

GENE OVERSTREET 12TH SERGEANT MAJOR OF THE UNITED STATES MARINE
CORPS (Retired) PRESIDENT & CHIEF EXECUTIVE OFFICER, NON COMMISSIONED
OFFICERS ASSOCIATION

Non Commissioned Officers Association of the United States of America
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STATEMENT

OF

GENE OVERSTREET
12TH SERGEANT MAJOR OF THE UNITED STATES
MARINE CORPS (Retired)
PRESIDENT & CHIEF EXECUTIVE OFFICER

BEFORE THE

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 2007

MARCH 8, 2007

NON COMMISSIONED OFFICERS ASSOCIATION
OF THE UNITED STATES OF AMERICA

NCOA LEGISLATIVE AGENDA FOR 2007

Congratulations Chairman Filner and Chairman Akaka on your appointments as Chairman of your respective Veteran Committees. We also acknowledge ranking Members Buyer and Craig and recognize their contribution to America's Veterans in their former leadership roles. NCOA recognizes that debate and dialogue is always good between committee leaders when it comes to policy formulation on behalf of military veterans, their dependents and survivors. We also welcome the new Members and those who return to continue service on the House and Senate Committees on Veterans Affairs. We believe that the challenge of Lincoln to care for those who have borne the battle, their widows, and orphaned children is a responsibility of unparalleled magnitude. In fact, we would be so bold as to suggest that the manner in which the Nation cares for its veterans will impact 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 (NCOA) is appreciative of the opportunity to formally present its 2007 Legislative Agenda and address issues believed significant to not only members of this association but to all veterans. NCOA recognizes the return to the joint hearing process and is pleased to have the opportunity to participate. We likewise are hopeful to have the further opportunity to have testimonial dialogue with either committee during the tenure of the 110 Congress.

I am Gene Overstreet, 12th Sergeant Major of the United States Marine Corps (Retired), President and Chief Executive Officer, Non Commissioned Officers Association. I am joined today by CMSgt Richard C. Schneider, USAF (Retired), NCOA Executive Director of Government Affairs of the Association's National Capital Office.

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. NCOA 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 for the Administration and this Congress. The Association provides for these 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 than continues to provide services to the veterans surviving family members.

NCOA is guided in its legislative role by resolutions adopted annually at its Membership Meeting by its worldwide membership. We take those resolutions very seriously, recognizing vital responsibilities to be in the forefront of issues impacting the large numbers of active duty, Guard and Reserve members currently in harm's way deployed around the world in America's War against Terrorism.

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. We recognize that many veteran benefits were base lined and grounded on conditions following World War II but have not necessarily kept pace over the years.

NCOA strongly believes that the promises, those institutional commitments, of a grateful Nation must be honored and held sacred for those who at any moment risk their very lives and limbs to fulfill their commitment to America.

I will 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 military man and woman have publicly declared and affirmed. These twelve words finalize an 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 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 also believe that they have the institutional promises including whatever necessary veteran health care is needed as a result of their military service, the benefit support assistance and should they fall in the line of duty the institutional commitment of a grateful Nation for their survivors. Can you for a moment imagine what a qualifier in the enlistment oath such as support and defend the Constitution of the United States funds and resources permitting would do to military personnel readiness and the commitment to deploy in harm's way?

NCOA is mindful that American forces remain deployed in America's War on Terrorism. Additionally, military men and women are on duty around the world today ever vigilant and ready to execute their assigned missions. Many of these service members deployed or stationed around the world today leave their spouses and children. These marvelous 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. Daily news media brings in real time the sights, sounds and horrors being experienced by military members to the living rooms of their spouses and children. Now we even watch military surgeons dealing with combat wounded arriving at their facilities almost right from the battlefield. Soldiers are vividly seen weeping over a dead or wounded comrade and are joined countless thousands of miles away by the emotion and tears of family, friends, and fellow citizens of the world who share the wounding or loss of an American Patriot.

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

Seamless Transition Programs

The Association also strongly supports the 'Seamless Transition' for DoD records and information on military members separating from the Armed Forces being provided to the Department of Veterans Affairs. We believe that there is a need for transparency between these two Departments and that while VA and DoD work well together that their efforts have great respect for the other's turf. DoD information needed by VA in support of the treatment of active duty members should be freely provided upon request and without the intervention of members of the Congress.

