

H. GENE OVERSTREET, PRESIDENT, NONCOMMISSIONED OFFICERS ASSOCIATION

STATEMENT OF

H. GENE OVERSTREET

PRESIDENT, NONCOMMISSIONED OFFICERS ASSOCIATION
OF THE
UNITED STATES OF AMERICA

BEFORE THE

JOINT HEARING OF

THE COMMITTEES ON VETERANS AFFAIRS

UNITED STATES SENATE

AND

UNITED STATES HOUSE OF REPRESENTATIVES

WEDNESDAY, MARCH 16, 2011

Chairman Murray, Chairman Miller, Ranking Members Senator Burr and Mr. Filner, Members of the Senate and House Committees on Veterans Affairs, colleagues and veterans from all organizations represented today. I am Gene Overstreet, President, Non Commissioned Officers Association of the United States of America (NCOA).

I would be remiss if I did not immediately extend congratulations to the distinguished Chairman of both Committees who were appointed as Chair of their respective Committees for the 112th Congress. Already in a span of mere months, you have both articulated your advocacy for America's veterans in proposed legislation, the VA Budget Request, and focused comments on the Veterans Caregiver Act. Likewise, your Ranking Members have demonstrated their commitment to serve veterans, their families, and survivors. You inherit a legacy of action on behalf of all who have borne the battle.

NCOA is appreciative of the opportunity to formally present its legislative concerns and priorities for the 112th Congress addressing issues that our membership believes to be significant to veterans, their survivors, and dependents. The Association prepares its annual policy agenda through the formulation of Legislative Resolutions at the Annual Membership Meeting

We are pleased to recognize active military personnel of the uniformed services and retired military veterans of the Armed Forces Retirement Home who, as our guests today, will gain a perspective of this Nation's legislative process. We are grateful for their military service and the sacrifices of the military family. The words spoken here today will be heard by a diverse group who will share them with others who currently serve or have served in the Uniformed Services of the United States.

I am also pleased to recognize members of the Foreign Joint NCO Association (FJNCOA) whose members are assigned to their Embassies and Military Attaches in the National Capital Region. Currently 25 Countries and 5 Uniformed Services of the USA have membership in the Association.

About NCOA

NCOA now celebrating its 51st year of service representing active duty enlisted service members of all military services, the United States Coast Guard, associated Guard and Reserve Components, retirees and veterans. The representation of all enlisted members from services and components makes NCOA unique and enables it to provide a full and comprehensive perspective on active duty, retiree, veteran, and survivor issues. Association membership provides for servicemembers and their families through every stage of their military career from enlistment to eventual separation, retirement, to their inevitable final military honors rendered by a grateful Nation. NCOA defines well its membership service as "cradle to grave" with continued services to the veteran's surviving family members. "Cradle" is an appropriate starting point as many of today's servicemen and servicewomen are the dependents of veterans or retirees of the Uniformed Services.

NCOA was established in 1960 and registered in Texas as a 501c(19) entitled the Non Commissioned Officers Association of the United States of America and by its Articles of Incorporation defined its ultimate purposes as:

- Upholding and defending the Constitution of the United States;
- Promoting health, fellowship, and prosperity among its members and their dependents and survivors through benevolent programs;
- Assisting veterans and their dependents and survivors through a service program established for that purpose;
- Improving conditions for service members, veterans and their dependents and survivors;
- Fostering fraternal and social activities among its members in recognition that cooperative action is required for the furtherance of their common interest.

The Association's International Headquarters serves its global membership of over 60,000 members of the Association and the NCOA International Auxiliary. The Association and its 68 Chapters through the years have fulfilled the Association's Strength in Unity motto through programs that have supported local military and civilian communities; provided outreach to hospitalized veterans at federal, state, regional hospitals and nursing homes; fundraising activities and community services events reflect:

Donations \$8.4 Million
Benevolent Programs \$1.9 Million
Scholarships since 1975 \$1.2 Million
Bettsy Ross Educational \$150,000
Grants since 1988
Volunteer Hours Expended 7.6 Million

NCOA Medical Fund was created to promote the health and welfare of dependents of noncommissioned and petty officers and, in particular, to aid such persons faced with catastrophic medical problems. Grants awarded from the Fund are awarded to assist with medically related incidental expenses (not actual medical bills) and have been awarded to individuals from all branches of the Armed Forces and USCG and their Guard and Reserve Components. Since 1989, \$600,000 in grants have been awarded.

