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# NCOA<sup>®</sup>

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**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**

**Second Session, 115<sup>th</sup> Congress**

**Thursday, March 6, 2018**

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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 for the remainder of the 115<sup>th</sup> Congress.

### **The 115<sup>th</sup> 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. 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 relation 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 a limited number of troops in the Middle East, the devolution and instability of the region continue. ISIS still exists and retains its ability to spread like cancer and many questions 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. Budget shortfalls 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 is 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 a 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 to 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 a 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 111<sup>th</sup> Congress to allow Chapter 31, ALL 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 2018**

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**

**Health Care System Reform.** Support and invest in modernizing VHA technology, financial, infrastructure, electronic health records, and human resource systems, including reforming VA Community Care and Choice Programs. Establish robust leadership and management plans to meet transformational goals and evolving veteran and health system requirements. Critical elements to VHA reform should include:

- Overall health care coordination and navigation support for veterans.
- Investment in foundational and special-emphasis resources and specialty care services paramount to VA such as spinal cord injury, blind rehabilitation, mental health, prosthetics, and similar foundational services.
- Delivery of core mission functions such as clinical, education, research, and national emergency response to advance the health and well-being of veterans and population health.
- High-performing, high quality, integrated health care network, combining the best of VHA and the best of private sector community-based services.
- Highest priority in access to health care given to service-connected and low-

income veterans.

**VHA Health Care Workforce.** Continue to pursue workforce improvements to VA health system by:

- Recruiting and retaining health care professionals, especially in high shortage areas such as physicians, physician assistants, mental health providers, and nurses from other government and civilian sectors.
- Implementing independent practice authority for advance practice nurses (APRNs).
- Growing the existing MOU between VHA and Department of Health and Human Services from 30 to over 100 billets for members of the U.S. Public Health Service (USPHS) to serve in clinical and non-clinical roles.
- Establishing an MOU between VHA and USPHS to create and fund 10 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.

**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 VA Suicide Prevention Office efforts to increase behavioral health staff, resources, and crisis line capacity, 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.
- Amend 38 U.S. Code 1782, Counseling, Training, and Mental Health Services for immediate family members and caregivers to require VA to provide full range of counseling and mental health services for families and caregivers of veterans participating in caregiving, rehabilitation, and medical care for service-connected and non-service connected conditions, including veterans in crisis.
- Monitor VA's and DoD's outreach and policy efforts to address mental health needs of veterans with other-than-honorable discharges.
- Monitor implementation of the Clay Hunt Suicide Prevention for American Veterans Act (P.L. 114-2) and ensure resources are provided to support all provisions outlined in the law.

**Women Veterans.** Aggressively invest and implement VA's Strategic Priorities to provide comprehensive primary care, health education, and 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 the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109- 461).

***Caregivers.*** Ensure full implementation of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) provisions. Extend the Act to include 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 occupational or environmental toxins or hazardous substances, and/or deployment illnesses resulting from their military service (e.g., burn pit exposure in Iraq and Afghanistan, Camp Lejeune contaminated water, Gulf War Illness). 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 September 2016, Government Accountability Office 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 as well as 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.
- Allow surviving family members to add deceased veterans to the Burn Pit or other established registries.
- Monitor implementation of toxic exposure assessment and research provisions contained in the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114-315).

***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.

## **CLAIMS PROCESSING AND APPEALS SYSTEMS**

***Integrated Disability Evaluation Benefit Systems.*** Improve legacy and integrate 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.*** Monitor and engage with VA in the implementation of the Veterans Appeals Improvement and Modernization Act of 2017 (P.L. 115-55) to improve the claims to appeals process. Support needed investment in software and hardware upgrades for claims management. Preclude ‘unlicensed’ individuals from taking fees for representing veterans’ claims.

***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).*** Support the continual review and 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 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:

- Assuring effective implementation of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (P.L. 115-48) ('Forever' GI Bill) law in a timely manner and ensure Congressional support for additional resources as necessary to field the bill.
- Further improving laws to protect 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.
- Ensuring schools spend VA benefits on serving the veteran.
- Extending "90-10" ratio of Federal aid to include GI Bill benefits.

## 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 further expansion of these courts to jurisdictions across the country. Support scaling of services for incarcerated veterans.

Thank you for the opportunity to present the Association's 2018 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.

2018



## **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 8<sup>th</sup> 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 Senior 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.