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.
- ? Implement the Electronic Medical Record for military personnel for use by DoD and VA throughout and following the member's military service.
- ? 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 also has a reservation on the Fourth Mission of VA to provide the surge capacity to receive war wounded. The transformation of VA from an In-Patient to an Out-Patient medical care system appears to have lost its medical surge capacity. NCOA would suggest that perhaps your committees should review the Fourth Mission and its care capability, including the medical transfer of patients from DoD to VA who will have a long term medical care and support requirement.

VA Fiscal Appropriations

NCOA believes that the Budget Appropriation process for the Department of Veterans Affairs has become a systemic problem to the effective management of VA Health Care, Benefits and Memorial Affairs. The ultimate result is the limited resources deny comprehensive services for America's veterans.

- ? Lack of an adequate annual appropriation appears to have become the rule.
- ? Continuing Resolutions constraining the Department to the previous year's appropriation until months after the start of the fiscal year limits activities and is certainly no way to manage service line programs.
- ? Supplemental Appropriations worked by your Committees have also become a matter of routine to fix inadequate budget submissions.
- ? Regrettably, suggested co-pays for pharmacy and select enrollment for health care remain a budget concept.
- ? VA statements of Management Efficiencies used over three fiscal years provided unprecedented

and also unverifiable cost savings (GAO-06-359R issued on February 1, 2006) were used to offset and directly lower the VA budget requirement in support of veteran health care in FY 2006. This practice was dropped in the Administration's FY 2008 Budget proposal

FY 2007 Appropriation

The 109th Congress failed to pass the FY 2007 Appropriation Act for the Department of Veterans Affairs. The budget legacy of that Congress was to leave an FY07 Continuing Resolution (CR) which authorized fiscal resources at the FY06 authorization level. We remember that the FY06 Budget and the prior FY05 Budget as previously noted were flawed through mischaracterization of Operating Efficiencies that dampened the actual budget requirement and resulted in the requirement and authorization of Supplemental Department Appropriations. This was further apparent by the lack of resources, ability to effectively manage programs by securing personnel resources in the last months of FY06.

The 110th Congress provided a CR to fund the Department of Veterans Affairs for the entire FY2007. That CR also added \$3.6 Billion above the requested budget appropriation request, was coincidentally approved on the celebration of the National Salute to Hospitalized Veterans, Valentine's Day February 14th, and signed by the President on February 15, 2007. The increased funding authorization was received four and one half months after the start of the fiscal year.

Interestingly, the discretionary budget for health care provided by the CR at \$36.5 Billion came closer than previous Administration proposals to the Independent Budget recommendation of \$38.5B which NCOA supports. We would suggest that close doesn't count in horseshoes or in the \$2 Billion shortfall envisioned in discretionary medical care programs. It takes time in a fiscal year to acquire professional personnel resources be they doctors, nurses, or mental health practitioners so the reality of the 4 ½ months late budget and its ability to implement changes sought in VHA programs will by necessity develop on an extended time line.

The further consequence of the late budget start will be experienced by the veteran users of the system of all wars at the same time that increased demands are apparent in caring for wounded veterans of the current era from the war on terrorism. Forward triage and surgical intervention has resulted in greater numbers of seriously wounded servicemembers entering the VHA who:

- ? survived the war experience
- ? have from this war a greater number of single and multiple amputations
- ? bring a new subset of concussion related injuries
- ? traumatic brain injuries
- ? significant rehabilitation requirements
- ? new medical demands
- ? significant mental health and PTSD issues

We were pleased that enhanced co-pays for pharmacy and veteran enrollments were also rejected in the FY07 appropriation process and the February 15, 2007 CR for the remaining months of FY07.

FY2008 Appropriation Request

NCOA would like to state for the record that FY 2008 begins on October 1, 2007. We would request that a countdown be established by each Committee to keep a visible symbol for a signed Appropriation Bill as a priority marker for each Chamber for the Department of Veterans Affairs. Let us all work together to start the VA new fiscal year with the resources necessary for their programs. In that regard and concerning the Administration's Proposed Budget:

? NCOA recognizes the administration budget proposal of \$86.75 Billion, Press Release, February 5, 2007.

- o stated to provide \$45 billion in mandatory spending programs
- o the balance \$41.75 billion in discretionary funding VA indicates as 'mostly for health care.'

? VA FY 2008 Budget Brief Slide reflects the proposal includes discretionary medical care at \$34,202 billion with additional \$2.352 billion from collections for a projected \$36,554 billion discretionary medical care.

? NCOA opposes the administration's proposed prescription drug co-payment requirement for pharmacy; and the three-tiered annual enrollment fee based on family income.