The NCOA Disaster Relief Fund was established in 1994 to assist enlisted military personnel with immediate disaster related expenses. Grants have been awarded to personnel in all branches of the Armed Forces and USCG and the Guard and Reserve Components to assist with emergency needs in bombing situations, fires, floods, hurricanes, typhoons and tornadoes. Since 1994, \$200,000 in grants have been awarded.

NCOA established a special Veterans Employment Assistance (VEA) program in 1973 which was the pioneer employment assistance for military personnel, veterans, and their family members. Special programs designed to write resumes, prepare individuals for interviews, and to market themselves were combined with Association sponsored job fairs held in the CONUS and overseas. NCOA sponsored approximately 15 major job fairs annually from 1973 to 2009 with over 10,000 companies participating in those 36 years which actually secured jobs for more than 60,000 veterans and their dependents.

In 2009, NCOA and Military.com recognizing that unemployment of transitioned veterans had reached record numbers established a partnership to produce career expositions and market job opportunities with employers. The cooperative venture proved highly successful with NCOA managing 32 Career Expos with 22 companies per event. In 2010, 33 Career Expos were held across the CONUS and in 2011, 40 events are on the calendar. The Career Expositions have averaged 500–600 attendees per event comprised of about 80% military/veterans and 20% dependents and civilians.

The 112th Congress Assembled

Let us never forget that every person who has served in the military recognizes there is a nexus between how a nation takes care of its military personnel and veterans in relation to future military recruiting and military retention in the all volunteer force. We cannot afford to fail as a Nation to institutionally represent and take care of our military personnel and their families through their life cycle of needs while in the military and continuing through their veteran or retiree status. How this Nation takes care of its serving military members, its fallen warriors, and those wounded or disabled in service is very transparent in this new electronic age. Computers, smartphones, iPads, social networks, and countless other applications for communicating will influence the propensity of people to enlist or accept commissioning in any of the Uniformed

Services. How we treat active duty, Guard and Reserve personnel, members of the United States Coast Guard, and equally important today – how we treat America’s veterans is vitally important! As important is how fast we honor the sacred commitments made to veterans, their survivors and dependents.

We are mindful that this 112th Congress is a part of the continuation of democracy in America. It is also important to recognize the accomplishments of the 111th Congress and the past leadership of Committee on Veterans Affairs Chairmen, Daniel Akaka and Bob Filner and their respective Committee Members and Support Staff. The Committee’s efforts have always sought to honor America’s institutional commitments, ensure needed benefits, and to provide for quality healthcare for those who have “borne the battle.” NCOA values the initiatives of those who serve on your committees.

We remain a Nation engaged in a war against terrorism. Military operations and assistance continue in Iraq and Afghanistan and uniformed personnel are deployed around the world honoring national commitments. Members of the Uniformed Services include the unprecedented utilization of Guard and Reserve personnel. Since September 11, 2001, the “infamous 9/11 of the 21st Century” and the start of Operation Enduring Freedom and Operations Iraqi Freedom/New Dawn America has had:

Killed	5,892	
Wounded	43,390	
Missing/Captured		2

And the reported wounded above does not include those warriors who have varying degrees of Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBI), mental health issues, and countless others who may today still have undiagnosed cases of TBI with further developing cognitive, hearing, and vision problems. Additionally, VA is becoming more aware of new toxic contaminations from burn pits and recognizing new health issues. That the identified DOD wounded service members is disproportionately low can be inferred from VA healthcare statistics for the 4th Quarter of 2010 that reported approximately 625,000 Iraq and Afghanistan veterans sought healthcare of a potential 1.25M assigned in the Theaters of Operations.

Concurrently, America is faced with economic constraints of an economy that went to the brink of a recession in 2009 and 2 years later continues a slow recovery. The issues for the Nation are obviously multi-dimensional; restoring the economy, reducing the national deficit, creating jobs to reduce unemployment. All of which have significant federal budget implications.

