

H. GENE OVERSTREET, 12TH SERGEANT MAJOR OF THE UNITED STATES MARINE CORPS (Retired), PRESIDENT, NONCOMMISSIONED OFFICERS ASSOCIATION OF THE UNITED STATES OF AMERICA

STATEMENT

OF

H. GENE OVERSTREET
12TH SERGEANT MAJOR OF THE UNITED STATES
MARINE CORPS (Retired)
PRESIDENT, NONCOMMISSIONED OFFICERS ASSOCIATION OF THE UNITED STATES
OF AMERICA

BEFORE A

JOINT SESSION OF THE

COMMITTEES ON VETERANS AFFAIRS
OF THE

UNITED STATES SENATE

AND

UNITED STATES HOUSE OF REPRESENTATIVES

ON THE

NON COMMISSIONED OFFICERS ASSOCIATION
VETERAN LEGISLATIVE AGENDA FOR 2009

MARCH 12, 2009

Chairman Akaka, Chairman Filner, Members of the Senate and House Committees on Veteran Affairs, colleagues and veterans from all organizations here today, I am Gene Overstreet, President, Non Commissioned Officers Association of the United States of America (NCOA). NCOA comes today to present its Legislative Concerns for Veterans in 2009.

I would also like to recognize our active military personnel who as our guests have the unique opportunity to witness this Veteran Congressional Legislative Hearing. We are grateful for their military service and the sacrifices they accept to serve in the Armed Forces.

It is important with the start of the new 111th Congress that we recognize and extend appreciation to all who have served in the Congress, especially those who have served on your Committees, and have brought us to this historical point in time. We remain a Nation engaged in military operations in Iraq and Afghanistan with extended utilization of Guard and Reserve personnel and concurrently as a Nation faced with unparalleled new economic constraints. Your Committees are to be congratulated and thanked richly for their sense of purpose and dedication and embraced by a unified nonpartisan commitment for America's Veterans, their families, and beneficiaries.

This joint forum has proven itself time and time again through debate and dialogue forums which are essential for Committee leaders and Members when it comes to policy formulation on behalf of military Veterans, their dependents, and survivors. NCOA recognizes that the challenge of President Lincoln to care for those who have borne the battle, their widows, and orphaned children is a responsibility of not only unparalleled consequence in 2009 but for the future. 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 requiring health care and this Nation's support. You represent the Nation in fulfilling those immortal words of Lincoln for Veterans who because of the battle are unable to provide adequately for themselves and their families. And, you also represent this Nation for the spouse and children of those who have fallen in battle.

Every person who has served in the military recognizes that 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 Non Commissioned Officers Association of the USA is appreciative of the opportunity to formally present its 2009 Legislative Agenda and address issues it believes are significant to Veterans, their dependents, and survivors.

NCOA is privileged to represent active duty enlisted service members of all military services, the United States Coast Guard, associated Guard and Reserve Forces, retirees and veterans of all components. 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, veteran, and survivor issues. Association membership provides for service members and their families through every stage of their military career from enlistment to eventual separation, retirement and provided their final military honors rendered on behalf of a grateful Nation. The Association defines well its membership service as "cradle, or enlistment, to grave" and continues to provide services to the veterans surviving family members.

The Association adopts Resolutions annually at its Membership Business Meeting that begin at local chapters in the CONUS and Overseas that through the vetting process eventually establishes the parameters of the NCOA legislative agenda. Those ever emerging issues are front burner concerns impacting the large number of active duty, Guard, Reserve members, retirees, Veterans, their dependents, and survivors.

Year after year, I 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."

While we take the same Oath, I am ever mindful that for military enlistment or commissioning the significance of those words bear the possibility of extreme sacrifice and possibly death. There are no qualifiers in those words for those entering military service except for the strong belief that they will have the finest war fighting equipment, support services, health care, 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 health care is needed for the rest of the lives of the men and women as a result of their military service,

Adequate Benefits and Entitlements,

And, should they fall in the line of duty, the institutional commitment of a grateful Nation to care for their survivors.

There has never been a qualifier in the military enlistment oath such as "support and defend the Constitution of the United States, funds and resources permitting" as such a qualifier would destroy military personnel readiness and bring into question the stark reality of military service.

NCOA is a member of The Military Coalition, 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 supporter of the 2010 Independent Budget.

