

H. GENE OVERSTREET, PRESIDENT, NON COMMISSIONED OFFICERS ASSOCIATION

STATEMENT OF

H. GENE OVERSTREET

PRESIDENT, NON COMMISSIONED 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 21, 2012

Chairman Murray, Chairman Miller, Ranking Members Senator Burr and Congressman Filner, and Members of the Committees on Veterans Affairs, I am Gene Overstreet, President, Non Commissioned Officers Association of the United States of America (NCOA).

We are pleased to recognize the active duty military personnel of the United States Uniformed Services and retired military veterans from the Armed Forces Retirement Home who, as our guests today, will gain a greater perspective and understanding of our 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 of citizens who will convey the information with comrades who currently serve or who have served in the United States Uniformed Services.

Also in attendance today, are representative members of the Foreign Joint Services NCO Association (FJSNA). These members are assigned to their respective Embassies and Military Attaches in the National Capital Region. NCOA invites them to witness the legislative process by which America cares for its veterans. In years past, they have reflected on our Nations uniqueness in that "Members of your esteemed Congress schedule a meeting to listen to veterans in a dialogue evidencing leadership's responsibility for its Service Members, veterans, their families and survivors."

NCOA remains most appreciative of this opportunity to formally present our Associations legislative concerns and priorities for the Second Session, 112th Congress.

About NCOA

NCOA now celebrating its 52nd year of service representing active duty enlisted service members of all military services, the United States Coast Guard, National Guard and Reserve Components, retirees, veterans, and survivors. This representation of enlisted members from all services and components makes NCOA unique. This uniqueness allows the Association to provide a full and comprehensive perspective on issues affecting active duty, retiree, veteran, and survivors.

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 available to the veteran’s surviving family members. “Cradle” is an appropriate starting point as many of today’s service members are the dependents of veterans or retirees of the Uniformed Services.

NCOA, established in 1960, is 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 define its ultimate purposes as:

- Upholding and defending the Constitution of the United States;
- Promoting health, fellowship, and prosperity among its members, their dependents, and their 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, 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 Headquarters serve its global membership of over 60,000 members of the Association and its NCOA International Auxiliary. Together, through the years, the Association and our 68 Chapters 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, and local hospitals and nursing homes; fundraising activities involving community services activities that support both their military and civilian communities. The Association also created the internal national programs identified below that support members of the Uniformed Services and their families.

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 to assist with medically related incidental expenses (not actual medical bills).

The NCOA Disaster Relief Fund assists enlisted military personnel with immediate disaster related expenses. Grants have been awarded to assist with emergency needs related to bombing situations, fires, floods, hurricanes, typhoons and tornadoes.

NCOA also established a Veterans Employment Assistance (VEA) program in 1973 which provided a national pioneer employment assistance program for military personnel, veterans, and their family members. Special programs designed to create resumes, prepare individuals for interviews, and to assist with marketing themselves for today's ever changing job market. The VEA program combined with the Association sponsored job fairs are held in the CONUS and overseas. NCOA sponsored approximately 15 major job fairs annually from 1973 to 2009 with over 10,000 companies participating during those years.

NCOA continues to recognize the importance of assisting veterans, especially those returning war veterans. In 2009, returning war veterans were over represented in the National Unemployment Rate. Unfortunately, the trend in the Unemployment Rate continues to remain the same in 2012 for our returning war veterans. NCOA recognizes that America's veterans need more opportunities for transitioning into the private sector. NCOA has joined together with MILITARY.COM to provide unique Career Expos designed specifically for these transitioning military members, veterans, retirees, and their family members. The job fairs provide valuable in person contact with companies currently hiring and actively seeking these specific candidates. The cooperative venture has grown considerably since its inception and this year, NCOA is proud to announce there are 46 Career Expo's currently scheduled across the United States. Each daylong Career Expo is held on, or in close proximity to major military installations maximizing participation from 500 to over 1,000 job seekers (on average 80% military/veterans and 20% dependents and civilians). The location in proximity to major military installations has allowed wounded warriors to participate. Additionally, some of the Career Expos have generated financial support from sponsors that has directly aided community and military veteran humanitarian activities in the area of the Expo.