? NCOA concludes the projected FY 2008 Budget request is inadequate. A cursory glance at the discretionary medical care numbers questions the adequacy of the proposal.

- o We just commented above that the final FY 2007 CR authorized \$36.5 Billion for discretionary health care and that number was based on the original administration proposal of \$33,853 billion which included \$2,833 billion in collections and included a supplemental increase of \$3.5 billion. Noteworthy, the FY08 collections is approximately \$500 million less than FY07.

- o Subtle increases in every budget provide employee personnel COLA and benefit indexed increases. In the case of VA, medical cost inflation adjustments that nearly approximate 10 percent annually directly impact program costs.

- o NCOA was pleased that Senator Akaka, Democratic Members of the Senate Veterans Committee and an Independent have already called for an increase of \$2.9 billion to the Administration's request for veterans health care.

- o The Independent Budget which NCOA supports has defined the discretionary medical care cost requirement to be nearly \$2 billion higher and attributes the need for discretionary funds for employee benefits, medical cost adjustments, etc.

VHA Specific Recommendations:

NCOA has long maintained before your Committees that the transformation of VHA will remain incomplete as long as Mental Health is not fully integrated into its total health delivery system. We are pleased that VHA has recognized the vacuum in its system and has taken proactive steps

to provide a more viable and accessible mental health program throughout the health care system.

A significant number of veterans, servicemen and women, returning from America's War on Terrorism 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 servicemembers prime candidates for an eventual diagnosis of PTSD. In fact, since 9/11 a number of reports suggest that mental health will be an issue for 10 to 12 percent of returning service members.

We recognize that while VA has begun to make positive strides to develop Mental Health programs that it has not used the program resources available in the last two years. The Government Accountability Office reported (GAO-06-1119T) that the Administration failed to fund \$300 million in resources which the Administration marked for veteran's mental health services in 2005 and 2006.

NCOA notes that DoD embedded trained mental health type resources in Iraq units to help members deal with their war time experiences. We are not convinced that this program works effectively or in the best interest of the troops. 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 their 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. Here again the issue of seeking help within the military community lends itself to the probability of unfitness for mental health reasons and being boarded for a lump sum disability separation with complete severance from the military including all health care for them and their family members, as well as the loss of their career, security, and eventual retirement benefits.

VA Vet Centers

Playing a Vital Role in Readjustment Services

NCOA is aware that many returning Active Duty, Guard and Reserve service personnel from America's War on Terrorism are using the 207 nationally available VA storefront Vet Centers in an effort to work personal war related transition issues. Their issues involve war trauma that could lead to the eventual on-set of traumatic stressors and diagnosis of PTSD.

These Vet Centers are recognized by the troops as maintaining secure, confidential records of services. Word of mouth encourages other returning veterans of OIF and OEF to seek help at the Vet Centers. The community based Vet Centers provide a variety of readjustment counseling services to assist combat veterans in successfully transitioning from military service to civilian life. They also secure referrals for their veteran clients to VA Medical Centers and can arrange contract counseling in rural areas as necessary.

The Vet Center staffs, many of whom are combat veterans, 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 families participating.

The Vet Center mission was redefined at the turn of the Century and acquired an outreach and supportive role for homeless veterans. This past year every Vet Center was involved in Community Stand Down programs. Also this past year, Vet Center staff members have been involved in local welcome home military and community ceremonies for deployed troops.

Recent discussions with Vet Center leadership reveal increased utilization of the Vet Centers by veterans of America's War on Terrorism. They fully expect the recognized increased utilization to continue in the foreseeable future as it has been documented from month to month.

The leadership perception shared with NCOA was that the current war veterans have experienced transition problems from the military, included employment issues, but more significantly readjustment problems with spouses and children. It was also noted that the war experience has been deeply troubling to the individual veterans. Notably different with these war veterans has been the lack of involvement with drugs and alcohol.

NCOA in its quest for Mental Health Integration in VHA programs is convinced that The Vet Centers are for many combat veterans their first line of defense from more significant problems. Early intervention is the preventative for destructive and counter-productive life styles that lead to the destruction of families, loss of employment, involvement with substance abuse, homelessness, and other factors consistent with medical diagnostic evaluation of PTSD.

NCOA applauded the recent, February 2007, announcement that an additional 23 Vet Centers would be established in new communities. The downside of the announcement was the indication that it would take two years to establish the 23 new facilities.