VA FISCAL APPROPRIATIONS

NCOA is a supporter of a two year Budget Appropriation process for the Department of Veterans Affairs (DVA).

The one year Budget Appropriation process has become a systemic and detrimental problem to the effective management of all Veteran programs:

- Lack of an adequate "on time" annual appropriation appears to have become the rule requiring starting the new fiscal year with a Continuing Resolution (CR) frozen at a previous year level inadequate to program effectively the use of resources.
- Many Members of your Committees will well remember that the FY2007 Appropriation was not passed by the 109th Congress leaving the newly appointed 110th Congress with a CR based at the FY2006 authorization level. Approved Budgets rarely are available for planning purposes before the start of the new fiscal year.

- NCOA recognizes and applauds that your Committees:
 - o Effectively added Billions of dollars to previous DVA Budget Recommendations to increase to a degree the fiscal adequacy of those budgets.
 - o Eliminated past DVA efforts to secure Veteran enrollment fees and co-pays.

NCOA recognizes that information on the DVA FY2010 Budget Request was provided by the Department in a news release dated February 27, 2009. While details on the Budget have not yet been released, the Budget appears to reflect an increase of \$15 Billion over FY2009 to a request level of \$113 Billion. That budget number appears to be significantly closely aligned with that stated in the 2010 Independent Budget supported by NCOA. Interestingly, the proposed budget does not include the \$1.5 Billion just authorized in the American Recovery and Reinvestment Act of 2009 for DVA.

The Association likes what it read in the news release:

"The 2010 budget represents the first step toward increasing funding for VA efforts by \$25 billion over baseline during the next five years. The gradual expansion in health care enrollment that this would support will open hospital and clinic doors to more than 500,000 Veterans by 2013 that have been regrettably excluded from VA medical care benefits since 2003. The 2010 budget request provides the resources to achieve this level of service while maintaining high quality and timely care for lower-income and service-disabled Veterans who currently rely on VA medical care."

"The new budget provides greater benefits for Veterans who are medically retired from active duty, allowing for the first time disabled military retirees to keep their full VA disability compensation along with their retired pay. The President's budget request also provides the resources for effective implementation of the post-9/11 GI Bill -- providing unprecedented levels of educational support to the men and women who have served our country through active military duty."

The budget supposedly also provides specialty care in such areas as prosthetics, vision and spinal cord injury, aging, and women's health. It demonstrates heightened homeless veteran programs by collaboration with nonprofits in maintaining stable housing while providing supportive services in job training, preventive care, and other critical services. And, it proposes to expand VA services for rural communities in part by Vet Centers and Mobile Clinics to access health care, mental health services, and necessary treatment.

While we liked what we read in the press release, we will wait for the details of the Budget Request to comment further. The Association also appreciated the Administration's apparent support for the two year budget proposal now widely endorsed within the Veteran's communities. You'll recall that President Obama appeared to support the two year budget concept, as did his Nominee, now Secretary Shinseki, before the Senate Veterans Confirmation Hearing where the Secretary stated pointedly his support for the concept. It appears that support may have vaporized as it is nonexistent without vapor trail in the President's recent comments or the Secretary's rhetoric. The two year budget concept was not evident in the recent DVA budget news release.

NCOA Concerns for the FY2010 DVA Budget:

- o No increased co-pays for pharmaceuticals or enrollment fees

- o Access to Health Care at VA Health Care Facilities and Rural Access
- o Availability of adequate timely Contract Health/Mental Care for rural Veterans with particular emphasis on women Veterans
- o Providing health services to an increased Veteran population without necessary growth in infrastructure
- o Support an immediate adequate increase in VA disability compensation rates as was recommended by the past Commission. All veterans rated for similar conditions should receive similar disability pay.
- o Quality of Life should not be an additional rated "dimension" of a veteran's disability for special compensation but should be compensated to all similarly rated veterans by adequate disability compensation.
- o Adequate resources for DVA Research to include embryonic stem cell regeneration.
- o Further Research initiatives into consequences of Traumatic Brain Injuries and best treatment practices.

