



NCOA[®]

Non Commissioned Officers Association of the United States of America
4400 Fair Lakes Ct., Fairfax, VA 22033 – (703) 549-0311

STATEMENT OF

VINCENT W. PATTON III, Ed.D.
PRESIDENT AND NATIONAL COMMANDER

NON COMMISSIONED OFFICERS ASSOCIATION
OF THE
UNITED STATES OF AMERICA

BEFORE THE

JOINT HEARING OF

THE COMMITTEES ON VETERANS AFFAIRS

UNITED STATES SENATE

AND

UNITED STATES HOUSE OF REPRESENTATIVES

First Session, 115th Congress

Thursday, March 9, 2017

(Blank)

Chairman Isakson, Chairman Roe, Ranking Members Senator Tester and Congressman Walz, Members of the Committees on Veterans Affairs, I am Vince Patton, President and National Commander of the Non Commissioned Officers Association of the United States of America (NCOA). NCOA appreciates this opportunity to present formally the Association's legislative concerns and priorities at the start of the 115th Congress.

The 115th Congress Assembled

I am here today to urge you to continue your commitment to our nation's Armed Services. A commitment to the men and women who have committed their lives to fight for our nations protection and safety.

I do not have to tell any of you that we face increasing international threats, economic constraints, and internal management challenges. We have seen the "war" against terror continue to challenge our determination – much like the tides it will continue to ebb and flow – with the evolution of ISIS and increased barbaric attacks against civilians across the globe. We have seen destabilization around the globe and a Russian invasion into parts of Ukraine. Our deficit and budget challenges remain as our economy's performance continues to vex agency budgets. The Department of Veterans Affairs has experienced leadership and oversight challenges as they continue striving to take care of our deserving veterans.

It is in this context that you face extremely difficult decisions. The demands on our military personnel and their families will not decrease. As a matter of fact, I believe over the next few years, we will see a significant increase in our engagements. For these reasons your committee will be faced with even more challenging decisions.

There is a nexus between how a nation takes care of its military personnel and veterans in relationship to the future of military recruiting, military retention, readiness and capabilities in an all-volunteer force.

Our Soldiers, Marines, Sailors, Airmen and Coast Guardsmen commit their lives, families, and future to our country. They trust that you, as their elected officials, are constantly working on their behalf, taking care of them and their families in the event of their ultimate sacrifice, their disability, or their incapacitation. We must never waiver or fall back on that commitment.

Our Nation has an obligation to all service members and veterans to provide the best in medical and mental health care, research and development of health treatment modalities, for as long as it's needed throughout their lives.

While the U.S. has withdrawn troops from the Middle East, the devolution and instability of the region continues. ISIS is growing stronger, and spreading like a cancer and many question the ability to counter them effectively without boots on the ground. The United States has endured repeated attempts to terrorize us with both homegrown and transplanted terrorists. These continued challenges for both the DOD and VA will not be solved easily with a growing population of veterans. Severe budget cuts forced by Sequestration have created significant

workload demands upon the Department of Veterans Affairs. Included will be significant increases for health care services (physical and mental health), disability claims, educational benefits, and entitlement programs administered by VA.

NCOA recognizes that the Committees have always been responsive and supportive of veteran needs in a nonpartisan spirit. The two Committees have been thorough in their assessment of past budgets, recognizing the inadequacies facing our veterans and thus acted to add critically needed program resources. VA's ability to continue fulfilling America's promises in the future will demand that an adequate budget be preserved and expanded as necessary to honor the institutional commitments made to America's veterans and their survivors.

The Oath is taken every day... year after year, NCOA recognizing all who serve in Congress or Uniformed swear an Oath of Office, Enlistment, or Commissioning in which the following affirmation is sacred promise:

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

NCOA remains cognizant, as you must also, that for military enlistment or commissioning the significance of those words bear the possibility of extreme sacrifice and even death. The unquestioned belief of all who serve is that they will have the finest war fighting equipment, support services, healthcare, and ALL necessary institutional support while on Active Duty. They further believe that the Nation's institutional promises hold true. These promises include:

- quality and timely veteran health care when needed for the rest of the lives of America's veterans as a result of their military service,
- adequate benefits and entitlements to achieve a quality life,
- should they fall in the line of duty, the institutional commitment of this grateful Nation to care for their survivors.