The 112th Congress Assembled

Let us not forget:

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.

The 112th Congress continues now at a time of:

National and world economic uncertainty,

A national deficit at an unprecedented level, \$15,532,469,470,621.83 as of March 12, 2012,

Continuous high national unemployment (veteran rate higher than average),

The Congress' Joint Select Committee on Deficit Reduction failed in November 2011 to reach bipartisan agreement on a deficit reduction recommendation,

And, the Nation is in the midst of a Presidential Election Year where politics will be heavily debated and temporary fixes may set aside a number of politically unpopular decisions until after the November 2012 election. NCOA remains appreciative of the nonpartisan environment of the Committees of Veterans Affairs to work exclusively for veterans and their survivors.

Concurrently:

The war in Iraq was terminated and the plans to draw down military operations in Afghanistan have already begun - with a total exit strategy envisioned with Afghanistan by 2014.

Severe budget cuts levied against the Department of Defense will result in a personnel force draw down over the coming years adding to the number of veterans that will seek healthcare, services, disability benefits and other entitlements from the Department of Veterans Affairs.

Looking to the immediate future, NCOA and your esteemed Committee members recognize that the Department of Veterans Affairs (DVA) will incur additional significant workload in both healthcare and benefits arenas. Many of these veterans will return to homes in rural America where necessary planning is required to meet their healthcare needs. Too many of these veterans will not live in close proximity to a VAMC or CBOC but they will have the same complex requirements for physical disabilities, PTSD, concussions, and Traumatic Brain Injuries (TBIs) - the signature injury of the War on Terror.

The manner in which this Nation takes care of our serving military members, our fallen warriors, and our warriors who were wounded or disabled in service is evident in this electronic age. The advances in technology, the widespread use of computers, smart phones, and tablets quickly document and transmit the treatment our service members are currently receiving. We recognize the need to utilize the electronic age, and social media networks to disperse information to our veterans. The care we offer Service Members during the downsizing transition to the Administration's new agile warrior force and how we care for veterans will dictate the propensity of the next generation to enlist or accept commissioning when such need arises for our Nation.

Let's not forget we currently remain a Nation engaged in a war against terrorism in Afghanistan. Military operations and assistance continue in Iraq. Uniformed personnel will undoubtedly remain deployed or be deployable around the world honoring national defense commitments. 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 in Action 5,023
Non Hostile Deaths 1,363
Wounded in Action 47,661
Missing/Captured 2

The reported number of personnel wounded above does account for 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, auditory, and visual impairments. NCOA recognizes that

these cases regardless if presenting at a VA medical center or another facility in rural America must medically be time assessed and supported.

The Association appreciates that the Committees have always been responsive to veteran needs. The Committees have been thorough in their assessment of past budgets, recognizing the inadequacies facing our veterans and thus choosing to step up to the plate and add critically needed resources for America's veterans. Approximately two years ago, NCOA joined other veteran service organizations to testify before a Joint Hearing regarding 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.

The future requires the Nation to provide a world class healthcare system that is readily accessible to care for our Nation's veterans. The Association is not yet convinced that VA has been able to expand operations adequately to support the unique medical needs and demands of the ever-increasing women veteran population across the country and that, also includes when necessary, VA contracted care and fee based services.

The Committees and respective Members have actively participated and implemented legislation on many issues pertaining to our veterans. In 2011, Congress demonstrated their commitment to assisting our veterans with the passage of the following legislation:

- P.L. 112-26 Restoring GI Bill Fairness Act of 2011
- P.L. 112-37 Veterans Health Care Facilities Capital Improvement Act Of 2011
- P.L. 112-53 Veterans' Compensation Cost-of-Living Adjustment Act of 2011

The Oath that has been taken...

Year after year, NCOA insists on recognizing that all who serve in the Congress or in the Uniformed Services swear 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 remains cognizant, as you must also, 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,
- should they fall in the line of duty, the institutional commitment of this grateful Nation is to care for their survivors.