The Association appreciates that that the Committees have been responsive to veteran needs in your assessment of inadequate past budgets by stepping up to the plate and adding critically needed resources. Approximately two years ago, NCOA and most all veteran organizations testified before a Joint Hearing on the need for an Advance Appropriation for Medical Care provided by the Veterans Health Administration (VHA). The Committees listened and in the First Session of the 111th Congress took action and made advance appropriations a reality. Through that mechanism VHA is able to plan and execute quality healthcare programs not limited by the actions necessary by a Continuing Resolution and the day-to-day question of

availability of resources. Advance Appropriations for VHA healthcare was a watershed achievement for veterans.

The Committees and respective members have been involved in many issues as can be attested to by the passage of the following legislation in 2010:

- P.L. 111-117 Advance Veterans Health Administration Appropriations for 2011
- P.L. 111-137 Expand Veteran Eligibility for Emergency Treatment at Non VA Facilities
- P.L. 111-163 Caregivers and Veterans Omnibus Health Services Act 2010
- P.L. 111-173 Clarify Veterans Health Care
- P.L. 111-275 Veterans Benefits Act of 2010
- P.L. 111-346 Helping Heroes Keep Their Homes Act of 2010
- P.L. 111-377 Post 9/11 Veterans Educational Assistance Improvements Act of 2010
- P.L. 111-383 National Defense Authorization Act for FY2011.

It is obvious to all that the warrior's needs do not end when the battle concludes but continues for each veteran through a life which carries the ravages of military service and war. This Nation has the obligation to provide needed healthcare, rehabilitation, education, and whatever support is necessary for those sent into harm's way. And, the Nation's obligation is long term ending only with the passing of the last veteran whose life was changed by the ravages of war. You represent the Nation in fulfilling those immortal words of Lincoln for our Veterans who, because of the battle, are unable to provide adequately for themselves and their families. And, likewise you also represent this Nation for the spouse and children of those who have fallen in battle.

Many Needs of Veterans and Survivors Remain

The Association adopts Resolutions at its annual Membership Business Meeting that begins at local Chapters in the CONUS and Overseas that through the vetting process eventually establishes the parameters of the NCOA Legislative Agenda. Those issues are demonstrate concerns impacting large number of active duty, Guard, Reserve members, retirees, veterans, their dependents, and survivors.

Year after year, we continue to recognize that all who serve in the Congress or in the Uniformed Services have taken an Oath of Office, Enlistment, or Commissioning in which the following affirmation is sacredly promised:

“...to support and defend the Constitution of the United States of America.”

NCOA is ever mindful that for military enlistment or commissioning the significance of those words bear the possibility of extreme sacrifice and even death. The unquestioned belief of all who serve is that they will have the finest war fighting equipment, support services, healthcare, and ALL necessary institutional support while on Active Duty. They further believe that they have the Nation's institutional promises which include:

- Whatever necessary quality and timely veteran healthcare is needed for the rest of the lives of America's veterans as a result of their military service,

- Adequate benefits and entitlements,
- And, should they fall in the line of duty, the institutional commitment of their grateful Nation to care for their survivors.

The military enlistment oath to “support and defend the Constitution of the United States,” does not have the qualifier that states “funds and resources permitting.” As such a qualifier would deter enlistments, destroy existing military personnel readiness and bring into question the stark reality of whether or not the members of the Uniformed Services can afford to serve without the promised institutional support and commitment of the United States of America.

NCOA believes the words, “I cannot afford to fight for my country” may, for many, become a reality as Congress continues a serious debate for Federal Fiscal Appropriations. The FY2011 budget scheduled to begin on October 1, 2010 was never completed when Congress adjourned. The federal departments now in the 6th month of FY2011 continue to operate under the authority of consecutive Continuing Resolutions (CR) to prevent a Government SHUT DOWN. CRs limit all agencies in their budget authority and thereby impact planning and execution of programs. Now how does that impact veterans?

Fortunately, VA has an Advance Appropriation Authority (P.L. 111-117) for Health Care Programs, however:

The Budget still needs to be completed for FY2011 and FY2012. The budget debate is now heavily influenced by the need to reduce an unacceptable national deficit, strengthen the economy, and reduce unemployment. Every program, with few exceptions, appears to be on the chopping block. Comments abound however about uncertainties of the budget year program for military, veterans, and their family members. Uncertainty relative the national budget process has for some questioning continuation in the military or as a disabled veteran will they have promised quality healthcare and earned entitlements.

They recognize the promise made by the President at the start of the 111th Congress to allow Chapter 31, Disabled Retired Veterans concurrent receipt of the VA disability compensation and limited military retired pay was not authorized by Congress.

