

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 SENATE

AND

UNITED STATES HOUSE OF REPRESENTATIVES

ON THE

NON COMMISSIONED OFFICERS ASSOCIATION
OF THE
UNITED STATES OF AMERICA

VETERAN LEGISLATIVE AGENDA FOR 2010

MARCH 18, 2010

DISCLOSURE OF FEDERAL GRANTS AND CONTRACTS

The Non Commissioned Officers Association of the USA (NCOA) does not currently receive, nor has the Association ever received, any federal money for grants or contracts other than the routine allocation of office space and associated resources at Government facilities for outreach and direct services through its accredited National Veteran Service Officer Program. Association's activities and services are accomplished completely free of any federal funding.

March 12, 2010

Chairman Akaka, Chairman Filner, Ranking Members Senator Burr and Mr. Buyer, Members of the Senate and House Veteran Affairs Committees, colleagues and veterans from all organizations here today, I am Gene Overstreet, President, Non Commissioned Officers Association of the United States of America (NCOA) and I will present the Association's Veterans Legislative Agenda for 2010.

The Non Commissioned Officers Association of the USA is appreciative of the opportunity to formally present its 2010 Legislative Agenda and address issues it believes are significant to Veterans, their dependents, and survivors.

I would also like to recognize active military personnel of the uniformed services and retired military veterans of the Armed Forces Retirement Home who as our guests today will gain a perspective of this Nation's legislative process by witnessing this Hearing. We are grateful for their military service and their sacrifices while serving as members of the Uniformed Services.

NCOA in 2010 celebrates its 50th Year of Service representing 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 to grave" and continues to provide services to the veterans surviving family members. "Cradle" is an appropriate starting point as many future service men and women are the dependents of active duty military personnel.

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. If we fail as a Nation to institutionally represent and take care of our military personnel and their families through their service life cycle of needs, we ultimately impact military readiness and sustainment of a highly sophisticated career military force capable of executing its mission. This issue is very transparent to our youngest potential recruit and dependent son or daughter and will influence their future career decisions.

The 111th Congress

It is important to recognize the accomplishments of the 111th Congress and extend appreciation to all who serve or have served in the Congress, especially those who serve on the Senate and House Veterans Affairs Committees. Your Committees efforts have always sought to honor America's institutional commitments in the best interest of America's veterans.

We remain a Nation engaged in military operations in Iraq and Afghanistan and personnel are deployed around the world honoring national commitments. Members of the Uniformed Services include the unprecedented utilization of Guard and Reserve personnel. Concurrently, we are a Nation faced with new economic constraints and an economy that went to the brink of a recession and now after 2 years continues in a slow recovery. Your Committees are really to be congratulated and thanked richly for their sense of purpose and dedication. We recognize the complexity of attempting to legislate programs or entitlement enhancements in a time of dwindling fiscal resources.

This joint forum has proven itself over and over again through its debate and dialogue forums that 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 2010.

The Association appreciates that that your Committees have been responsive to veteran needs in your assessment of inadequate past budgets by stepping up to the plate and adding critically needed resources. Approximately a year ago, NCOA and most all veteran organizations testified before this Joint Hearing on the need for an Advance Appropriation for Medical Care provided by the Veterans Health Administration (VHA). You listened and in the First Session of the 111th Congress took action and made advance appropriations a reality. VHA will now have the ability to plan ahead and not limit medical programs based on the question of availability of resources. Advance Appropriations for VHA healthcare was a significant achievement for veterans.

Also, implemented this past year under your watch was a greatly enhanced Post 9/11 GI Bill approved in the 110th Congress for members of the Armed Forces who meet program criteria. The Post 9/11 GI Bill will require some refinements addressed later in this statement. The continuity of sustained involvement from each succeeding Congress in the management of veteran initiatives has assured entitlement programs of substance for America's veterans.