The military enlistment oath to “support and defend the Constitution of the United States” has never contained a qualifier stating “funds and resources permitting.” As such a qualifier would deter enlistments and destroy existing military personnel readiness. This would 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.

Unfortunately, the reality of a national deficit in excess of \$15 Trillion does impact all citizens including, military members, veterans, and their family members. Uncertainty relative to the national budget process has some questioning continuation in the military or as a disabled veteran will they have the promised quality healthcare and entitlements they deserved! They remain perplexed that their benefits are in budget jeopardy and that they will be the brunt of DOD cost savings plans.

America’s disabled veterans and surviving spouses remember the promises stated by President Obama at the start of the 111th Congress to allow Chapter 31, disabled retired veterans concurrent receipt of their VA disability compensation and limited military retired pay remains 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) which is an earned entitlement has yet to be authorized. Certain survivors entitled to SBP when they became eligible for DIC benefits receive a refund of all SBP premiums paid by their retiree military spouse upon initial payment of their DIC benefit. The SBP refund was a beneficiary payment that military members bought into at retirement to provide for their spouse. The refund of premiums in these cases terminates the SBP annuity payment to the spouse. When the Widow’s Tax is finally terminated it would appear that many spouses will continue to be negatively impacted as their SBP account will have been closed. If retirees and their spouses were aware of the possible dimension of future SBP benefits lost due to their death being service related, they undoubtedly would have considered an alternative insurance or investment option. These issues remain Legislative priorities of NCOA.

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 2013 Independent Budget.

NCOA Veteran Priorities for the 112th Congress

Adequate Funding and Utilization of Resources for the Department of Veterans Affairs remains an issue for America’s veterans and their survivors.

NCOA notes the VA FY2013 Budget Requests exceeds \$140 Billion and has been heralded by VA as having not suffered fiscal reductions as compared to other Federal budget requests. The budget is designed to support an anticipated 1 million active duty personnel scheduled to be released from the Armed Forces over the next 5 years. Extended elements of the VA budget

proposal:
VHA Healthcare

- The Administration \$52.7 Billion request represents an increase of 4.1% in Medical Care Discretionary Funding. It also adds \$165 million to the past year Advance Appropriation for FY 2013.
- Other VHA programs: Provides \$403 Million for women veterans specific to gender needs; \$6.2 Billion for mental health (5.3% increase); \$7.2 Billion for long term care; \$583 Million for research; and another \$1.3 Billion from other sources specifically for traumatic brain injury, suicide prevention, PTSD and genomic medicine.
- \$792 million for activation of healthcare facilities and to continue construction projects in Seattle, Dallas, St Louis, and Palo Alto.

NCOA believes the Administration's request will underfund medical care in FY2013. It further would neglect necessary construction requirements associated with antiquated facilities built in the 1940s. The Association supports the Independent Budget FY2013 recommendation of \$57.2 billion in medical care discretionary funds and \$3.7 billion for capital requirements.

NCOA also believes that construction projects need to be closely monitored to avoid unnecessary fiscal waste.

- \$54.5 billion for FY2014 Medical Advance Appropriation
VBA Disability Pay and Pension
- \$76 billion for mandatory funds

National Cemeteries

- \$258 million for operation and maintenance of 131 national cemeteries.

Veteran Homelessness

- \$1.4 billion to prevent or treat homelessness among veterans

Information Technology (IT)

- \$3.3 billion for IT in support of benefit claims, health care, integrated Electronic Healthcare Records.

The total DVA FY2013 Budget request when reviewed in context of all funds available to support veteran programs again seems to have some areas of significant question. Internal budget manipulation characterized data and understated actual budget requirements during the past decade. It is easy to recall past reporting of enhanced nonexistent "Management Efficiencies" made a part of the budget request until your Committees held a hearing at which it was acknowledged that the "Management Efficiencies" created an understatement in the FY2006 budget request. The implication of the offset proved to be that medical care was short changed by over \$1 Billion. We are grateful to the Committees for their prompt action to restore that funding. Thank You!