Likewise, the President’s promise to end the Widow’s Tax and allow concurrent receipt of military Survivor Benefit Program (SBP) annuities and VA Dependency and Indemnity Compensation (DIC) was not authorized by Congress in fiscal appropriation.

And most recently, concern by the leadership of these Committees expressed to the Secretary of Veterans Affairs at the FY2012 Veteran Budget Hearings that the criteria approved by Congress had been modified by VA to reduce the number of Caregivers that would be authorized benefits to care for seriously disabled veterans since 9/11. NCOA greatly admires the Committees leadership to ensure all whom Congress has determined to be eligible should receive this benefit! Limiting the eligibility of those entitled by law to Caregiver support for seriously wounded veterans is patently WRONG. NCOA firmly believes that there are a number of pre- 9/11 veterans whose caregivers should also have been considered for this unique benefit for the very same reasons that the Caregiver Act was authorized.

NCOA will address specific concerns on the VA FY2012 budget request further in this statement, but notes here that the Administration's request has underfunded the financial requirement for the Department of Veterans Affairs.

NCOA is a member of The Military Coalition (TMC), a forum of nationally prominent uniformed services and veterans' organizations that share a collective view on veteran and active duty issues.

NCOA is also a veteran organizational endorser of the 2012 Independent Budget.

NCOA Veteran Priorities for the 112th Congress

The Department of Veterans Affairs leadership must secure Quality Control in every management and reporting level of VA.

Work standards appeared productive as the quantity of claims being pushed forward appeared to be reducing the backlog. Quality Control that failed to ensure that the claims met expected standards came into question at a number of Regional Offices as problems become blatantly obvious, verbal complaints of veterans, remands from the Board of Veterans Appeal, or as the result of VA Office of Inspector General Audit Reports, inspections, and management recommendations.

Management must provide oversight in their areas of responsibility. Failure at any level of organization to provide 21st Century Leadership should not be rewarded with promotions or performance awards. It is past time to ensure VA's mission by better management of resources so that all available fiscal resources can be used as intended for better disability claim processes, entitlements, and healthcare for veterans. The Committees' were instrumental in requesting reviews of a number of management areas reported in the recent Semiannual Report to Congress, Issue 64, for the period April 1, 2010 – September 30, 2010. Selected highlights reveal Quality Control and standards lacking:

Veterans Health Administration (VHA)

- Improper payments in fee care program could reach \$600 Million in 5 years
- Could save \$92 Million in patient transportation contracts
- Save \$38.5 Million on health care staffing with better contracting
- CBOC system needs quality controls to assure quality care comparable to VAMCs
- \$114 - \$380 annually at risk to fraud in non-VA fee care program.

Veterans Benefits Administration (VBA)

- Program weaknesses result in \$111 Million improper Post-9/11 Bill emergency payments
- Claims processing inspected during the six month report period revealed 27% of benefit claims were processed in error; 37% of Notice of Disagreements were not timely filed; staff did not timely or accurately complete 24 of 82 examined Systemic Analyses of Operations to identify existing or potential problems and propose corrective actions

- 17% of search mail was not properly controlled or associated with claim files indicating beneficiaries may not have received accurate and timely benefit payments.

The Department of Veterans Affairs appears to have not been responsive to all recommendations made by VA OIG and reported in their agencies semi-annual reports to Congress. The OIG Reports issues confirm that Quality Control, the need for attention to details, and accountability to VA Standards and policies need to be a focus of attention throughout the VA. Regrettably, the loss of dollars from whatever causes impacts quality healthcare services and timely benefits that should be awarded to veterans. Veterans with disabilities need their compensation claims reviewed and submitted correctly to prevent excessively delayed awards for compensation. Claims denied because of shoddy development dishonor the service and sacrifices of America's veterans.

The Claims Backlog

Since the mid-1980s, NCOA and other Veteran Service Organizations (VSOs) have taken issue with the processing of veteran disability claims. Electronic processing of claims in the early 90s was viewed as the way of the future to expediently process claims in both correctness and timeliness. The electronic processing remained elusive for implementation to resolve the problems associated with disability claims and ever evolving technology added significant costs to the project over the years.

