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# NCOA<sup>®</sup>

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**Non Commissioned Officers Association of the United States of America**

**P.O. Box 427, Alexandria, VA 22313 703-549-0311**

**STATEMENT**

**OF**

**H. GENE OVERSTREET  
12<sup>TH</sup> SERGEANT MAJOR OF THE UNITED STATES  
MARINE CORPS (Retired)**

**PRESIDENT & CHIEF EXECUTIVE OFFICER  
Non Commissioned Officers Association**

**Before the**

**HOUSE COMMITTEE ON VETERANS AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES**

**A Look Back and Look Ahead  
Department of Veterans Affairs  
Fiscal Budget Realities**

**September 20, 2006**

Chairman Buyer and members of the House Committee on Veterans Affairs, the Non Commissioned Officers Association of the USA (NCOA) is appreciative for the opportunity to be able to come before the House Committee on Veterans Affairs to share its a “Look Back – Look Forward” perception of the Department of Veterans Affairs. We’re mindful Mr. Chairman that you proposed this Hearing at an off-site with representatives of Veteran Services Organizations back in 2005. The purpose was for this Committee to hear VA program issues of the VSOs before considering its own agenda for inclusion in the next Fiscal Year Budget for the Department of Veterans Affairs.

I am Gene Overstreet, 12th Sergeant Major of the United States Marine Corps (Retired), President and Chief Executive Officer of the Non Commissioned Officers Association. In the hearing room with me today are CMSgt Richard C. Schneider, USAF (Retired), NCOA Executive Director of Government Affairs; and Matthew H. Dailey, MSG, USA (Retired), Military Affairs Associate of the Association’s National Capital Office.

### **Introduction:**

NCOA is privileged to represent active duty enlisted service members of all military services, the United States Coast Guard, related Guard and Reserve Forces as well as veterans of all components. These enlisted members by sheer numbers alone represent most of the casualties of the war and bear the scars of warriors associated with their military duty. They have experienced war, sacrificed blood, and many have emotional scars having witnessed, felt, and evacuated those wounded in their shared profession-of-arms.

Like all of you, Mr. Chairman and Members of the Committee, NCOA members have mourned the loss of military personnel, comforted families, and sought to facilitate those who lives have been forever changed by America’s War on Terrorism. We strongly believe we must work together to break down the barriers that they confront in securing their benefits, health care and opportunities for successful lives.

What we seek for this generation of military personnel and their families is no different than what we have sought and seek to ensure for every generation of military personnel who have stood for America. America has an obligation to take care of all of these very special people. The needs of every veteran, young or old, must be served concurrently today and tomorrow. The newly wounded service member does not displace warriors of earlier conflicts. The cost of war does not stop when hostilities end but rather continues for the life time of every veteran with needs.

I have risen before you and raised my right hand and reflected on those 12 meaningful words of the Oath of Military Enlistment.

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

Those words are simple but powerful. They are the very essence of the selfless service of putting country before self by every military man and woman and demonstrated by their ultimate commitment to America.

This Nation, you, nor I have the right to place a value on their military service and personal sacrifice by limiting the benefits and health care they receive. There has never been qualifying

conditions in the enlistment oath such as funds and resources permitting. There is the conviction by those who serve 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 should they fall in the line of duty that the institutional promises of a grateful Nation will be kept and that they will have both the benefits and health care promised them and their survivors.

The Non Commissioned Officers Association works independently and as a member of The Military Coalition, a forum of nationally prominent uniformed services and veterans' organizations to share collective views on active duty, Reserve, Guard and veteran issues. The Association is also a recognized veteran organizational endorser of the Independent Budget.

### **FY 2007 Appropriation**

NCOA testified in February of this year that the Administration's DVA Budget for FY2007 was considered inadequate at \$24.7 billion even though it was a significant increase over FY 2006 budget of \$22.5. This Association was grateful that this Committee had reached the same conclusion and proposed a \$1.9 billion increase above the administration's request (which was even higher than the proposed Independent Budget), and concurrently submitted the Minority's recommendation of an increase of \$4.4 billion. These numbers loudly suggest from all quarters that there would be a significant shortfall in the Administration's FY 2007 budget.

The Association also called attention earlier this year to GAO-06-359R issued on February 1, 2006, Subject: *Limited Support for VA's Efficiency Savings* which brought into serious question budget assumptions used by the VA in formulating its Appropriated Budget for the past three fiscal years. It appears that creative accounting of "Management Efficiencies" totaling millions of dollars were used to offset and directly lower the VA budget requirement in support of veteran health care in the current operating year and obviously projected into FY2007.