The past VA budget request for FY2012 captured “operational improvements” which again offset budget increases through programs not unlike the management efficiencies of past years. The Government Accountability Office (GAO) noted the past year’s budget mechanism of “operational improvements” were also comparable to the past “management efficiencies” and potentially could negatively impact VA healthcare programs. NCOA appreciates the alertness of all involved to ensure a correctly stated budget requirement.

NCOA has great respect for the VA Office of the Inspector General (OIG) and their audit observations reported semiannually. The recent OIG Semiannual Report (April – September 2011) to Congress revealed many fiscal observations and recommendations of which the following three were extracted to illustrate management and leadership fiscal issues:

- Health Care audit questioned the validity of use of \$273 Million of \$533 Million allocated by the Office of Rural Health (ORH) Care in FYs 2009 and 2010. That audit concluded that ORH lacked reasonable assurances that its expenditures actually improved access and quality of care to veterans living in rural areas. Rural Healthcare needs to efficiently serve veterans as wasted critical resource dollars will negatively impact all VA healthcare programs at both VA and non-VA facilities. Wasted dollars result in longer wait times for appointments, degrading quality of care, and may even cancel care opportunities for some veterans.
- Improved third party billings could increase VHA revenue by \$552 Million over 5 years. OIG estimates that with improved process and system of controls that VHA could increase third-party revenue by \$110.4 Million annually. The Medical Care Cost Recovery (MCCR) program lacking quality continuous control and surveillance over the years has created an environment where collections are not consistent with established policies and procedures. VA is losing fiscal resources and veterans are becoming the healthcare losers through continuing failure in the MCCR program.
- Audit of VA’s Veteran Owned Small Business (VOSB) and Service Disabled Veteran Owned Business (SDVOSB) contracts determined that at least 1,400 of those contracts were awarded to “Ineligible Businesses” at an annual cost of \$500 Million. OIG recognized that VA was potentially at risk of awarding \$2.5 Billion over the next 5 years.

Most OIG reports receive department concurrences on recommendations presented. Audit identification of significant issues should point to corrective action to preclude the issue from reoccurring. VA must work, “supervise” and hold accountable the management of the fiscal issues like MCCR collections, quality programs like rural healthcare, contracting employees, identification of quality rural healthcare providers, and negotiation of cost and payment procedures should be demanded. The investment of a national management process to broker accessible, quality non-VA care at designated facilities across rural America should be a priority.

NCOA recognizes that there has been significant personnel growth in upper management within the Department of Veterans Affairs Central Office. It is reasonable that the second largest Department of the Federal Government would require an extended and efficient senior management force to execute the diverse functions of the VA. The OIG Semiannual Reports to

Congress over the past years continue to detail significant fiscal and program concerns, such as the extracts provided above which indicate organizational systemic problems, and an absence in the chain of command's ability to use the structure of VA to question its executive leadership to control adherence to established policies and procedures or to design more effective processes if required.

VA is paying a high premium for a Central Office leadership cadre that questionably achieves performance standards or savings in the management of the diverse programs of DVA. The waste of any fiscal resource will translate back to rationed healthcare, denial of timely access to earned programs and entitlements, which includes future burial sites for America's veterans and their survivor's.

LEGISLATIVE RECOMMENDATIONS

VETERANS BENEFITS ADMINISTRATION (VBA)

VA Claims Backlog

Since the mid-1980s, NCOA, along with every Veteran Service Organization, and every Congress, recognizes the massive continuing problems pertaining to the veteran claims process. The transition to a fully automated, computer generated paperless application began in 1990 at which time computing technology and speed could not meet the benefit requirements. Over the last 22 years, program requirements have been defined and refined as electronic capability provided heightened processing technology. VA began field testing the latest version of a Veterans Benefits Management System (VBMS) at the Providence VA Regional Office (VARO) in early 2012. It had been envisioned that VBMS would have broader implementation by year end but that decision was rightfully delayed for further development to ensure quality and accuracy in the end product of claims decisions. A stated requirement of the "paperless" system will be the ability to convey to the veteran the specific information on which the rating(s) was based. Lacking such documentation would inevitably be the basis for challenge and appeal of claim decisions.