The backlog has continued to grow based on a number of reasons that have emerged over the year:

- Lack of a fully automated electronic artificial intelligence system to integrate electronic data from military personnel and health care records from all sources; contain a logic system to rate disability claims; process information for accounting; and able to export all necessary data for award of claims
- VBA rating specialists were reduced in number with the perceived electronic resource that failed to come on line. Valuable experience and seniority was lost as employees retired in the downsizing
- Hiring authority was secured for claims rating specialists that at best estimates would take two years to train and qualify as competent
- Production standards and moving claims forward were emphasized in the past decade as the backlog grew
- More military veterans were entering the rating pipeline as the result of Desert Shield/Desert Storm, "undiagnosed illnesses," exposure to chemical cocktails of burning refuse," and exposure to depleted uranium used in munitions
- Terrorist attack of September 11, 2001 and unprecedented utilization of both Guard and Reserve units as force multipliers as America pursued terrorists in and expanding military confrontation in Afghanistan and Iraq
- Veterans began appealing rating decisions, adding different service-related conditions for evaluation claims in significant numbers
- Post 9/11 educational entitlement and revised issues brought countless new claims
- Additional Agent Orange Presumptive Conditions established along with new educational

entitlements and further supplemented by additional enhancements

- VBA personnel face an insurmountable workload every day that limits comprehensive training time and the ability to stay focused on details required in their performance.

The claims “backlog” as of January 31, 2011 represented approximately 1.1M veterans which despite all management initiatives had increased over 30% in the past year. The lack of Quality Control in these claims is evident as they are appealed and brought back into the backlog caseload for remedy by either reevaluation based on evidence that was available but not considered, reevaluated and appealed to the Board of Veterans Appeal (BVA). Many cases are remanded by the BVA and returned further development. It is an endless and vicious cycle for America’s veterans who wait an inordinate amount of time for their rating and disability compensation because Quality Controls did not perceive the inadequacy of the reviewed and “sent forward” rating claim that in the VA process recognized employee numbers productivity and not quality in approved claims.

This VA OIG report highlighted a 27% claim error rate in their recent report. That is unacceptable for the locations reviewed. The VA has reported an error rate of 16% which while lower is still unacceptable. We recognize and are appreciative of those VAROs whose approved claim rates are well in excess of 90% but also recommend that they strive for an old military program of Zero Defects in service to veterans.

NCOA recognizes that the decades long awaited fully electronic rating system has been developed and is currently undergoing field testing by the Providence VARO. The program entitled Veterans Benefits Management System (VBMS) is scheduled for implementation throughout VA in 2012. A number of VA Information Technology (IT) systems have evolved, been implemented, and even refined as VA pursued the development of its VAMS integrated system. This Association believes the achieved integration of IT resources may at long last give VA the capability to resolve most issues, including the backlog, reduce processing errors, and make timely processing of claims a reality.

The Association requests that the Committees hold an oversight hearing on the status and planned implementation of VBMS in October 2011. Specific emphasis on testing conducted up to the scheduled hearing date to reveal the reality of the results of the system’s logic decision making process, verified reliability, and issues and challenges impacting scheduled implementation in 2012.

LEGISLATIVE RECOMMENDATIONS

VETERANS BENEFITS ADMINISTRATION

Implement all Aspects of Seamless Transition

Support all Seamless Transition programs. Ensure that the Electronic Treatment Record to be utilized by both DOD and VA is a bidirectional based electronic medical record system. Recorded data from health, dental, and personnel records be immediately available and transferable into the VBA Management System (VBMS) and include:

- Deployment dates to and from operational theaters and movements within the theater posted
- Detailing of military occupational exposures
- Ensure availability of medical treatment records from deployments
- Consistent and equitable medical and physical evaluation boards using VA standards
- Utilization of VA physical evaluation standards at separation.

Military Personnel Concurrent Receipt

Support immediate Concurrent Receipt without offset for all veterans entitled to both VA Disability Compensation and Military Retired Pay. Included in this recommendation are all Chapter 61, Disabled Military Retirees with less than 20 years of military service.

Educational Assistance Programs

Post 9/11 GI Bill

NCOA is greatly appreciative of the passage of P.L. 111-377, Veterans Educational Assistance Act of 2010, which will enable veterans to use their benefit for vocational and on-the-job training, expand eligibility for the benefit to National Guardsmen who are activated for domestic assistance, provide active duty members with additional assistance to purchase books and provide severely injured veterans and their caregivers with additional time to use their benefits.