### **Let's look at the Question proposed for this hearing:**

#### **A Look Back and Look Ahead** **Department of Veterans Affairs**

### **The Look Back – FY 2006**

The Department of Veterans Affairs did many things right for America's veterans and their survivors. It is no easy task to manage and execute a program whose world-wide dimensions ensures services for people in diverse locations from metropolitan cities to remote locations. This Association applauds the integrity of the Departments leadership and their steady focus forward in the care and tendering of people who are served through compensation and pension, enrolled for VA health care, or who seek burial in National and State cemeteries.

VA as we all know had a number of significant distractions in the past year that focused critical national attention on the potential loss of veteran data. Two instances of data loss had to be a distraction to VA leadership from other issues and concerns. The Association notes that VA learned from the experiences, established new information security positions, and has moved on aggressively.

The Association was pleased with VA program emphasis designed to secure an infrastructure *to care for those who have borne the battle* of the past, present in the War on Terrorism, and in future conflicts yet to happen. Regrettably, that infrastructure to provide all the services necessary from compensation and pension, health care to final honors can more easily be envisioned than set in stone. The ever evolving technology systems required to support the infrastructure and provide management efficiencies were still not functional in 2006. Examples include:

### Veterans Benefits Processing

Benefit processing through technology and use of artificial intelligence remains in development despite years of effort and remains questionable for its full integration in the near term.

The training of compensation and pension representatives remains inadequate. Recent reports of open book competency testing revealed over half of those tested achieved marginal or unsatisfactory results. These are the same type of front line employees who in the past provided telephone counseling to veterans and survivors that was erroneous, misleading or just less than adequate in accurate responses.

New Claims and the processing of appeals continue to grow.

Recent proposed legislation to allow veteran representation by attorney's elicited comments from former Chief Judge Frank Q. Nebeker, Court of Appeals of Veterans Claims stated that cases received at the Court could be determined to be inadequately prepared and reviewed in the veteran claim process prior to being sent to the Board of Veterans Appeals. Remands for lacking documentation and disability evaluations that should have been part of the claim file sent to the BVA have significantly added years to the time line for processing individual claims.

Also, NCOA would question why all veteran medical test results done as a part of a VBA directed physical examination are not routinely made a part of the veteran's health record. It appears logical and cost effective to provide any medical test results arising from VBA examinations to be transferred to the Veterans Health Administration for use by the primary care clinic who manages the veteran's health care.

The recent Haas v. Nicholson decision of the Court of Appeals of Veteran Claims on Agent Orange Presumptive Findings opens the claim process to all personnel who were recipients of the Vietnam Service Medal and includes personnel aboard ships and vessels who were off the coast and did not "set foot" in Vietnam as required by the Department of veterans Affairs. It is expected that VA will appeal the Haas decision. VA has determined that should this action stand VBA would require 230 full time employees to review approximately 500,000 claims, anticipate another 86,000 new applications, and 14,000 DIC applications. Additionally, the National Veteran Legal Service Program which represented Cmdr Haas has advised veteran advocates that even veterans who received the Vietnam Campaign Service Medal for service at other locations (such as Thailand) should file claims if the veteran has physical conditions associated with exposure to Agent Orange. This could also significantly increase the claim workload. VBA has stated that it will accept and acknowledge claims based on the Haas decision with return letters to claimants stating they are awaiting further instructions from VA headquarters before processing. It appears the Department is

actively pursuing an Appeal to Haas v. Nicholson. These claims are being provided a discreet control number for future action.

### Veterans Health Administration:

VHA has developed and implemented a highly successful computerized veteran medical record that has been widely acclaimed for its innovation in 2006 and greatly facilitates patient care. Accessible electronically for files and review and can be instantaneously provided for distant medical expert consultation. The issue here is not the VBA computerized record. The issue is the Department of Defense development of its own version of a computerized military health care record with its own electronic protocols that cannot be readily integrated into the VA record. The sheer cost to develop a computerized record system for a military person that is not transferable to the VA for the same individual after separation from the military is in this association's judgment slightly absurd and a costly expense that borders on waste. NCOA would recommend that this Committee weigh in on this matter.

Medical tests for which formal results are obtained by VBA for disability evaluation, as noted above, should be transferred as part of "One VA" into the veteran's primary care medical record. At issue here are any test results that might contribute to the veteran's health care treatment plan. Productivity and use of VBA medical test results could also save significant dollars in the unnecessary duplication of expensive test procedures. The issue appears that VBA may be concerned with appeals based on another medical review of the record. NCOA shares the belief that if the interpretation of test results is the issue that VBA ought to be looking for better physician education training programs or securing better qualified doctors to render decisions.

