

H. GENE OVERSTREET, 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 HOUSE OF REPRESENTATIVES

AND

UNITED STATES SENATE

ON THE

NON COMMISSIONED OFFICERS ASSOCIATION

VETERAN LEGISLATIVE AGENDA FOR 2008

Chairman Filner, Chairman Akaka, Members of the Committees on Veteran Affairs of the House and Senate of the United States. The Non Commissioned Officers Association (NCOA) is most pleased to present its Legislative Agenda for 2008. We know your involvement and legislative actions taken to date in this 110th Congress. Your respective Committees have advanced programs that directly support wounded service members of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

NCOA believes that this joint forum facilitates debate and dialogue which is essential for committee leaders and their members when it comes to policy formulation on behalf of military veterans, their dependents and survivors. We believe the challenge of Lincoln to care for those who have borne the battle, their widows, and orphaned children is a responsibility of unparalleled consequence in 2008. You represent the Nation in fulfilling those immortal words of Lincoln who because of the battle are unable to provide for themselves and their families. There is no doubt that the manner in which the Nation cares for its veterans has a direct impact on the willingness of future generations who will be called to military service to ensure America's security and national objectives.

The Non Commissioned Officers Association of the USA is appreciative of the opportunity to formally present its 2008 Legislative Agenda and address issues believed significant to all veterans. We likewise are hopeful that there is opportunity to have testimonial dialogue with either Committee during the remainder of the 110th Congress.

NCOA is privileged to represent active duty enlisted service members of all military services

including the United States Coast Guard, associated Guard and Reserve Forces, retirees and veterans of all components. The representation of enlisted members from all services and components makes it 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 on to 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 then continues to provide services to the veterans surviving family members. Resolutions adopted annually at its worldwide Membership Meeting sets the parameters for the NCOA legislative agenda. Those issues are front burner concerns impacting the large number of active duty, Guard and Reserve members. Those currently deployed in harm's way, or on duty any where in the United States or around the globe are potential targets for extremists who seek this Nation's demise. We are very pleased to have with us fifty-eight Noncommissioned Officers and future Noncommissioned Officers of the 12th Aviation Battalion stationed at Fort Belvoir, Virginia.

The Noncommissioned and Petty Officer leadership team remains on point in the Nation's Capitol to represent entitlement issues, protecting benefits as necessary, extending value to those benefits that have failed to keep pace in a 21st Century America, and lastly, to achieve new entitlements to meet the needs of today's warriors and their family members. NCOA recognizes that many veteran benefits were base lined and grounded on conditions following World War II and have not kept pace or have been adequately reviewed over the years. The Association's Noncommissioned and Petty Officer leadership team work in concert with approved resolutions in an effort to assure their adequate value, extend benefits where appropriate. NCOA also seeks

new entitlements as appropriate to meet the needs of the current generation's serving in the Uniformed Services today. We seek quality health care, necessary medical research, new prosthetic devices and rating processes for the new signature disabilities of today's warfare - traumatic brain injuries and concussion induced issues. Concurrently, the Association is equally concerned that all veterans are medically treated, rated, and compensated equally. The Association opposes creating classes of veterans whose similar rated disabilities are treated differently. All have served as asked by their Nation. As strong as we feel that the dead and wounded are never left on any battlefield we are equally motivated to never abandon disabled veterans, their widows, and orphans in America when changes are proposed that are neither fair nor just. Every service connected issue authorized in the rating guide regardless of the disability issue or how it was obtained became Law based on the Nation's legislative processes. Your Committees are the continuation of the national policy process which includes issues, open debate, hearings like this today, and reconciliation debates, approval by the Congress and final authorization by the Nation with the signature of the President. It is an honorable process that is very deliberative.

The promises and commitments of a grateful Nation for those service disabled veterans must be honored and held sacred for those who at any given moment have risked their very lives and limbs to fulfill their honor bound commitment to their comrades-in-arms and to America.

I always come to this Congress mindful of the words of the Oath of Military Enlistment. They are simple words but provide the very essence of commitment that every member of the military has publicly declared and affirmed. You, the members of the Committees, have taken a similar oath in your respective appointments to the Congress. These twelve words however finalize the oath taken by all who have stepped forward to meet America's military challenge:

"...to support and defend the Constitution of the United States of America."