VA BENEFITS

NCOA Vision

- o Reduce the Veterans Disability Claim Back Log
- o Implement all Aspects of Seamless Transition
- o Concurrent Receipt of VA Disability Compensation and Military Retired Pay
- o Increase Service Disabled Veterans Insurance
- o Authorize Vocational Rehabilitation and Employment (VR&E) benefits at the same level under Chapter 33, USC
- o GI Bill Enhancement for Selected Reservists
- o Veteran Status for Certain Guard and Reserve Members
- o Increase DIC Compensation
- o Repeal the Widow's Tax
- o Allow Surviving Spouses to Remarry at age 55

Veteran Claim Processing

- The Claims Backlog remains deficient in the timely processing and quality of claims.
- Intelligent computer processing technology continues to remain elusive despite years of investment.
- The Claims backlog continues to grow.

Recommendations:

- Accelerate recruitment and training of an expanded Veterans Benefit Administration (VBA) claims processing workforce.
- Hold leadership accountable at every level for claim management actions.
- Partner with State Agencies, such as the Virginia Commissioner of Veterans Affairs, which is developing an automated TURBO Veterans Benefit Package for filing Veteran claims.
- Make quality training time available for all levels of service representatives.
- Consider development of benefit service team bonus awards as an incentive to work numbers of cases at quality standard levels.

Implement all Aspects of Seamless Transition

Supports all "Seamless Transition" initiatives and ranks the Medical Treatment Record which would provide a bi-directional, standards based electronic medical record system between DOD and DVA. DOD health record information needed by VA in support of medical treatment of active duty members should be timely provided upon request.

NCOA fully supports Transition Programs to include:

- Detailing of military occupational exposures
- Consistent and equitable medical and physical evaluation boards using VA standards
- o NCOA remains concerned that there is a lack of adequate counseling of military members in the physical disability separation process
- Access to VA health care, Vet Center Programs, and other benefits while on active duty

Concurrent Receipt of VA Disability Compensation and Military Retired Pay

Allow immediate Concurrent Receipt without offset of all Veterans entitled to receive both VA Disability Compensation and Military Retired Pay.

Increase Supplemental Service-Disabled Veterans Insurance (S-DVI)

The Service-Disabled Veterans Insurance (S-DVI) program 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. 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.

Many Veterans become eligible for S-DVI based on increased or revised disabilities ratings received late in life. At age 65 they are ineligible to apply for the Supplemental-SDI Disabled Insurance.

Additionally, NCOA recognizes that the S-DVI face value has not been adjusted appropriately to support survivors today. Economic conditions have changed dramatically and while the 1951 face value of \$10,000 may have been deemed adequate at that time it certainly does not offer survivor financial protection in 2009.

Many Veterans because of their service related medical conditions were ineligible to purchase commercial term or whole life policies.

Recommendations:

- Increase the face value of S-DVI in increments up to \$50,000.
- Allow Veterans, regardless of age, to purchase term Supplemental S-DVI up to \$100,000.

Authorize VR&E Benefits at Allowed Entitlement of Chapter 33, 38 USC (Post 9/11 GI Bill)

That disabled Veterans authorized VR&E entitlement should be consistent with those authorized under Chapter 33, 38 USC to allow for BAH payments, cover books, fees, adaptive equipment necessary, and provide access to career counseling.

Recommendation: That the higher rates afforded under the Post 9/11 GI Bill be authorized members qualified for VR&E.

GI Bill for Selected Reservists

The Post 9/11 GI Bill was a great achievement by the Veterans Committees to provide benefits that match the cost of education, extension of post-service usage to 15 years and cumulative credit for Guard and Reserve Members on active duty. Volunteers who joined the Selected Reserve were not upgraded to the levels of the Post 9/11 GI Bill. The ratio between these benefits and active duty MGIB has plunged to 24.9% against a historical ratio of 47 to 50%. These ratios are not only about proportional equity but also are considered essential for recruitment programs into the Guard and Reserve.

Recommendations:

- Restore the basic Reserve MGIB benefits for initially joining the Selected Reserve to the benchmark of 47 to 50% of active duty benefits. That would effectively raise the current rate from \$329 per month to \$621 - \$660 for full time study.
- Ensure all Reserve Members utilized in Post 9/11 in support of contingency operations on active duty or transferred out of selected Reserve status due to loss of billets in response to downsizing or force structure changes in response to BRAC are afforded opportunity to participate in the GI Bill improvements.

Veteran Status for Certain Guard and Reserve Members

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 health care and other benefits including some veteran benefits. Current Statute denies them full standing as a "Veteran" of the Armed Forces.

NCOA recognizes that these citizen soldiers have balanced their lives fulfilling their Guard and Reserve training requirements, duties, and executing their mission roles required by their specific assignments while concurrently being employed in other government or civilian occupations. Their service careers were fulfilled with individual sacrifice to maintain their professionalism and skill as service members.