Vocational Rehabilitation and Employment (VRE)

Upgrade VRE parity with Post 9/11 GI Bill by establishing an equivalent cost-of-living stipend for housing.

Survivors and Dependents Educational Assistance (DEA)

Survivors' dependents are now entitled to Fry Scholarships through the Department of Veterans Affairs which are similar in benefit to that of Post 9/11 GI Bill recipients and more equitable in their pursuit of education.

Recommend that survivors be entitled to the same educational benefit afforded the survivor's children.

Supplemental Service-Disabled Veterans Insurance (S-DVI)

Provide VA the authority to make available for veterans to purchase reasonably priced supplemental S-DVI in increments up to the amount of \$50,000.

S-DVI was established in 1951 to meet the insurance needs of certain veterans with service-connected disabilities. Policies are issued for a maximum face amount of \$10,000. The S-DVI

face value has not been adjusted appropriately to keep pace with the national economy. Certain veteran policyholders who become eligible for a waiver of premiums due to total disability can apply for and be granted additional Supplemental S-DVI of up to \$20,000.

S-DVI also provides the ability to purchase \$20,000 of supplemental coverage for S-DVI policyholders. Premiums cannot be waived of this supplemental coverage. S-DVI policyholders are eligible for this coverage if they are eligible for a waiver of premiums; they apply for the coverage within one year from notice of the grant of waiver; or, are under age 65.

Many veterans become eligible for S-DVI based on increased disabilities ratings received well after one year from the initial grant of S-DVI. Many are past the age of 65 and therefore ineligible to apply for Disabled Insurance. Most importantly, the veterans treated health conditions make them ineligible to purchase supplemental insurance in the marketplace. The supplemental purchase of additional insurance would be at no cost to the Government.

Increase Dependency and Indemnification Compensation (DIC)

Recommend that DIC be increased from the current rate of 42% of a 100% disabled veteran's compensation to 55%. The increase would be consistent with other federal survivor programs at the 55% level and would reflect a modest \$300 increase in monthly DIC benefit.

Retention of DIC Benefits after Remarriage

Change the existing authority to allow widows(ers) to remarry at age 55 and retain their DIC benefit.

The 108th Congress authorized Dependency and Indemnity Compensation (DIC) for the widow(er) who remarry after age 57 to retain their DIC benefits. It established an arbitrary age of 57 to allow remarriage where other similar Federal survivor programs allow the widow(er) to remarry at age 55. The change would make the entitlement of a survivor benefit consistent with all Federal Survivor Programs.

Veteran Status for Certain Guard and Reserve Members

Amend Title 38 to read that Retirees of Guard and Reserve Components, who have completed 20 or more years of service, are considered to be veterans under the current Statutory definitions.

Some members of the Guard and Reserve complete 20 or more years of qualifying service for retirement from their respective component without ever having been called to active duty during their careers. They become eligible for reserve retirement pay at age 60 including government healthcare and other benefits. Current Statute denies them full standing as a "veteran" of the Armed Forces.

VETERANS HEALTH ADMINISTRATION (VHA)

NCOA is most grateful that the Committees have in the past 2 years enacted legislation that became Public Laws and directly supports the VHA and America's veterans:

The Veterans Health Care Budget Reform and Transparency Act of 2009

and

The Caregivers and Veterans Omnibus Health Services Act of 2010

The Advance Appropriation authority has given VHA the ability to plan and execute medical care programs by providing fiscal resources on a 2 year budget cycle. The relevance of this funding authority for a world class veteran health provider is obvious in the current fiscal year where the federal budget is yet to be approved and other federal programs limp along under a series of Concurrent Resolutions.

Secondly, the Caregivers and Veterans Omnibus Health Services Act will bring changes that NCOA and its fellow VSOs have sought over past years that deal with veteran caregivers, women veteran healthcare matters, rural health improvements, access to readjustment counseling services, expanding homeless veteran per diem, use of non-department facilities for rehabilitation of veterans with TBIs, prohibition on collection of payments from the catastrophically disabled, increase the amount available for adaptive housing, and many other matters involving quality of care and health issues of veterans.

At issue now and in the future will be the necessary criteria, planning, and timing to implement these programs. The Committees have identified the proposed VA implementing criteria for the Veterans Caregiver Act as limiting those who would qualify for the program. The restrictive interpretation clearly was not the intent that Congress had determined and confirmed by your comments brought to the attention of VA Secretary Shinseki.