NCOA requests the Committees hold an oversight hearing on VBMS to ensure validation of the functional aspects of the system during development and prior to full implementation. Emphasis of the hearing to determine performance standards in relation to quality, elimination of errors, documentation provided to the veteran, and finally anticipated processing time from receipt of a claim to notification of the veteran. NCOA is ever mindful of the "old" computer saying "GARBAGE IN, GARBAGE OUT." Claims must be done right, error free, on the first try.

The massive backlog in the claim process is attributable to many factors:

- Total Number of first time claims relative to the war on terror. These claims present five or more matters for decision.
- Added Agent Orange presumptive issues.
- PTSD Criteria and new claims.
- Appeal processes – The combined error rate in the processing of claims along with a personal

dissatisfaction with assigned claim ratings resulted in over 250,000 veteran claims being appealed in the past year. That increase of 10% over the prior year. Each appealed claim presents a sizeable workload factor.

- Error Rate in Processing.
- Brokering of Claims by one VARO to another VARO appears not to be effective because of errors rates, timeliness in mail, and processing.
- OIG Semiannual Report of September 2011 reported:
 1. 14 Audit Reports related 29% of claims were processed in error. These claims involved PTSD, herbicide exposure –related disabilities, traumatic brain injuries and temporary 100% evaluations.
 2. Mail Handling Procedures at VAROs was not properly controlled or processed. Mail delays may reflect incomplete claim documentation
 3. Incompetency Determinations were unnecessarily delayed.

Implement all Aspects of Seamless Transition

NCOA along with other Veteran Service Organizations continue to urge the combined efforts of DOD and VA to bring on board the Electronic Health Treatment Record. The e-document has the capability to report health treatment, personnel data, and assignment locations. NCOA has learned the critical necessity of an individual's military history to specifically detail:

- 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

This issue remains a broken promise to the men and women of the Armed Forces who received disabilities that require offset of their military retired pay. NCOA strongly supported the introduction of the following legislative proposals and awaits action for consolidation:

H.R.186. To amend title 10, United States Code, to expand the eligibility for concurrent receipt of military retired pay and veterans' disability compensation to include all members of the uniformed services who are retired under chapter 61 of such title for disability, regardless of the members' disability rating percentage.

H.R.303. To amend title 10, United States Code, to permit additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt.

H.R.1979. To amend title 10, United States Code, to expand eligibility for concurrent receipt of military retired pay and veterans' disability compensation to include additional chapter 61 disability retirees, to coordinate eligibility for combat-related special compensation and

concurrent receipt, to eliminate the reduction of SBP survivor annuities by dependency and indemnity compensation, and to enhance the ability of members of the reserve components who serve on active duty or perform active service to receive credit for such service in determining eligibility for early receipt of non-regular service retired pay.

Agent Orange Equity Act of 2012

Many Service Members who served on active military, naval, or air service in direct support of the Vietnam War during the period January 9, 1962 through May 7, 1975 are denied a presumptive finding for Agent Orange because of exclusionary status defined in Section 1116 of Title 38, United States Code. NCOA fully supports H.R.812, Agent Orange Equity Act of 2011 that would expand the Presumptive Finding for Agent Orange eligibility to Service Members who served in the vicinity of the Republic of Vietnam.

End the Widow's Tax

Allow Concurrent Receipt of a Surviving Spouse's Dependency and Indemnity Compensation (DIC) entitlement from the Department of Veterans Affairs along with the DOD Survivor Benefit Program (SBP) annuity for which their military sponsor paid the premium! This issue will remain a Priority of NCOA until corrected.

Vocational Rehabilitation and Employment (VRE)

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

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 and would reflect a modest \$300 increase in monthly DIC benefit.