NCOA Recommendations

? 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.

? Establish and commence operation at each of the newly announced 23 Vet Centers within 12 months.

? Develop a VA Mental Health Research initiative to identify behavior and thought processes that place war veterans at future risk for diagnostic evaluation of PTSD, homelessness and substance abuse.

? Early mental health intervention is the key to ensuring healthy lifestyles and costly medical care as the veteran ages.

? Continue the resource commitment to fund and extend the strategic mental health plan by the integration of mental health professionals throughout VHA.

Homeless Veteran Programs

NCOA recognizes the number of homeless veterans appears to have increased in the past year. It is essential that VA continue its efforts to secure both transitional housing bed spaces and permanent housing. Appropriate housing, supportive services, employment readiness and employment are the only steps to move formerly homeless veterans to a productive lifestyle.

NCOA recognizes that a number of young war veterans from America's War on Terrorism have begun to participate in Stand Downs and other veteran homeless programs. These combat veterans unlike previous war veterans are showing up within a year of release from their military commitment. Veterans of the Vietnam War by contrast were not seen or perhaps adequately identified in homeless programs for 10-12 years after their release from military service. Early participation and identification in homeless programs provides significant opportunity to quickly move the veteran toward a productive lifestyle than allowing the veteran to become street hardened.

The VA Homeless Grant and Per Diem Program has effectively established community based programs to furnish outreach, supportive services, and ensure transitional housing for homeless veterans. VA has been effective in managing the growth of the HOMELESS Grant and Per Diem program to ensure necessary support services are available. It is readily apparent that the Homeless Veteran population now estimated well in excess of 180,000 requires a ramp-up in provider networks and support functions.

Dental Care was authorized IAW 38 U.S.C. 2062 for certain homeless veterans in approved VA programs. NCOA recognizes that the VHA provided discretionary funds for a combination of Dental and Mental Health programs through September 30, 2007. The program initiated in the past year and only partially implemented has limited but highly productive results utilizing both existing VA dental clinics and contract services in the recent six month period. 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 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 special homeless veteran service programs should be given special 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 to the existing authorization of \$200 Million.

? That the VA Discretionary Funded Homeless Dental Program be extended beyond September 30, 2007 and continue indefinitely as long as there is a requirement for a VA Homeless program.

Veterans Benefits Administration

Veteran Claim Processing

NCOA recognizes that current budget programs and number of full time employees processing claims within the Veterans Benefits Administration remains inadequate. The backlog of claims now exceeds 800,000.

The Global War on Terrorism and commitment of military forces is substantially contributing to an increased workload in new claims. Concurrently, an aging veteran population seeking reevaluation of deteriorating service connected medical conditions and related secondary health issues further contribute to the claim process workload.

Information Technology has not reached a point where it can significantly expedite the management of the claim process, contribute to the development of a claim, provide needed productivity, nor reduce errors through intelligent systems.

NCOA continues to recommend immediate funding to hire, train and keep in place sufficient claim representatives to process the growing number of claims both backlogged and those just received in the system.

Recommendations:

? Accelerate recruitment and training to replace a growing retirement eligible 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.

? 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.

Retention of DIC Benefits after Remarriage

The 108th Congress authorized Dependency and Indemnity Compensation (DIC) widows 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 widow remarried. It also

established an arbitrary age of 57 where other similar Federal programs allow 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.

Repeal the DIC/SBP Offset

It is time to end the fiscal offset of VA Survivor DIC from the DoD Survivor Benefit program. NCOA believes that DIC and SBP entitlements are separate and distinct programs. SBP represents an election by the service member with concurrence by the member's spouse at time of retirement for which a monthly premium is paid to provide a spouse annuity. The DIC benefit is authorized based on the veteran's death from a service-connected disability. Clearly, these two programs SBP administered by the DoD and DIC administered by the Department of Veterans Affairs are separate and distinct entitlements and each should be available without offset. The current offset is widely regarded as a 'widow's tax' reducing the military member's elected SBP entitlement. NCOA urges the Committee to allow concurrent receipt of these distinctly different entitlements.

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

Educational Benefits

Integrate MGIB Authority for Active, Guard, and Reserve

NCOA strongly recommends that the MGIB be consolidated into a single Law to provide those educational benefits deemed appropriate for members of the Active, Guard, and Reserve personnel. Having all educational entitlements in such a format would cause review of entitlements, expanded benefits, benchmark benefits to cost of education, parity between components, and reviews to be done concurrently vice separate actions over an extended period of time.