The reality of a national deficit nearing twenty trillion dollars does impact all citizens including military members, veterans, and their family members. There is real concern across the Nation relative to the resolution of the national fiscal deficit. Many military members, disabled veterans, and veterans feel that they will become disenfranchised from the healthcare programs, entitlements and promised benefits as a result of being forced to bear the brunt of cost savings plans. Simply stated:

"Don't balance our country's budget on the backs of veterans and their survivors!"

NCOA believes for far too long some significant veteran issues have been neglected or negatively impacted as the result of budget implications. We propose examples of veteran issues that budget implications continue to neglect the Nation's "care for those who have borne the battle, their widows and orphaned children." Here are two examples:

- America’s disabled veterans remember the objectives stated by President Obama at the start of the 111th Congress to allow Chapter 31, disabled retired veterans concurrent receipt of their VA Disability Compensation and limited military retired pay. This remains not authorized by Congress.
- Likewise, promises to end the Widow’s Tax and allow receipt of their VA Dependency and Indemnity Compensation (DIC) and concurrent receipt of their full military Survivor Benefit Program (SBP) annuity. Again, this remains not authorized by Congress.

NCOA will continue efforts to seek legislative entitlement of these issues and will not agree with any fiscal excuse for limitations that seek to dampen such benefits as these two concurrent receipt programs mentioned.

NCOA Legislative Goals for 2017

The primary focus of these goals is veterans' benefits authorized under Title 38 of the U.S. Code.

PRINCIPLES FOR VETERANS' HEALTH CARE AND BENEFITS

- Promote public and political recognition that veterans’ benefits are earned through service and sacrifice in defense of the Nation and are qualitatively different from those normally described as “entitlement” or “social welfare” programs.
- Oppose deficit-driven or political decisions that would privatize the Department of Veterans Affairs (VA) health system or lump earned veterans’ benefits with unrelated federal or civilian benefit programs.
- Oppose proposals that would eliminate or diminish veteran benefits to overcome national economic woes.

HEALTH CARE

- **Commission on Care.** Support the following 2016 VA Commission on Care Report recommendations:
 - Establish a five-year term for the Under Secretary of VA Health Administration (VHA) to provide greater continuity in health care operations.
 - VA should provide overall health care coordination and navigation support for veterans.
 - Evaluate VA’s current process for adjudicating Other-Than-Honorable (OTH) Discharges. This study is needed to provide more information on the current scope of the problem, potential costs and the impact on the VHA before implementing the Commission’s recommendation to provide a streamlined path to eligibility for health care for those veterans with OTH Discharge who have substantial honorable service.
 - Establish an enterprise-wide strategy and budget for reforming VA IT, human capital and financial systems, investing necessary resources to innovate, recruit, retain, train, develop, and sustain a viable workforce.