Retention of DIC Benefits after Remarriage

Revise 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.

NCOA Legislative Support of Introduced Legislation

LEGISLATION PASSED BY THE HOUSE
AND REFERRED TO THE
SENATE COMMITTEE ON VETERANS AFFAIRS

H.R.290, War Memorial Protection Act. Passed by the House to statutorily protect religious symbols in all war memorials.

H.R.1025, to amend Title 38 to recognize the service and in the Reserve Components of certain persons by honoring them with status as veterans.

H.R.1263, to amend the Servicemembers Civil Relief Act to provide surviving spouses with certain protections relating to mortgages and mortgage foreclosures, and for other purposes.

H.R.1484, Veterans Appeals Improvement Act of 2011.

H.R.1627, Honoring American Veterans Act of 2011.

H.R.2074, Veterans Sexual Assault Prevention and Health Care Enhancement Act.

LEGISLATION IN THE HOUSE COMMITTEE ON VETERANS AFFAIRS

H.R.159, (TBI) Traumatic Brain Injury Treatment Act. Referred to Subcommittee on Disability Assistance and Memorial Affairs

H.R.804, To amend title 38, United States Code, to clarify the eligibility of certain veterans who serve in support of Operation New Dawn for hospital care, medical services, and nursing home care provided by the Department of Veterans Affairs. Referred to Subcommittee on Health

H.R.812, Agent Orange Equity Act of 2011. Referred to the Subcommittee on Disability Assistance and Memorial Affairs

H.R.814, Medicare VA Reimbursement Act of 2011. Referred to the Subcommittee on Disability Assistance and Memorial Affairs

H.R.923, Veterans Pensions Protection Act of 2011. Forwarded by Subcommittee to Full Committee

H.R.1855, Veterans Traumatic Brain Injury Rehabilitative Services' Improvement Act of 2011. Forwarded by Subcommittee to Full Committee

H.R.2274, To amend title 38, United States Code, to extend the authorization of appropriations for the Secretary of Veterans Affairs to pay a monthly assistance allowance to disabled veterans training or competing for the Paralympics Team. Forwarded to the Full Committee.

H.R.2318, Medal of Honor Stipend Increase Act. Referred to the Subcommittee on Disability Assistance and Memorial Affairs.

H.R.2530, To amend title 38, United States Code, to provide for increased flexibility in establishing rates for reimbursement of State homes by the Secretary of Veterans Affairs for nursing home care provided to veterans. Forwarded to Full Committee.

H.R.2550, Spouses of Fallen Heroes Scholarship Act. Referred to the Subcommittee on Economic Opportunity.

H.R.3612, Blue Water Navy Vietnam Veterans Act of 2011.

H.R.3670, To require the Transportation Security Administration to comply with the Uniformed Services Employment and Reemployment Rights Act. Hearing Held.

LEGISLATION IN THE SENATE
COMMITTEE FOR VETERANS AFFAIRS

S.63, A bill to require the Secretary of the Army to determine the validity of the claims of certain Filipinos that they performed military service on behalf of the United States during World War II.
S.277, Caring for Camp Lejeune Veterans Act of 2011. Status: Placed on Senate Legislative Calendar Under General Orders

S.536, amend title 38, United States Code, to provide that utilization of survivors' and dependents' educational assistance shall not be subject to the 48-month limitation on the aggregate amount of assistance utilizable under multiple veterans and related educational assistance programs. Status: Hearing held.

S.666, Veterans Traumatic Brain Injury Care Improvement Act of 2011. Status: Hearing held.

S.780. Veterans Pensions Protection Act of 2011. Status: Hearing held.

S.784, A bill to amend title 38, United States Code, to modify the provision of compensation and pension to surviving spouses of veterans in the months of the deaths of the veterans, to improve housing loan benefits for veterans, and for other purposes. Status: hearing held.

S.951, Hiring Heroes Act of 2011. Status: Hearings held.

S.1127, Veterans Rural Health Improvement Act of 2011. Status: Hearing held.