The Enlistment oath is a declaration of total commitment without any qualifiers. There is the belief by those who serve in today's Armed Forces 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 including:

Whatever necessary veteran health care is needed as a result of their military service, Benefit support assistance needed,

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

I can assure you that a qualifier in the enlistment oath such as "support and defend the Constitution of the United States, funds and resources permitting" would destroy military personnel readiness and bring into question a military life-style of hardship and sacrifice. American forces remain deployed in America's War on Terrorism and countless thousands of military members are on duty ever vigilant and ready to execute their assigned missions. Many service members deployed or stationed around the world today have left their spouses and children. These military families live with not only the heartbreak and frustration of separation

but the reality that separation may be compounded by sacrifices of overpowering personal consequence.

NCOA advocates legislative concerns in the best interest of all who serve or have served in the Armed Forces, Components, and United States Coast Guard.

NCOA is a member of The Military Coalition, a forum of nationally prominent uniformed services and veterans' organizations that shares collective views on veteran and active duty issues.

NCOA is also a veteran organizational supporter of the 2007 Independent Budget.

VA Fiscal Appropriations

The Budget Appropriation process for the Department of Veterans Affairs (DVA) has become a systemic problem to the effective management of all veteran programs. No Government Department, certainly not one of the largest, can effectively manage its annual program when their Fiscal Year Appropriation continually starts with a constrained Continuing Resolution (CR) Authority.

- Lack of an adequate annual appropriation appears to have become the rule.
 - The FY2007 Appropriation was not passed by the 109th Congress leaving the newly appointed 110th Congress with a CR based at the FY06 authorization level.
- o The prior FY06 Budget and FY05 Budget were flawed through mischaracterization of Operating Efficiencies that dampened the actual budget requirement and resulted in the requirement and authorization of Supplemental Department Appropriations.

- You, the 110th Congress, added \$3.6 Billion and passed a CR in February 2007 which was 4 1/2 months late for the remainder of FY07.
- The Administration's FY2008 Appropriation was under funded at \$86.75B as stated by NCOA and others, contained co pays and enrollment fee requirements.
- Your Committees quickly saw the shortfall and recommended a substantial \$3B fiscal increase and drove a stake through the recommendations killing the co-payments and veteran user fees.
- The Administration's 2009 Budget proposal arrived before these hearings and your Committees have already concluded (as has NCOA, other VSOs, and the Independent Budget) that it is also under funded and noted the perennial recommendation for co pay increases and user fees were a part of the budget proposal. Your prompt action to recommend fiscal increases to the FY09 Budget and to kill co-pays and user fees are appreciated.
- NCOA regrets that VA Budget Hearings do not precede the Annual Joint Testimony hearing to enable the Associations and Independent Budget authors to address concerns.
 - o NCOA opposes any perceived budget that fails to provide adequate resources for Veterans Health, Research, and Benefit Programs.
 - o The Association voices strong opposition to the use of veteran user fees and co-pays to extend program and product line services.
 - o Adequate funding must provide for all veterans who "have borne the battle" to be treated equally in effectively managed systems of health care and compensation. One group of veterans does not displace another group of veterans in their access and quality of health care at VA.
 - o All patients are triaged and medically served based on their need.
 - o The best military battlefield medical triage has resulted in the survival of many significantly seriously wounded personnel. New medical procedures seem to be evolving from battlefield, advanced surgical units, air evacuation, stabilization, and rehabilitation.
 - o Medical residents at military hospitals and VHA health care facilities are developing new protocols to meet treatment modalities for:
 - Multiple and single amputations
 - A new subset of concussion related injuries
 - Traumatic brain injuries
 - New prosthetics and rehabilitation requirements
 - significant PTSD and mental health issues

Seamless Transition

The Association supports all "Seamless Transition" initiatives from DOD health and personnel records on military members separating from the Armed Forces to the Department of Veterans Affairs. DOD health and record information needed by VA in support of medical treatment of active duty members should be provided upon request.