- Require VA to implement robust leadership and management plans to meet evolving health care system requirements.
- **Community Care.** NCOA seeks reform and consolidation of Community Care Programs. Implementing a new strategy to replace the Veterans' Choice Program to streamline and integrate non-VA care into the broader VA health system. We can do this by, enhancing timely access to quality care, and focusing on a system that is easy to understand, simple to administer and meets the needs of veterans, community providers and VA staff. Improve collaboration and integration of Department of Defense (DoD)-VA-Community health care systems as part of a comprehensive, high-performing network of care.
- **Traumatic Injuries and Suicide Prevention.** Implement and sustain an integrated, multidisciplinary, comprehensive behavioral health system to address the rising rates of veterans suffering from traumatic injuries such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and Military sexual trauma (MST). Specifically:
 - Invest in programs and research to identify at-risk populations, expand evidence-based treatment, and improve delivery of care and rehabilitative and preventive services.
 - Monitor the new VA Suicide Prevention Office efforts to increase behavioral health staff, resources, and crisis line capacity. Also, ensuring outreach efforts are expanded and synchronized with the DoD Suicide Prevention Office to address the high rates of suicide among service members and veterans. Assuring every call to the VA and military crisis lines are promptly answered.
- **Enrollment for Combat Theatre Veterans.** Make permanent VA health care enrollment eligibility for all veterans who served in a combat theatre.
- **Women Veterans.** Aggressively invest and implement VA's Strategic Priorities to provide comprehensive primary care, health education, reproductive health services, improve communication and partnerships and increase access to gender-specific medical and mental health care to meet the unique needs of women service members and transitioning women veterans. Ensure emphasis on programs for women veterans with special needs, including rural, homebound, and aging veterans as well as women who have lost limbs.
- **Rural Veterans.** Increase funding for the VA Office of Rural Health and ensure mandated outreach efforts in rural and remote areas are implemented as required by Public Law 109-461.
- **Caregivers.** Ensure full implementation of all VA Caregivers Law (P.L. 111-163) provisions. Extend the VA Caregivers Act to full-time caregivers of catastrophically disabled veterans of conflicts before Sept. 11, 2001. Align the DoD and VA definitions for caregiver support and services, to include qualifying "illnesses."
- **Deployment-Related Illnesses and Toxic Exposures Research.** Support research on the impact of service members exposed to environmental toxins or hazardous substances, and deployment illnesses resulting from their military service (e.g., burn pit exposure in Iraq and Afghanistan and Camp Lejeune contaminated water). Specifically:
 - Ensure health care and benefits are established to appropriately compensate and support veterans, family members and survivors, particularly veterans who experience catastrophic and devastating cancers, diseases, other health conditions, or death.
 - Implement GAO's September 2016 Report (GAO-16-781) recommendation for DoD and VA to examine the relationship between direct, individual, burn pit exposure and

potential long-term health-related issues. Also, the National Academies of Sciences, Engineering, and Medicine's Report of 2011, which suggested the need to evaluate the health status of service members from their time of deployment over many years.

- **Preventive Health.** Eliminate cost share requirements for VA preventive health and medical services to provide equity between VA, DoD TRICARE, and private health insurance providers.
- **CHAMPVA Young Adult.** Expand CHAMPVA to adult children of eligible veterans, family members and survivors until age 26 to align eligibility with TRICARE Young Adult and private sector health insurance.
- **VHA Access and Fees.** Oppose enrollment or access fees for current and future veterans enrolled in VA health care in all priority group categories. Preserve integrity and access to both VA and DoD health systems for dually eligible members.
- **VHA Health Care Workforce.** Continue to pursue improvements to VA health system access and quality of care for veterans by:
 - Establishing a pilot project to create a minimum of 100 billets within VHA for experienced U.S. Public Service (USPHS) clinicians;
 - Establishing an MOU between VHA and USPHS to create and fund ten slots per year at Uniformed Services University of the Health Sciences for medical students who agree to join USPHS and then serve in VHA clinics and hospitals to repay the government for their medical education;
 - Implementing the VA proposed rule to permit independent practice authority for advance practice nurses (APRNs).
 - Recruiting VHA health care professionals, especially in high shortage areas such as physicians, physician assistants, mental health providers, and nurses, from other government and civilian sectors.