Your Committees and individual members have been involved in many issues as can be attested to by the passage of the following legislation.:

- P.L. 111-37 Veterans COLA Increases effective December 1, 2009
- P.L. 111-81 Veterans Health Care Budget Reform and Transparency Act of 2009
- P.L. 111-82 Authorize Medical Facility Leases for Dept of Veterans Affairs
- P.L. 111-98 Authorize Major Facility Project for Walla Walla VAMC WA
- P.L. 111-117 Advance Veterans Health Administration Appropriations for 2011
- P.L. 111-137 Expand veteran eligibility for emergency treatment at non VA facilities
- National Defense Authorization Act (NDAA) 2010

NCOA was appreciative of the many veteran amendments to the NDAA that were incorporated into the NDAA to provide funding increases for VA to create Centers of Excellence and provide additional veteran oriented specialty care in area including prosthetics, vision and spinal cord injury, aging, and women's health. Also, enhancements for outreach and services related to mental health care and cognitive injuries with focus on access for veterans in rural areas. VA will be able to increase the number of vet centers and mobile health clinics to expand access to mental health screening and treatment in rural areas. Expands funding for the timely implementation of the Post 9/11 GI Bill and expands VA's collaborative efforts for homeless veterans. And, among other initiatives, NDAA will significantly open eligibility for VA healthcare to non-disabled veterans of modest income.

It is obvious to all that the warrior's needs do not end when the battle concludes but continues for each veteran through a life which carries the ravages of military service and war. This Nation must be ready to provide needed healthcare, rehabilitation, education, and whatever support is necessary for those sent into harm's way. 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 likewise you also represent this Nation for the spouse and children of those who have fallen in battle.

Many Needs of Veterans and Survivors Remain

The Association adopts Resolutions at its annual Membership Business Meeting that begins at local Chapters in the CONUS and Overseas that through the vetting process eventually establishes the parameters of the NCOA Legislative Agenda. Those 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 continue to recognize that all who serve in the Congress or in the Uniformed Services have taken an Oath of Office, Enlistment, or Commissioning in which the following affirmation is sacredly promised:

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

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. 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 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 their grateful Nation to care for their survivors.

I am a Marine, still serving, and I tell all audiences that 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 endorser of the 2010 Independent Budget.

NCOA Veteran Priorities for 2010

VA BENEFITS

NCOA Vision

- Reduce the Veterans Disability Claim Back Log.
- Implement all Aspects of Seamless Transition.
- Concurrent Receipt of VA Disability Compensation and Military Retired Pay.
- NCOA Increase Service Disabled Veterans Insurance and allow veterans to purchase supplemental insurance after age 65.
- Support adequate increase in VA disability compensation rates as previously recommended by the past Commission. All veterans rated for similar conditions should receive similar disability pay.
- 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.
- Authorize Vocational Rehabilitation and Employment (VR&E) benefits at the same level under Chapter 33, USC.
- GI Bill Enhancement for Selected Reservists.
- Veteran Status for Certain Guard and Reserve Members.
- Increase DIC Compensation.
- Repeal the Widow’s Tax.
- Allow Surviving Spouses to Remarry at age 55.

Veteran Claim Processing

- The claims backlog remains deficient in the timely processing of claims.
- Quality of Claims and the approval process should have oversight.
- Intelligent computer processing technology continues to remain elusive despite years of investment.
- The Claims backlog continues to grow.

Recommendations:

- NCOA recognizes that the Veterans Benefits Administration (VBA) has the authority and resources to recruit an additional 4,000 claims processors. The Association recognizes that the training of these new resources will take 2 to 3 years to develop a quality force of claim processors. NCOA recommends that VBA bring back selected retirees to assist in both hands-on-training and managing the new resources to preclude limiting the ability of available qualified personnel to work the backlog.
- There must be accountability in the processing of claims at every level and perhaps oversight review would be appropriate.

Recent comments by the Chief Justice of the U.S. Supreme Court on attorney fees authorized by the Equal Access to Justice Act, questioned the high percentage of veteran cases in which attorney payments were approved.

The number of EAJA claims approved represented an estimated 70% at the Court of Veterans Appeals in 2008 and 2009. The Chief Justice after a discussion on what the actual percentage really was raised the question: "In litigating with veterans, the government more often than not takes a position that is substantially unjustified?"

That is a perspective in NCOA judgment that questions the number of cases wrongly decided throughout the VA claim system up to and including the Court.

- Work with State Veteran Agencies, such as the Virginia Commissioner of Veterans Affairs, in the development of smart intelligence for automated state processes to file veteran claims.
- Require Regional Offices make additional training time available to share current training and claim procedures with VSO accredited service representatives.

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.

- 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.

VA Disability Compensation and Military Retired Pay Offset

Support immediate Concurrent Receipt without offset for all veterans entitled to receive both VA Disability Compensation and Military Retired Pay.