Recommendation: NCOA recommends that Title 38 be amended to read that veteran retirees of Guard and Reserve Components who have completed 20 or more years of service, but are not considered to be veterans under the current Statutory definitions.

Increase DIC Compensation

Recommend that Dependency and Indemnity Compensation (DIC) be increased from the current rate of 42% of a 100% disabled veteran's compensation to 55% of that payment. 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.

Recommendation: Increase the DIC compensation level to 55% of a 100% disabled veteran service connected disability rating.

Repeal the DIC/Survivor Benefit Plan (SBP) Offset

Abolish the Widow's tax! Military members enter into the DOD Survivor Benefit Program (SBP) to provide their surviving spouse with an annuity base on a selection of SBP based on their retirement income. If the Veteran later dies as a result of a service connected disability and the spouse qualifies for Dependency and Indemnity Compensation (DIC), the SBP payment is offset dollar for dollar by the amount of the DIC payment. NCOA strongly believes that the surviving spouse in this situation should qualify for concurrent receipt of both SBP and DIC payments.

NCOA appreciates the work of dedicated Members of the Senate and House who have worked diligently over the years to eliminate what has become known as the SBP/DIC Offset or "Widow's Tax." This Association would like this problem fixed.

Recommendation: That DIC and SBP entitlements be provided without offset.

Retention of DIC Benefits after Remarriage

The 108th Congress authorized Dependency and Indemnity Compensation (DIC) for the widow(er) who remarry after age 57 to retain their DIC benefits. This was a major change in

policy, which previously did not permit reinstatement of any DIC benefit if the DIC recipient remarried. It also established an arbitrary age of 57 where other similar Federal survivor programs allow the widow(er) remarry at age 55.

Recommendation: That Congress provides authority to permit a DIC widow(er) to remarry at the age of 55 and retain DIC status and benefits. The change would make the entitlement of a survivor benefit consistent with Federal Survivor Programs.

Veterans Health Administration (VHA) Specific Recommendations:

NCOA Vision

- Enhanced Mental Health Services
- Timely Access to quality VA Health Care for Clinic and Specialty Appointments within established standards
- Expand Rural Health Care with Emphasis on PTSD and TBI
- Expanded VA Health Care for Women Veterans
- Further Development of Community Based Outpatient Clinics
- Assured Quality of Care for all Eligible Patients
- Open Enrollment of Priority Category 8 Veterans
- Telephone Access to Telemedicine

Mental Health

NCOA has for the past years repeatedly brought forward the issue that the transformation of VHA remains incomplete as long as Mental Health is not fully integrated into its total health delivery system. VHA has recognized the vacuum in its system and has begun a number of proactive steps to provide a more viable and accessible mental health program.

The number of service personnel returning from OIF/OEF has risen significantly and it is apparent that many war veterans have personally experienced the trauma of war through the deaths and serious wounding of their fellow comrades-in-arms. First hand contact - touch, sight and smell coupled with the horrific sounds of war and the battle wounded - make these service members prime candidates for an eventual diagnosis of PTSD, becoming a homeless veteran on the streets of America, or trauma related suicide.

More Research, contact and intervention needs to be accomplished to provide adequate health care for these veterans. Early intervention remains the key to resolving personal mental health issues and preventing lifelong mental, physical, and substance abuse health issues.

NCOA is convinced that self-reporting and personal evaluation checklists are inadequate diagnostic tools for returning troops from deployments. We hear antidotal stories that some who self-reported in the unit were negatively perceived and their effort to secure help created

administrative burdens for them. Secondly, most returning war veterans are aware that self-reporting stressors and mental health issues on post deployment questionnaires may result in evaluation requirements that will delay their return to their homes and families. We are also aware that many troops upon return will not seek help from their medical units out of concern for the continuation of their military careers and future retirement.

Recommendation: NCOA Supports H.R. 1308, The Veterans Mental Health Screening and Assessment Act to alleviate known problems cited above as a consequence of self reporting Post Deployment Surveys. This issue will present increased staffing requirement for VA health care facilities.

Expand Rural Health Care with Emphasis on PTSD and TBI

NCOA recognizes that many Veterans live in rural America and distant from VA health care facilities. The Association recognizes the need for additional Community Based Outpatient Clinics as well as other alternative medical delivery systems to include Vet Centers, mobile vans and telemedicine communication.