NCOA fully supports Transition Programs to include:

- One stop DOD/VA separation physical examination
 - VA Benefits determination before discharge
 - 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
- Fourth Mission - Back up Medical Surge Capacity for DOD

NCOA continues to question the surge capacity to receive war wounded by the Department of Veterans Affairs. The transformation of VHA from an In-Patient to an Out-Patient medical care system appears to have lost its resident medical surge capacity. A national disaster impacting substantial numbers of people requiring hospitalization would also exceed current capacity.

VHA Specific Recommendations: NCOA Vision

- Timely Access to VA Health Care for Clinic and Specialty Appointments Within established standards
- 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 servicemen and service women returning from OIF/OEF has risen significantly. These 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, suicide, or becoming a homeless veteran on the streets of America.

More Research, contact and intervention needs to be accomplished to provide adequate health care these veterans. Early intervention is 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.

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

NCOA was gratified that VA Secretary Dr. Peake announced that the opening of 23 new Vet Centers were ahead of schedule and would be fully operational during the next two years. VA has finally taken the initiative by beginning to provide readjustment counseling and outreach for

combat veterans from temporary facilities while the Vet Centers are brought on-line. This is forward thinking and will begin intervention and mental health services sooner than later. We expect that these Vet Centers will serve a critical role in the readjustment of combat veterans and their families. Many veterans have issues that involve war trauma that could lead to the eventual on-set of traumatic stressors and diagnosis of PTSD.

The troops are not threatened by the Vet Center therapeutic model that maintains secure, confidential records of services provided. Word of mouth encourages other returning veterans of OIF and OEF to seek help at the Vet Centers. The Vet Center staffs, many of whom are OIF/OEF combat veterans themselves provide counseling on mental health and employment, services on family issues, education, bereavement and outreach to combat veterans and their families. Their mandate includes individual, group and family counseling with the veteran's family members participating.

Another strong plus is the Outreach that Vet Centers perform in a supportive role for homeless veterans. The Vet Center success story keeps unfolding. We're glad to note the SVA Secretary comment that the community based Vet Centers are a key component of VA's mental health program providing veterans and mental health screening, PTSD counseling along with help for family members dealing with bereavement and loved ones with PTSD.

NCOA Reconunendations - Vet Centers

- Increase the staffing authorization at Vet Centers. Most of the nation's 207 Vet Centers currently have only three or four staff members. It is essential to enhance the staffing level to perform the dynamic combat veteran readjustment mission as well as homeless outreach and engagement initiatives assigned.
- Sustain and initiate new VA Mental Health Research initiatives to identify behavior and thought processes that place war veterans at future risk for diagnostic evaluation of PTSD, homelessness and substance abuse.

Homeless Veteran Programs

VA currently supports approximately 15,000 plus beds in transitional housing facilities or in VA resident facilities nationwide. The availability of \$35M recently announced will provide an estimated 2,250 new transitional housing beds through grant awards to community providers. 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. The estimated homeless population on any given night over the past year reportedly fell from 250,000 to an estimated 195,000 or a 22 percent reduction. The expansion of the Vet Center mission to include outreach to Homeless veterans coupled with supportive mental health programs are contributing to this decline. Early intervention is the key to getting a "new" homeless veteran from off the street and back to a productive life style.

Chronic homeless veterans are reported to represent about 30 percent of the estimated homeless population. The chronic homeless veteran does not seek change in their life style. They are the hardest population to move from the street to a residential transitional rehabilitation program.

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:

- Priority for Homeless Veteran Providers in any CARES/BRAC Decisions. Every effort should be made to give Community Homeless Veteran Programs priority in the reuse

designation of surplus community property. Likewise, these homeless veteran service programs should be given distinct fiscal consideration in reduced lease contracts.

- 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 in all Project HERO programs to support enrolled homeless veterans in approved programs.

Veterans Benefits Administration NCOA Vision:

NCOA recognizes that the Veterans Disability Benefits Commission released its final report in 2007 and applauds many fine points evidenced in the recommendations of the Committee. A number of recommendations will benefit all of America's Service Disabled Veterans.