This past week the Senate Armed Services Committee began supporting an Administration proposal by requesting the Senate Budget Committee add \$264M into the Military Retirement Trust Fund in 2011 to begin providing concurrent receipt of retired pay to people who received medical retirement from the military with less than 20 years. It proposed phasing the entitlement in over a five year period. The Administration's proposal did not comply with Congressional budget procedures to identify a source of money that would be spent on this new benefit. Therefore, that Committee has asked the budget committee to identify offsets to cover the costs. The lack of mandatory funds or an offset has stopped this action in the past.

Disabled military retirees remember well the Administration's commitment made in February 2009 to enable Chapter 61, Disabled Military Retirees to retain VA Disability Compensation and Military Retired Pay. The President's message on this matter greatly raised expectations of these military retirees and their families that was shattered by the announcement that "mandatory funds" were not available to permit concurrent receipt.

It is time to resolve the funding issue that stops the financial offset in these benefits. NCOA recognizes your Committees full support of this issue and hope that your advocacy may bring this issue to a conclusion in 2011.

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

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

A number of veterans become eligible for S-DVI based on increased or revised disabilities ratings received later in life. At age 65, these veterans are ineligible to apply for Supplemental-SDI Disabled Insurance.

Simply stated the S-DVI face value has not been adjusted appropriately to support survivors in 2010.

Recommendations:

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

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 Basic Allowance for Housing (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 to 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 plummeted 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 Defense Base Closure and Realignment Commission 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 healthcare and other benefits including some veteran benefits. Current Statute denies them full standing as a "Veteran" of the Armed Forces.

Recommendation:

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

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% 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.

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. 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.

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.

Repeal the DIC/Survivor Benefit Plan (SBP) Offset

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. The veteran makes a personal decision to participate and pay a premium for SBP to provide an annuity to their spouse when that veteran dies. Dependency Indemnification Compensation (DIC) is compensation based on a disability rating incurred in military service and should be entirely unrelated to the SBP annuity. When the veteran later dies as a result of a service connected disability, the spouse when eligible for Dependency and Indemnity Compensation DIC has a dollar for dollar offset from the SBP payment.

Stop the Offset. NCOA strongly believes that the surviving spouse in this situation should qualify for concurrent receipt of both SBP and DIC payments. It's apparent that a majority in Congress are supportive of implementing this legislation. Availability of mandatory funding has obstructed efforts to secure approval. Let's get past the funding dilemma and eliminate the Widow's Tax.

Note:

An announcement published in the News for USAF Retired Personnel –Afterburner, September 2009 advised retirees participating in SBP “who have a service-connected totally disabled rating by VA may request to stop participating in SBP under P.L. 96-402. Withdrawing from SBP under this option “ensures the surviving spouse will receive a full refund of the SBP premiums

the member paid for the five- or 10- year period if the VA awards DIC to that surviving spouse.” Action also requires the written consent of the beneficiaries involved.

This action may have limited applicability to stop the SBP premium payment of the retiree when the beneficiary has predeceased the retiree.

However, stopping the egregious offset when there is a surviving beneficiary involved will financially penalize the surviving spouse when concurrent receipt of DIC and SBP benefits is finally realized.

Allowing some “totally disabled veterans” to save a few dollars on SBP premium cost will cost their survivors significant value in their future SBP benefit which has nothing to do with the purpose of the DIC program. While jurisdiction of SBP is not under the purview of your Committees, the fact that the Service Departments may be encouraging voluntary termination with spousal consent of SBP premiums will be significant when concurrent receipt is finally authorized.

There should be no offset between these programs for any veteran whose death is determined to be associated with a service connected disability and would qualify for DIC entitlement to their spouse.

Veterans Health Administration (VHA) Specific Recommendations:

NCOA Vision

- Family Healthcare Giver Support.
- Access to Healthcare at VA Health Care Facilities and Rural Access.
- Continued development of Community Based Outpatient Clinics and Vet Centers.
- In concert with DoD, increase the capacity of the mental/behavioral healthcare system to meet the unmet needs of returning veterans for care of PTSD and depression. Capacity must be expanded by recruiting and training more specialists in DoD, VA, and U.S. healthcare systems.
- Availability of adequate timely Contract Health/Mental Care for rural veterans with particular emphasis on women veterans.
- Continue expansion of open healthcare enrollment for non-service connected veterans concurrent with infrastructure growth.
- Reimbursement for VA Healthcare.
- Adequate resources for DVA Research to include embryonic stem cell regeneration.
- Further Research initiatives into consequences of Traumatic Brain Injuries (TBI), Post Traumatic Stress Disorder (PTSD), and publication of best treatment practices.
- State Veteran Nursing Homes.