The prevalence of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injuries (TBI) sustained by Veterans in the current conflict are treatment issues that must be dealt with for Veterans living in rural America.

Recommendation: That the DVA expand its national health care network to provide greater access to care and treatment for all Veterans living in rural areas. That Contract Care be timely provided to select health care providers determined qualified to work on those issues of PTSD, TBI, and TBI rehabilitation. Timely access to Quality Care should be the policy determinate.

Community Based Vet Centers - Serving a Vital Mental Health Role for Combat Veterans

The Vet Center therapeutic model has proved effective in counseling combat veterans of all eras. Word of mouth dialogue encourages other returning veterans of OIF/OEF to seek help through these special "store front" Centers.

The staff members at Vet Centers have historically have been combat veterans and now includes a number of OIF/OEF combat veterans whose personal experiences make them effective counselors, able to provide counseling and employment services, family support matters, education, bereavement, and outreach to combat Veterans and their families. Their mandate uniquely includes individual, group, and family counseling with family members participating.

Homeless Veteran Outreach from Vet Centers provides an effective direct support and referral role for homeless veterans.

Recommendations

- Increase the staffing authorization at Vet Centers. Most of the nation's Vet Centers have limited

staffing. The increasing evidence of war related trauma, prevalence of suicide among service personnel, need for individual and group counseling services, and homeless outreach would appear to be workload factors that have the capacity to negatively curtail services.

- Sustain and initiate new VA Mental Health Research initiatives to identify behavior and thought processes that place war Veterans at future greater risk for diagnostic evaluation of PTSD, homelessness, and substance abuse, and suicide.

Expanded VA Health Care for Women Veterans

Every VA medical care facility should provide a private primary care clinic staffed with professional team members, medical and mental health professionals, capable of providing 21st Century medicine for women. All preventative medicine and diagnostic testing should be accomplished within the standards set by the AMA. Contract Care should be arranged for specialized treatment and medical diagnostic services when specialty requirements are not available at the Veterans care facility or at another reasonably located near another VA facility with specialized women health services.

Recommendation: Establish or contract out the full range of women health care services in a private special women's primary care setting.

Homeless Veteran Programs

VA currently supports in excess of 17,000 plus beds in transitional housing facilities, community provider programs, or in VA resident facilities nationwide. The availability of an enhanced potential Homeless Veteran Initiative in the FY2010 DVA Budget Proposal will enhance transitional housing and supportive service programs for all homeless Veterans.

VA Homeless Programs remain in this Association's judgment the most effective process to move Veterans from homelessness through a transition process from dependence to independence.

Dental Care was authorized IAW 38 U.S.C. 2062 for certain homeless Veterans enrolled in approved VA programs. Formerly homeless Veterans in established Grant and Per Diem Programs nearing completion of their readiness for employment and transition to permanent housing are able to have dental work completed to correct oral problems which facilitates their personal self-image, and contributes significantly to their future employability. A secondary gain of the program has been the "reward incentive" for Veterans to stay the course to secure the dental restoration.

Recommendations:

- VA continues to increase the annual number of homeless beds available through the Community Grant and Per Diem Program over the next five years.
- Increased funding for Homeless Dental Care and inclusion for all enrolled homeless Veterans in VA approved programs.

CONCLUSION

The Non Commissioned Officers Association of the United States of America is most appreciative of this opportunity to provide your Committees with the Association's 2009 Veteran Legislative Goals.

Be assured that NCOA will look at the details of the Administration's CY2010 Budget Proposal when announced and will provide its perspective, comments, and thoughts for the Committees consideration. While the budget numbers look good, we are painfully aware that it is the details that can cause issues of concern. No doubt the Committees will also look further at the President's Commission on Disabilities and Benefits recommendations and determine strategies to fulfill the Nation's obligation to its Veterans.

NCOA believes your role is specifically that:
"To fulfill the Nation's commitment to all Veterans."

We respectfully request Chairman Akaka, Chairman Filner, and Members of your Veterans Committees that your individual vision for Veterans includes 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 each take an aggressive individual leadership role as Veteran Advocates throughout Congress on such issues as:

- POW/MIA

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

- 100 Percent Disabled Veteran Space Available Travel
Seek and support legislation that will establish a Space Available (Space A) category for 100% service connected disabled veterans on military aircraft or government transportation afforded military retirees.

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