CLAIMS PROCESSING AND APPEALS SYSTEMS

- **Integrated Disability Evaluation Benefit Systems.** Improve legacy and integrated disability evaluation systems and Benefits Delivery at Discharge efficiency and effectiveness. Continue to press DoD and VA to achieve true interoperability of electronic medical, personnel and benefit records to improve medical outcomes and delivery of benefits.
- **Claims and Appeals Backlog.** Support initiatives to upgrade the claims processing systems. Support needed investment in software and hardware upgrades for claims management. Preclude 'unlicensed' individuals from taking fees for representing veterans' claims. Work with Congress, VA and VSO partners outside TMC to modernize and develop improved process, procedures and resources to reduce backlog of claims on appeal.
- **Presumptive Service Connection.** Promote dissemination of 'brown' and 'blue' water Navy ship logs as they become available for veterans to apply for Agent Orange-related diseases. Support legislation to establish eligibility for presumptive service-connection for 'blue water' Navy Vietnam War service members. Ensure fair and consistent application of standards and procedures for adjudicating Agent Orange claims. Encourage expansion of Camp Lejeune water contamination conditions to include all those recognized by DoD in 2012 and provide fair effective dates. Promote the inclusion of affected family members.

- **Mental Health Discharge Board of Review.** Support creation of a Mental Health Discharge Board of Review to redress ‘low-ball’ service member ratings for PTSD, TBI, and MST, including Vietnam War and Gulf War I periods. Support efforts to ensure review boards take circumstances of in-service trauma into consideration.
- **VA Schedule of Rating for Disabilities (VASRD).** Continue to support modernization of the VASRD based on current medical science.
- **PTSD, TBI and MST Compensation and Pension (C & P) Exams.** Promote VA’s release of Disability Benefits Questionnaires for PTSD and TBI to allow veterans to obtain C & P exams outside the VA-contract examiners (e.g., from DoD doctors if member is still on active duty or from VA treating physicians).

EMPLOYMENT, EDUCATION AND TRAINING PROGRAMS

- **Veterans Employment.** Support initiatives for employers to recruit, hire and retain veterans, including returning veterans of the Guard and Reserve.
- **Veterans Hiring Incentives.** Re-enact employer tax incentives under the Vow to Hire Heroes Act.
- **Vocational Rehabilitation and Employment (VRE) Benefits.** Establish a cost-of-living stipend for VRE participants.
- **Veteran-Owned and Service Disabled Veteran-Owned Businesses.** Ensure Veteran-owned and service-disabled veteran-owned businesses achieve parity with other federal contracting categories and ensure all federal departments at least meet established veteran contracting and hiring goals.
- **Basic Reserve GI Bill Benefits.** Urge proportional upgrades to the Title 10 Montgomery GI Bill program (Chap. 1606, 10 USC) to keep pace with the cost of education.
- **GI Bill Integration for 21st Century Force.** Urge hearings for a unified architecture for all GI Bill programs for active duty, Guard and Reserve service members under the principle of awarding benefits according to the length and type of duty performed.
- **Student Veterans Protections.** Support measures to foster positive student-veteran outcomes including:
 - Restoring certain GI Bill benefits to veterans enrolled in institutions of higher learning that close or lose their accreditation;
 - Aligning VA protections for student-veterans with Departments of Education and DoD protections;
 - Protecting veterans from deceptive student loan practices;
 - Ensuring schools spend VA benefits on serving the veteran;
 - Increasing resources for oversight and compliance via State Approving Agency program upgrades;
 - Extending “90-10” ratio of Federal aid to include GI Bill benefits; and,
- **Survivors’ Educational Assistance.** Raise Dependents Educational Assistance (DEA, Chapter 35) rates for pre-September 11, 2001 survivors to match the Montgomery GI Bill and establish a housing stipend for DEA.

SPECIAL INTEREST ISSUES

- **Homeless Veterans.** Support and expand VA initiatives to reduce and eliminate veteran homelessness.
- **Veterans' Preference.** Authorize veterans' preference appeal rights for veterans employed by VA or other federal, state, and local government agencies. Oppose legislation restricting preference currently in law.
- **Financial and Legal Protections.** Support continuous review and upgrades of the Servicemembers' Civil Relief Act, including elimination of "forced arbitration" clauses in contracts that nullify the Act's protections. Strengthen re-employment rights for Operational Reservists who support military missions on Title 10 orders. Allow military families to break a lease without penalty when on-post housing becomes available. Make mortgage protection coverage permanent.
- **Veterans Treatment Courts.** Support the further expansion of these courts to jurisdictions across the country.