NCOA is not aware of any efforts or advances in 2006 to secure a Medicare +Choice reimbursement for health care rendered by VA to Medicare eligible Veterans. This was an expressed commitment year's back to preclude enrollment fees for Category 8 Veterans.

TRICARE reimbursements seem also to elude agreement between DOD and VA for health care services that could be provided to TRICARE Beneficiaries.

### Other 2006 VA Issues

The authority for Veterans Health Care provided to returning veterans from the war on terrorism for two years after their return. The entitlement allows one use of VHA health care services for any reason makes them eligible for continued enrollment for VA Health Care. NCOA supports that program but at the same time recognizes that veterans from earlier conflicts (WWII, Korea, Vietnam, etc.) are denied enrollment. These groups include non-service connected veterans who may never be enrolled unless VA succeeds in mandating an enrollment fee or a Medicare + Choice Program for eligible veterans. This Association would oppose either of these proposals. At issue is a different enrollment policy for OIF/OEF veterans that allow one time use of VA healthcare as access to enrollment for a lifetime of care even if their health issues during or after the two years are not service connected.

Wounded Warriors from OIF/OEF have correctly been integrated into the VA Health Care System especially from major Military Hospital facilities where VA assigned staff members work to ensure their near flawless transition. While many facilities quickly provide other veterans with

timely appointments, a number of other veterans using the two year access rule for VA health care have not equally fared as well. It may be that not all fully understood their rights and were hesitant to pursue the matter further without encouragement. NCOA has counseled a number of these veterans who did not understand their right to VA healthcare.

NCOA through its National Defense Foundation has sponsored an OUTREACH pilot program for OIF/OEF veterans with Swords to Plowshares, Inc. The program uses an OIF veteran to reach out to other War on Terrorism veterans to advocate their rights and resolve questions through referral and support groups. We believe the need for this type of pilot program in the environs of San Francisco was valid to make it a reality. Early identification of individuals in this particular group of veterans along with effective assessment and referral into the VA system may undoubtedly help them in their transition from the military to civilian life. The message is we're not waiting for them to someday find VA, DOL or other programs but are actively seeking them and through them finding countless others and making a difference.

Likewise, the NCOA National Defense Foundation in partnership with Disabled Sports USA, Inc. has for the past three years sponsored events for active duty service members recovering from significant wounds at Walter Reed AMC and Bethesda Naval Hospital. These special sporting programs have included the Active Duty Member and their spouse/guest to participate in a number of overnight activities including a special Outrigger Canoe Program at Kent Island, Maryland; Golf Tournaments at Camp Lejeune, NC; salt water fishing in the Chesapeake Bay and fresh water fishing in Colorado, and the Hartford Ski Spectacular in Breckenridge, CO. These special sports programs are life changing events and convey the Motto of Disabled Sports USA – "If I can do this – I can Do Anything." NCOA knows first hand that these programs make a difference and through the interface reinforce information that have acquired from VA representatives.

VA had also adjusted its FY 2006 envisioned unique patients expected to use the healthcare system from 5.3 million to 5.4 million. The increase projection of over 1 percent was not sustained in the FY2007 program which was based again on 5.3 million. It's conceivable that the Administration envisioned a dramatic decrease in military numbers involved in OIF/OEF. The reality is there has been no dramatic decrease.

Mental Health Services have never been fully integrated in the transformation of VHA. NCOA has voiced this concern over the past three years. In 2006, the question was raised by former Deputy VHA Under Secretary Dr. Francis Murphy that VHA did not have the mental health resources to meet the needs of returning service members from OIF/OEF. This past year, staggering percentages of well over 10 % of returning troops were projected to have issues emotional issues related to their combat experience - PTSD. This requirement in tandem with existing PTSD cases, mental health issues in the identified homeless veteran population, and the recognition of dual diagnosed (substance or alcohol or both) in tandem with PTSD or homelessness was stretching the resource beyond adequacy to care for the Nation's veterans.