Recommendation:

? Consolidate all MGIB Programs within one Law.

Open Enrollment for VEAP-era Non Participants

A significant number of servicemembers who entered the military during the Veterans Educational Assistance Program (VEAP) era initially declined VEAP enrollment and remain on active duty with no post-service educational assistance. They have not been given the same opportunity to enroll in the Montgomery GI Bill (MGIB) as other VEAP-era entrants who established a contributory VEAP account.

The Association recognizes that there have been two opportunities for VEAP enrollees to convert to the MGIB; however, there has never been an opportunity for those who did not enroll in VEAP to do so. The first VEAP conversion program was offered only to those enrolled in VEAP with active accounts of at least \$1.00. This conversion was conducted from October 1996 through October 1997 and yielded approximately 30,000 enrollees. A second VEAP conversion was authorized for those enrolled in VEAP with zero-balance accounts from October 2000 to November 2001. 2,698 (2%) of the 108,792 eligible actually enrolled in the MGIB. With such historically modest conversion numbers, it is highly unlikely that an open-enrollment opportunity for this group of career servicemembers would require more than a modest projected increase in the MGIB fund. With the nation at war, these future veterans should be given the same opportunity to enroll (or decline) the MGIB as all other servicemembers.

Recommendation: That a one-time MGIB open-enrollment opportunity be authorized for all service members to include VEAP-era non-participants.

Removal of MGIB Delimiting Date

Many active duty members separate or retire from the military and because of financial circumstances and need for employment to support their families never use their Montgomery GI Bill entitlement. Their education entitlement expires 10 years following separation from the military. Members contribute \$1,200 to be eligible for the MGIB. Many of these veterans are only able to pursue educational programs or special classes later in life when their own children are grown and independent of parental financial support.

Recommendations:

? 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.

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.

Recommendation:

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

CONCLUSION

The Non Commissioned Officers Association has appreciated this opportunity to provide your Committees with the Association's 2007 Veteran Legislative Goals and comment on the VA FY2008 Budget Request.

NCOA knows well how important and instrumental your two Committees are for the men and women who serve or have served their country in the armed services. Your efforts signal that those who answer the call to protect all American citizens by serving in the armed services is appreciated and valued. Our nation must continue and provide certain benefits in recognition of military service and provide freedom's protectors with significant, substantive benefits. Your Committees in our judgment fulfill the promises of Lincoln and a grateful Nation to 'care for those who have borne the battle?'

Chairman Filner and Chairman Akaka and Members of your respective Veterans Committees, the Non Commissioned Officers Association requests you're your vision for veterans include by necessity programs that do not fall under your committee's jurisdiction but clearly impacts veterans and their survivors. As advocates for veterans' issues, NCOA asks that you take an aggressive leadership role on such issues as:

? Concurrent Disabled Retired Pay

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

Authorize concurrent receipt for those veterans retired because of physical disabilities prior to the completion of 20 years of military service and those offered early retirement at 15 years of service as a force reduction program.

? Combat Related Special Compensation

That VA rated Individual Unemployability be allowed in rating decisions for CRSC.

? POW/MIA

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

? Codifying Burial Rules for Arlington National Cemetery

That existing rules for internment at Arlington National Cemetery be changed to allow burial of retirement eligible reservists, without regard to an age limitation, reservists on active or inactive duty for training, and their eligible dependents family members should all be entitled to burial at ANC. It is reprehensible to bar any reservist the right to be buried based on an arbitrary age requirement or deny when the death results during an authorized active or inactive training period. Members of the Reserve Components need to be fully recognized as a vital element of the Armed Forces and their training periods prepares them for war and other hostilities where they are placed in harm's way. Recommend the following provisions be so codified:

? The burial entitlement of a retirement eligible member of a Reserve Component who at the time of death was under 60 years of age and who, but for age would have been eligible at the time of death for retired pay under 1223 of Title 10 may be buried at ANC on the same basis as the remains of members of the Armed Forces entitled to retired pay under that chapter. The remains of the dependents of a member whose remains are eligible for burial at ANC on the same basis as dependents of members of the Armed Forces entitled to retired pay under such chapter 1223.

? The remains of member of a Reserve component or National Guard of the Armed Forces who dies in the line of duty while on active duty for training or inactive duty training may be buried at ANC on the same basis as the remains of a member of the Armed Forces who dies while on active duty. Provide for the remains of the dependents of a member on the same basis as dependents of members of active duty.

? 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.