S.1148, Veterans Programs Improvement Act of 2011. Status: Hearing held.

S.1391, to amend title 38, United States Code, to improve the disability compensation evaluation procedure of the Secretary of Veterans Affairs for veterans with post-traumatic stress disorder or mental health conditions related to military sexual trauma, and for other purposes. Referred to Committee.

S.1629, Agent Orange Equity Act of 2011. Referred to Committee.

S.1798, Open Burn Pit Registry Act of 2011. Referred to Committee

S.2179, Military and Veterans Educational Reform Act of 2012. Referred to Committee.

VETERANS HEALTH ADMINISTRATION (VHA)

Adequate Funding of the Veterans Health Administration

Remains a top priority of NCOA to ensure:

- **TIMELY ACCESS TO QUALITY HEALTH CARE** for all veterans regardless of residence location.
- Expansion of health care services for Women Veterans.

Concussions and Traumatic Brain Injuries

The signature injury of the war, Concussions and TBI, will significantly increase demand for VHA healthcare resources dealing with the brain injury and related hearing and visual problems. The Defense Department on March 16, 2012 estimated that 233,425 Service Members have sustained a Traumatic Brain Injury (TBI) between 2000-2011. Concussions, as indicated by DOD, are also known as a “mild traumatic brain injury.” These “mild traumatic brain injuries” are the most common brain injury sustained by Service Members but is more difficult to diagnose than moderate or severe TBI. NCOA recognizes that the DOD number does not include the number of personnel with the concussion, or “mild TBI,” which may double or even triple the healthcare workload requirement for VA.

NCOA has recognized for years that military members avoid seeking healthcare from DOD medical facilities. Their absolute fear is that their military healthcare will minimize their condition by identifying a mild health issue. Their condition reported to their unit commander could escalate to a disability separation. Many of these separation actions are rated under 30% which disqualifies the member from receiving a disability retirement with benefits. Veterans arriving for VA care, under such circumstances, deserve medical scrutiny and possible referral to ensure they were not inappropriately discharged as a “DOD cost avoidance of a disabled service retirement.” Cost savings by DOD on these matters is reprehensible.

Post Traumatic Stress Disorder (PTSD)

VA has been the world leader in medical and mental healthcare of veterans suffering from PTSD. PTSD resulting from military experiences associated with horrific wartime traumatic experiences and can also result in a host of personal medical issues and the personal inability to deal with life's issues.

The recent killing spree by Army Staff Sergeant Robert Bales in Afghanistan who previously served multiple tours in Iraq has brought to light a major DOD healthcare issue at Joint Base Lewis-McChord. Military doctors may have failed a number of patients suffering concussion and PTSD issues returning many for additional deployment(s) to the war on terror like the Staff Sergeant and rejecting PTSD as an appropriate diagnosis. There is no doubt that investigations may eventually determine medical malfeasance in the management of PTSD associated with the

treatment of such patients at Ft Lewis. NCOA is hopeful that the future investigation will be extended to all military treatment facilities to ensure PTSD is appropriately recognized, managed correctly from a healthcare perspective, and action taken to insure individual readiness to meet war time requirements.

NCOA again is very aware that many military War on Terror combatants and noncombatants alike have avoided identifying their personal PTSD issue and health consequences with military doctors. When asked the Service Members responses are unanimous and simply stated: "I DID NOT WANT TO GET THROWN OUT ..."

Establish non-VA Rural Healthcare Networks

Recommend that VA formally establish a Rural Healthcare Network for the delivery of healthcare services to veterans living in rural areas and take responsibility and accountability to provide America's veterans with timely access to quality healthcare. It is apparent to NCOA that VA must take a stronger management role in rural healthcare to not only assure timely access to quality healthcare but the costs associated with the overall VHA healthcare budget will serve all veterans equally well.

- Establish Rural Healthcare Networks defining procedures, procurement, and contracting policies for quality non-VA healthcare providers and service fees for veterans living in rural areas.
- Make VA accountable for the budget and expense obligations associated with care provided by the Network.