NCOA is convinced that Dr. Murphy is correct in her professional opinion:

- that more mental health care professionals are urgently needed throughout the veterans healthcare system
- That more inpatient mental health care beds are needed

- That VA substance abuse beds need to be increased

The current operating year has seen the number of homeless veterans significantly increase from approximately 150,000 to depending on whose figures you select is somewhere between 190,000 and 200,000 homeless veterans. Tragically, this past year has seen a number of OIF and OEF veterans enter the homeless population. Bed spaces are essential for these new young veterans to be taken off the streets and entered into programs to facilitate them in adjustment, health care and employment. NCOA suggests we must get them in a program before they become hardened homeless and continue a street lifestyle.

A recent GAO report suggests that the number of Grant and Per Diem bed spaces is well short of the needs to address the homeless veteran issue. VA is looking to provide an additional 2,000 Grant and Per Diem beds. NCOA believes that's a good start but would suggest that 4,000 beds and all necessary associated support services would be more realistic. Beds and support services are critical to the rehabilitation program for these veterans to move on with their lives.

NCOA has not seen any increased movement to secure additional Section 8 HUD/VASH Vouchers for Homeless Veterans.

### **Looking Forward to FY 2007**

It is apparent that VA program requirements in FY 2007 will start where the current program year has ended. Today is tomorrow in the Look Ahead.

NCOA is convinced that even an enhanced Budget for the Department of Veterans Affairs in FY 2007 will not provide the immediate program needs that are readily apparent within VA today. VBA technology program needs to move forward and be put on track in support of the Claim Process. Develop self-service computerized access to benefit and entitlement processes via the Internet and email where centralized work centers could process the inquiries, respond to questions, or secure information for continuation of the claim process.

Veterans Benefits needs an infusion of FTEE personnel in compensation and pension to reduce the backlog of new original claims and appealed decisions.

- At issue today is Haas v. Nicholson and the estimated 500,000 claims in the system for which people are appealing denials, the anticipation of new claims from military personnel who received the Vietnam Campaign Medal while assigned to locations outside Vietnam, and DIC claims from survivors of veterans who succumbed to Agent Orange related medical conditions. While VA appears to be actively seeking to overturn the Haas Decision, there is never-the-less a work load that will impact and further delay the timely processing of claims.
- Also at issue going into the 2007 Program Year is the question of the adequacy of training of VA claim processing personnel, the qualitative review process, as well as effectively managing REMANDS from the Board of Veterans Appeals.
- This Association is convinced that absent good technology information systems including artificial intelligence to support the claim process that the numbers of

employees must be increased drastically or VBA will lose ground to the claim backlog. It will cost money and take time to educate new FTEE to ensure qualitative performance and management efficiencies. It is doubtful in NCOA's view that the technology and artificial intelligence programs will be fully integrated and effectively available within VBA in the next two years. The FTEE requirement should be considered a requirement for next three years to allow development, implementation, and testing of the new information processing systems.

- Further suggest that VBA assess the current VA retirement rolls and determine the feasibility to bring qualified retired employees back to the work place to meet claim demands.

There is no doubt in this Association's perspective that Members of this Committee will be asked for their interpretation of veteran benefits for those previously excluded from benefits (blue water Navy) related to presumptive findings of Agent Orange relative the current Haas v. Nicholson Decision. At the appropriate time, NCOA will ask that question.

VA health care performance standards will be sorely put to the test to provide timely appointments for a projected higher utilization rate by OIF and OEF personnel while sustaining the current population enrolled for health care.

VA as the 2006 program year ended has become highly involved in the rehabilitation of active duty personnel who have suffered traumatic brain injuries in OIF and OEF. New Medical Centers of Excellence for Traumatic Brain Injured personnel are moving forward into this highly specialized medical and rehabilitative field. NCOA just supported the Traumatic Brain Injury Center at the Washington VAMC providing through its National Defense Foundation special computer programs to assist veterans in the restoration of their cognitive functions. This special group of veterans should have every program resource available to help them in their rehabilitation.

NCOA is convinced that there are shortages of personnel and resources within the system.

- Paramount is the lack of mental health professionals throughout the VA system.
- Shortage of mental health bed spaces for both PTSD and Substance Abuse
- Shortage of at least 2000 beds in the Homeless Grant and Per Diem Program which NCOA believes the rising numbers of homeless veterans would warrant at least 4,000 beds and support services

NCOA believes as we have formerly stated that the VA Appropriated Budget requires mandatory, vice discretionary, funding for veteran's health care programs. This would ensure adequate funds to care for America's veterans on a timely basis.

The Association recommends that this Committee work to drive VA toward:

Implementation of VA + Choice Medicare health program for Priority 7 and 8 veterans for non-service connected VA health care.

Implementation of its long-standing initiative to become a TRICARE provider eligible for reimbursement for services provided.