Enact Family Healthcare Giver Support

NCOA strongly supports the proposed legislation of the Senate and the House (S-801 and H.R. 3155) that will provide an array of caregiver support programs and health services for America’s veterans with significant injuries. NCOA believes that all veterans who have had significant

injuries and are cared for in their homes by a family caregiver have relieved the government of a massive potential institutional residency program. Many significantly impaired veterans have complicating health issues and mobility problems. Such an established program should assist all such veterans whose medical evaluation warrants that consideration.

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 “storefront” centers.

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

Recommendations

- Continue to establish Vet Centers strategically across the COPNUS
- 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 Healthcare 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 services for women veterans.

Recommendation:

Fully support implementation of the Women Veteran Health Care Improvement Act (S. 597/H.R. 1211)

Reimbursement for VA Healthcare

Active duty military personnel: VA should routinely bill TRICARE for healthcare services provided to active duty military members to offset their healthcare delivery costs.

Medicare Subvention for veterans: Medicare should be required to reimburse payment to the Department of Veterans Affairs medical facilities for items and services provided to Medicare

eligible veterans for non service connected conditions. NCOA supports H.R. 3365, The Medicare VA Reimbursement Act of 2009.

Homeless Veteran Programs

NCOA is most pleased with the reported reduction of approximately 19,000 homeless veterans in current statistical data and publicity releases. While the array of programs designed for homeless veterans is having the desired outcome, the VA must continue to develop homeless veteran bed spaces available and necessary healthcare and counseling support services. Anticipate future cessation of military operations and associated force reductions will displace military personnel from the rigors of war and disciplined living environment that may turn a number of veterans to a homeless life style.

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 evaluate and increase the annual number of homeless beds available through the Community Grant and Per Diem Program over the next five years.
- Sustain and build supportive physical/mental health infrastructure for housing programs
- Increased funding for Homeless Dental Care and inclusion for all enrolled homeless Veterans in VA approved programs.

State Veteran Nursing Homes

NCOA supports H.R. 4241, a Bill to amend Chapter 17, Title 38, USC, to allow for increased flexibility in payments for State Veteran Homes.

NCOA recognizes the value and community associated with State Veteran Nursing Homes. These facilities have been a part of each state’s long term healthcare strategy in the care of America’s aging veteran population, veterans afflicted with Alzheimer’s disease, and other veterans with special needs.

Memorial Affairs – Burial Benefits:

NCOA supports H.R. 4045, Veterans Burial Benefits Improvement Act of 2009.

The Act would increase from \$300 to \$1,270 the amount of burial allowance for those veterans who die in a VA facility. It also increases from \$2,000 to \$4,100 the allowance for those veterans who die of a service connected disability.

CONCLUSION

The Non Commissioned Officers Association of the United States of America (NCOA) is most appreciative of this opportunity to provide your Committees with the Association's 2010 Veteran Legislative Goals.

The debate of Congress on National Health Care Reform continues as NCOA prepares for this hearing. The Association was grateful that your committees and individual members were supportive to exclude veteran health care beneficiaries of the Department of Veterans Affairs; and also Health Care beneficiaries of the Department of Defense in Health Care Reform. The Association will continue to monitor this issue and its parameters as it again may be a dominate national question in the near term.

NCOA believes your role is specifically "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.

SPACE AVAILABLE TRAVEL

Support S. 66, a Bill to amend Title 10, USA, for Space Available (Space A) category for 100% service connected disabled veterans on military aircraft or government transportation afforded military retirees.

Support H.R. 4403, Space A Travel Act of 2009 to authorize space-available travel on military aircraft for unremarried surviving spouses of retired members of the Uniformed Services, and the unremarried surviving spouses of veterans who died from a service connected or compensable disability and for the dependents of such spouses.

LET THE PEOPLE DECIDE

NCOA supports S.J.R. 15 and H.J.R. 47, Resolutions to propose an amendment to the Constitution of the United States authorizing the Congress to prohibit the desecration of the flag of the United States. WE THE PEOPLE of the United States should decide this issue.

Thank you for the opportunity to present the Association's 2010 legislative initiatives and issues on behalf of the membership of the Non Commissioned Officers Association of the United States of America.