Thank you for the opportunity to present the Association's 2017 legislative initiatives and issues on behalf of the membership of the Non Commissioned Officers Association of the United States of America.

I am pleased to answer any questions at this time.



Non Commissioned Officers Association of the USA

VINCENT W. PATTON III, Ed.D. The 8th Master Chief Petty Officer of the Coast Guard, Retired President and National Commander

Master Chief Vince Patton, the 8th Master Chief Petty Officer of the Coast Guard, accepted the position of President of the Non Commissioned Officers Association on July 12, 2016 at the NCOA Business Meeting.

A native of Detroit, MI, and the son of one of NCOA's founding members, Master Chief Patton served 30 years of dedicated service in the U.S. Coast Guard, retiring in October, 2002. His illustrious career included staff and operational assignments throughout the country, both afloat and ashore throughout the United States along with a joint military service assignment in Cuba and Haiti. Among his numerous military awards includes the Distinguished Service Medal which is the nation's highest military peace time recognition for performance of duty.

Master Chief Patton served as the 8th Master Chief Petty Officer of the Coast Guard from 1998 to 2002. As the Coast Guard's top senior enlisted leader and ombudsman, he was the principal advisor to the Commandant of the Coast Guard, his directorates, and the Secretaries of Transportation and Defense. Primary focus on quality of life issues, career development, work environment and personnel matters affecting over 45,000 active duty, reserve, and civilian personnel service wide. He routinely addressed these specific issues before appropriate Senate and House committees in Congress, and the Commander in Chief, along with his senior enlisted counterparts of the other four armed services.

Master Chief Patton holds the distinction of having earned all his college education while on active duty. He received his doctorate of education degree from The American University, a master's degree in counseling psychology at Loyola University at Chicago, a B.S. in social work from Shaw College and a B.A. in communication from Pacific College. His extensive military education includes the Department of Defense Equal Opportunity Management Institute, U.S. Sergeants Major Academy, and the Coast Guard Chief Petty Officers Academy.

After his retirement from the U.S. Coast Guard in 2002, he was assistant professor at University of California Berkeley teaching 'Philosophy of Ethics,' for two years, and was also a seminary student, at Graduate Theological Union, earning his Master of Theology in Applied Religious

Studies and becoming an ordained minister. Soon after, he spent seven years with Military Advantage, a division of Monster Worldwide and the world's largest military membership organization known as 'Military.com,'. As Director of Government Partnership & Alliances; then four and a half years as executive director for the Armed Forces Communications and Electronics Association (AFCEA) Educational Foundation. He was also president and CEO and now principal advisor of Warriors4Wireless (W4W), a nonprofit career development program designed exclusively for transitioning military servicemembers and veterans providing them a unique opportunity to become trained for careers in the wireless telecommunications infrastructure industry.

Currently, he is vice president for leadership development with NewDay USA Financial LLC where he works closely with staff members on their development of leadership and management skills as part of the Character Driven Leadership Program, with special emphasis placed on 'Up & Coming' employees who are entering supervisory roles and responsibilities. In addition, he conducts training seminars on leadership & military introductory subjects through the NewDay University, and is a member to the NewDay USA Foundation Board of Advisors

An NCOA member since 1976, Master Chief Patton is also actively involved with some other public service and nonprofit organizations serving on boards with the National Coast Guard Museum, U.S. Naval Sea Cadet Corps, U.S. Naval Institute, Northeast Maritime Institute and the Uniformed Services Benefit Association.

DISCLOSURE OF FEDERAL GRANTS AND CONTRACTS

The Non Commissioned Officers Association of the United States of America (NCOA), does not currently receive, nor has the Association ever received, any federal money for grants or contracts. Routine allocation of office space, associated resources at Government facilities for outreach, and direct services through its accredited National Veteran Service Officer Program occasionally have been acquired.