NCOA and all VSOs have a vested interest in reviewing these developing VHA programs that will serve America's wounded warriors and their families. Be assured that the review process will look at the details to see if initiatives fulfill Congressional intent.

The last 2010 VA OIG Report commented that VA lacked formal guidance for issuing guide and service dogs. That lack of guidance obviously the cause that only 8 dogs were issued to assist mobility and hearing impaired veterans although the authorization existed for over 6 years. NCOA recognizes that VHA has had and will continue to have many irons in the fire that need to be managed. Its important to build keep all new programs and their development on track and transparent to veterans and organizations alike

NCOA's primary concern involves the VA's FY2012 Budget. At issue is whether or not sufficient funds are available for the overhaul of veteran's healthcare as Congress provided in the Caregivers and Veterans Omnibus Health Services Act of 2010. Those newly authorized programs should be coming in that time frame while VA's facilities and medical staff are sustaining and expanding its critical role in the care to a surging population of veterans returning from Iraq and Afghanistan. Their long term health needs will engage resources for the unforeseeable future.

- Even if military operations cease there will be extreme health service requirements
- Traumatic Brain Injuries, PTSD, and mental health issues will present unparalleled treatment demands of mental health practitioners and social workers
- Anticipate further developing auditory and visual service issues
- Many mild cases of TBI have yet to reach a stage of impairment or diagnoses
- Specialized medical and prosthetic research should be a priority
- The extent of “Burn Pit” toxic contamination should require a registry for identification of personnel and to determine implications of parameters for future research
- Rural health and counseling requirements will present new demands for services and telemedicine.

NCOA notes that the Proposed FY2012 Budget shows modest growth in medical care budget authority of \$53.9 Billion. Concurrently, the projection provides for an estimated 9 million veterans to enroll for healthcare which represents an increase of over 500,000 veterans over current year. The Independent Budget projects a medical care requirement of \$55 Billion. Likewise the proposed budget reflects only \$509 Million for Medical and Prosthetic Research which is a reduction of \$72 Million from the past year’s budget request. The Medical and Prosthetic Research budget in NCOA’s judgment should be increasing to further suggest best intervention on issues relating to TBI, polytrauma, concussion, toxic contamination, stem-cell regeneration, and prosthetic enhancements. Abating or dampening continuing research initiatives or avoiding meeting current medical challenges should not be a budget driven decision. The VA budget issues presented need to be reassessed by the Committees and adjusted to ensure sufficient funds are available..

CONCLUSION

The Non Commissioned Officers Association of the United States of America (NCOA) is most appreciative of this opportunity to provide the Committees with the Association’s 2012 Veteran Legislative Concerns.

The budget debate forthcoming in Congress on the national deficit, state of the economy, unemployment, and resolution of those issues and many others will have severe budget implications for many federal programs. The Association shares its concern that the 1% of the Nation that served in the Uniformed Services and whose service protected the rights and freedom of all Americans must never be forgotten in their special health needs nor their spouses, children, and survivors. Disability compensation if needed must be provided and the value never eroded.

We personally believe in the words spoken many years ago that this Nation must care for them “who have borne the battle, their widow, and orphaned child.” America must honor the institutional commitments to those who serve, or have served, in the military. Failure to do so is an unacceptable risk to America’s future security.

NCOA believes your role is unique as Members of your Committees “to fulfill the Nation’s commitment to all veterans.”

We respectfully request Chairman Murray, Chairman Miller, and Members of these Committees that your individual advocacy for veterans must include by necessity the following programs that

do not fall under your Committee's jurisdiction. These programs do clearly impact veterans and their survivors. The Association asks that you all take an aggressive leadership role as veteran advocates throughout Congress on such issues as:

POW/MIA Accounting

Ensure the fullest accounting of POW/MIAs from all declared wars and conflicts.

Small Business Administration

Support initiatives to assist disabled veteran-owned small businesses.

Title 10 USC

Support amending Title 10, USC, to allow Space Available (Space A) category for 100% service-connected disabled veterans on military aircraft or government transportation as afforded military retirees.

Thank you for the opportunity to present the Association's 2012 legislative initiatives and issues on behalf of the membership of the Non Commissioned Officers Association of the United States of America.

I would be pleased to answer any questions.