NCOA is also strongly opposed to Commission Recommendations that would:

- Create different disability rating awards for classes of veterans from different combat eras.
- That would exclude noncombat service disabled veterans from compensation for service related disabilities.
- That offsets to VA disability benefits be allowed based on other federal and state benefits received.

NCOA believes all service connected veterans should receive the same benefits for their rated disabilities. Veterans should not be treated unequally and those authorized a disability rating should have the same entitlement.

NCOA does not support financial offsets to a veteran's disability compensation award by becoming eligible for other federal or state entitlements.

NCOA believes all veterans in receipt of disability compensation should be grandfathered to protect their current entitlement from any change that would decrease their benefits.

1. Veteran Claim Processing

- The Claims Backlog remains deficient in the timely processing of claims.
- Intelligent Computer Processing Technology remains elusive in the claim process.
- The Claims backlog continues to grow and now exceeds 850,000.

Recommendations:

- Accelerate recruitment and training of an expanded VBA claims processing workforce.
- Develop self-service computerized access to benefit and entitlement processes via email where centralized work centers could process the inquiries, respond to questions, or secure information for continuation of the claim process.
- 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.
- Determine the feasibility to have selected retired VBA employees return to the workforce for a contract period during which time new employees could be effectively trained and integrated into claim production centers.

2. Increase 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.

NCOA believes that the basic S-DVI maximum face policy amount of \$10,000 from 1951 is no longer valid and should be revised. That singular revision should provide an automatic adjustment for those eligible to apply for Supplemental S-DVI. Many service disabled veterans are ineligible, because of their medical conditions associated with their disabilities, to purchase other life insurance to provide some degree of financial security for their survivors.

- Increase the S-DVI maximum face amount of the policy to \$100,000 for service disabled veterans.

3. 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) remarriage at age 55.

Recommendation: That Congress provide authority to permit a DIC widow(er) to remarry after the age of 55 (vice 57) and retain DIC status and benefits.

4. Repeal the DIC/Survivor Benefit Plan (SBP) Offset Abolish the Widow's tax!

DOD opposes the concurrent receipt of DIC and SBP benefits on a policy interpretation which is currently being challenged in a lawsuit by three individual Gold Star widows.

The Association recognizes the authority of the National Defense Authorization Act (NDAA) 2008 that authorizes a monthly payment of \$50.00 to surviving spouses denied the full amount of their SBP because of concurrent receipt of DIC with this amount to increase to \$100.00 by 2014. It is a small step in the right direction. What is needed is to totally correct the inequity in a decisive action or phase in the change in a suggested period of five (5) years.

NCOA appreciates the work of dedicated legislators who worked to provide the NDAA 2008 entitlement but believes that the widows of veterans who succumb to a service connected disability deserve concurrent receipt of these two benefits. It is time to end this inequity.

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

5. Educational Benefits

NCOA was appreciative of the authorization contained in NDAA 2008 that provided a 10 year post service adjustment period for Guard and Reserve veterans of OEF/OIF and others who have served on active duty on contingency operation orders during which they may use their educational benefits.

- Consolidate all Montgomery GI Bill (MGIB) entitlement for active, Guard and Reserve into a single Chapter of Title 38.
- Raise the rates to match the average cost of a four year college or university education.
- Allow an open MGIB enrollment period for personnel on active duty who previously declined this educational benefit to include VEAP-era nonparticipants.
- That all military retirees have utilization of their MGIB entitlement to a delimiting date equal to 10 years after separation from service, or if higher, the number of years served in the military.

- That veterans have access to the unused portion of their \$1,200.00 enrollment fee after the authorized delimiting period to pursue educational endeavors.
- Establish linkage from the MGIB entitlement to the VA Survivors and Dependents Educational Assistance program to enhanced entitlements authorized for the MGIB.

CONCLUSION

The Non Commissioned Officers Association is most appreciative of this opportunity to provide your Committees with the Association's 2008 Veteran Legislative Goals and comments on the VA FY2009 Budget Request.

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

- Concurrent Disabled Retired Pay

Authorize concurrent receipt of all military retired pay and VA disability compensation without offset.

- 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 percent 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.