to ensure that those who wear our country's uniform are never

abandoned. We request that appropriate funds be provided to support the JPAC mission for fiscal year 2010.

### **Appreciation for the Opportunity to Testify**

As a staunch advocate for our uniformed service men and women, The National Association for Uniformed Services recognizes that these brave men and women did not fail us in their service to country, and we, in turn, must not fail them in providing the benefits and services they *earned* through honorable military service.

Mr. Chairman, The National Association for Uniformed Services appreciates the Subcommittee's hard work. We ask that you continue to work in good faith to put the dollars where they are most needed: in strengthening our national defense, ensuring troop protection, compensating those who serve, providing for DoD medical services including TRICARE, and building adequate housing for military troops and their families, and in the related defense matters discussed today. These are some of our nation's highest priority needs and we ask that they be given the level of attention they deserve.

The National Association for Uniformed Services is confident you will take special care of our nation's greatest assets: the men and women who serve and have served in uniform. We are proud of the service they give to America every day. They are vital to our defense and national security. The price we pay as a nation for their earned benefits is a continuing cost of war, and it will never cost more nor equal the value of their service.

We thank you for your efforts, your hard work. And we look forward to working with you to ensure we continue to provide sufficient resources to protect the earned benefits for those giving military service to America every day.

Again, the National Association for Uniformed Services deeply appreciates the opportunity to present the Association's views on the issues before the Defense Appropriations Subcommittee.

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## Richard A. “Rick” Jones

Legislative Director  
National Association for Uniformed Services (NAUS)

Richard A. “Rick” Jones serves as Legislative Director for the National Association for Uniformed Services. As legislative director, he is the primary individual responsible for promoting the NAUS legislative, national security, and foreign affairs goals before the Departments of Defense and Veterans Affairs, and the Congress of the United States.

Rick is an Army veteran who served as a medical specialist during the Vietnam War era. His assignments included duty at Brooke General Hospital in San Antonio, Texas; Fitzsimons General Hospital in Denver, Colorado; and Moncrief Community Hospital in Columbia, South Carolina.

Rick completed undergraduate work at Brown University prior to his Army draft, and using his GI Bill benefits he earned a Master Degree in Public Administration from East Carolina University in Greenville, North Carolina, following military service.

Prior to assuming his current position, Rick served as National Legislative Director for AMVETS, a major veterans service organization. He also worked nearly twenty years as a legislative staff aide in the offices of Senator Paul Coverdell, Senator Lauch Faircloth, and Senator John P. East. He also worked in the House of Representatives as a committee staff director for Representative Larry J. Hopkins and Representative Bob Stump.

In working for Rep. Stump on the House Committee on Veterans’ Affairs, he served two years as minority staff director for the subcommittee on housing and memorial affairs and two years as majority professional staff on funding issues related to veterans’ affairs budget and appropriations.

Rick and his wife Nancy have three children and reside in Springfield, Virginia.

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*NAUS was founded in 1968 to support legislation to uphold the security of the United States, sustain the morale of the Armed Forces, and provide fair and equitable consideration for all members of the uniformed services: active, Reserve, National Guard, veteran, retired and their spouses, widows and widowers. The Society of Military Widows became affiliated with NAUS in 1984. NAUS is the only military association to represent all grades, ranks, components and branches of the uniformed services: Army, Air Force, Navy, Marine Corps, Coast Guard, Public Health Service, National Oceanic and Atmospheric Administration, their families and survivors.*