The Goals of Seamless transition from Military Service to VA

- Secure DOD utilization of the VA Computerized Health Care Record as the model for all military personnel.
- VA Benefit determination before discharge
- Secure from DoD military occupational exposures as part of the individual's health care record

The Association remains convinced that VA in 2007 should increase its Research Program to meet new state of the art prosthetics, programs for traumatic brain injuries, and potential stem cell research that may be vital to those who have suffered amputations and spinal chord, and nerve cell injuries. VA should be a leader and National Advocate to develop these types of research programs specifically for wounded military personnel that will have similar potential for all citizens.

## **CONCLUSION**

The Non Commissioned Officers Association has appreciated this opportunity to provide the Committee its Look Back and Look Ahead Perspective of the Department of Veterans Affairs.

We have intentionally not provided a legislative agenda for this special hearing as we felt the discussion presented today more directly related to your call for perspective.

The Association is respectful to you, Mr. Chairman, and all members of the Committee for your collective concern and advocacy on behalf of all military members who have served America. This Nation must honor its institutional commitment to them and their survivors. If we fail in that moral obligation, we may very well have potential recruits in the future deciding it might be better to stay home.

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## **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. All of the Association's activities and services are accomplished completely free of any federal funding.

**Non Commissioned Officers Association of the USA**  
**H. Gene Overstreet**  
**President/CEO**

Sergeant Major Gene Overstreet, the 12<sup>th</sup> Sergeant Major of the Marine Corps, accepted the position of President of the Non Commissioned Officers Association on August 22, 2003 at the NCOA Business Meeting. Overstreet first joined NCOA as Vice President, Membership Recruiting on May 1, 2001.

Sergeant Major Overstreet was born December 4, 1944 in Houston, TX. He entered the Marine Corps in June 1966 and completed recruit training at Marine Corps Recruit Depot, San Diego, CA, followed by Basic Infantry Training School at Camp Pendleton, CA.

Upon completion of school, he reported to Staging Battalion at Camp Pendleton, for further assignment to the 1<sup>st</sup> Military Police Battalion, 3<sup>rd</sup> Marine Division, and Republic of Vietnam. Returning to the states, he was reassigned to the Infantry Training Regiment at Camp Pendleton.

Sergeant Major Overstreet subsequently completed successful tours on the Inspector-Instructor staff, Wichita, Kansas; recruiting duty in Des Moines, IA, and Detroit, MI; then returning to Marine Corps Recruit Depot San Diego, as a junior drill instructor, senior drill instructor, Series Gunnery Sergeant and Chief Instructor. Reassigned to Drill Instructor School, he was an Instructor, Drill Master and Chief Instructor.

After completing First Sergeant School, he was assigned to Special Projects at Drill Instructor School, where he undertook the enormous task of completely transferring the Drill Manual onto videotape for more optimal use during instructional periods. His promotion to first sergeant in February 1979 led to his third assignment on Okinawa as the First Sergeant, Headquarters and Service Co. 9<sup>th</sup> Engineer Battalion.

Upon his return from overseas, he was the First Sergeant of both Company B and C, 1<sup>st</sup> Battalion, 4<sup>th</sup> Marines at Marine Corps Air Ground Combat Center, Twenty-nine Palms, CA.

Promoted to his present rank in October 1983, Sergeant Major Overstreet became the Inspector Sergeant Major, MCAGCC, Twenty-nine Palms. Returning to Marine Corps Recruit Depot San Diego, he served as a Battalion and Regimental Sergeant Major in the Recruit Training Regiment. Transferring to Camp Lejeune, NC, he served as the 6<sup>th</sup> Marines Sergeant Major. This assignment was followed by duty as Regimental Sergeant Major, 12<sup>th</sup> Marines, Okinawa.

On April 6, 1990, Sergeant Major Overstreet was posted as Depot Sergeant Major at San Diego. He was selected as the 12<sup>th</sup> Sergeant Major of the Marine Corps in April 1991, and assumed the post on June 28, 1991.

Sergeant Major Overstreet's personal decorations include: Distinguished Service Medal; Superior Service Medal; the Meritorious Service Medal; Navy Commendation Medal; Navy Achievement Medal; and the Combat Action Ribbon.

Upon retiring from the Marine Corps, (June 29, 1995), he worked for a commercial insurance company where he held positions as Vice President of Military Marketing, Regional Vice President for Production, and Vice President for Field Development.

He is married to the former Jeanne Miller of Plainview, TX. They have one son, Jarod.