The VA Caregiver Service for Post-9/11 Veterans

This is a long overdue program administered by VA and serves vital needs BUT ONLY to a select group of veterans. Regrettably, this program has defined itself to Post 9/11/2001 veterans and fails to recognize that today there remains many seriously wounded veterans of previous wars whose care would benefit if they qualified under the established program criteria.

NCOA believes programs, such as the VA Caregiver Service, should be available by medical need criteria to all veterans with similar requirements. The Association knows well the impact on the love and healthcare provided by families for their Korea and Vietnam era personnel. The care that they give so generously in their homes provides great personal "loving" burdens on the family members be they parents, siblings, or their own spouses and children. The primary caregiver all too often is forced to abandon careers, along with vacations, reproductive choices, involvement in personal enrichment activities, and unfortunately, many cannot because of circumstance pursue educational dreams.

NCOA disagrees with any entitlements being defined for a category of veterans such as Post 9/11 veterans. The Association heralds the long overdue caregiver service. NCOA strongly believes however, that all veterans qualifying for healthcare service such as Caregiver Service should

receive that service because they “have borne the battle” as asked by President Lincoln so long ago.

Let’s delay no more and expedite the necessary changes to amend this program to be inclusive of deserving veterans who meet the medical criteria.

CONCLUSION

The Association reflects on many veteran programs with budget price tags that are significant in the short term. NCOA recognizes that the \$15 Trillion deficit that makes every budget dollar that much more critical. We believe that the fiscal management of VA as documented by the Office of Inspector General (OIG) warrants continual oversight by your Committees to bring it into place compliance with budget policies or the creation of new policies and procedures to better manage fiscal expenses. Accountability must be demanded by leadership at all levels.

Let us not forget that there will be no budget victory or savings for the Department of Veterans Affairs when the warriors leave the battlefield to return home. The cost of war will last their entire lifetime and will even be extended further by DIC to certain survivors.

We as a Nation have an obligation to provide needed healthcare, rehabilitation, education, and whatever support deemed necessary for those sent into harm’s way.

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 Veteran Legislative Concerns.

NCOA believes your role is unique as Members of your Committees “to fulfill the Nation’s commitment to all veterans.” We know that Committee Members fully represent the institutional commitments promised to those who serve, or have served, in our military. Please never forget that only 1% of all citizens have chosen to answer the Nation’s Call to Duty. The service and sacrifice of America’s veterans and their families have individually paid the premiums of all benefits they have earned and were promised.

We respectfully request Chairman Murray, Chairman Miller, and Members of your Committees that your individual advocacy for veterans must include by necessity the following programs that do not fall under your Committee’s jurisdiction but demand your advocacy. 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. Let us remember them all and be mindful that we still have 2 Service Members missing in this decade’s War on Terror.

DOD TRICARE Beneficiary Programs

Major changes are proposed in the DOD Health Care Beneficiary Program of TRICARE to shift the cost responsibility away from DOD and put it squarely on the shoulders of all military beneficiaries. This past week, Chairman Buck McKeon, House Armed Services Committee, noted very clearly that the recent TRICARE proposals could “pump up military health fees by up to 300%” is absolutely unacceptable. The promise of fulfillment of medical needs was given at enlistment into the Armed Forces. The proposed TRICARE increases will break that promise. Even recently a new proposal was “floated” to create an external agency from DOD to assume control and responsibility for DOD Health Care Beneficiary programs and to have its own budget. The TRICARE program squarely belongs to DOD and we enlist your individual support to challenge and to “drive a stake through the heart” of the proposed DOD TRICARE changes. There are still too many dollars reported in lost federal healthcare programs, including Medicare, which estimates suggest loses in excess of \$70B annually. Let’s scrub all such losses before we penalize those choosing to serve in the Armed Forces by charging them after the fact with increased healthcare fees for their service and sacrifice.

Small Business and Employment Opportunity

Support any and all VA initiatives to further the employment of America’s Veterans or to assist disabled veteran-owned small businesses ability to contract with the Federal Government.

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.