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HEARING ON PENDING LEGISLATION

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

ONE HUNDRED FIFTEENTH CONGRESS

SECOND SESSION

AUGUST 1, 2018

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HEARING ON PENDING LEGISLATION

WEDNESDAY, AUGUST 1, 2018

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:32 p.m., in room 418, Russell Senate Office Building, Hon. Johnny Isakson, Chairman of the Committee, presiding.

Present: Senators Isakson, Boozman, Heller, Cassidy, Tillis, Sullivan, Sanders, Brown, Blumenthal, Hirono, and Manchin.

OPENING STATEMENT OF HON. JOHNNY ISAKSON, CHAIRMAN, U.S. SENATOR FROM GEORGIA

Chairman ISAKSON. Good afternoon. I call this meeting of the Senate Veterans' Affairs Committee to order.

This is a hearing on legislation that will be pending before the U.S. Senate at some point in time in the future, in some cases the near future. I have had conversations with the authors before and told them that we would have a hearing as early as I could have one so we could get the preliminary information out there. I appreciate everybody who is here today from both the Senate and the members of the VA, plus VA staff and the advisory committees.

We have a full agenda. We have 15 pieces of legislation to address. We have two panels with four speakers each. We have a number of big issues, but probably no bigger than the Blue Water Navy issue, which has come up for some time in the past. The House has passed a Blue Water Navy bill. Senator Gillibrand and others in the Senate have asked me if we are going to consider one in the U.S. Senate Veterans' Affairs Committee. I said we are going to, but we are going to do it in regular order. That is the way we did everything. We had some big issues last year which we were able to get through, like the Caregivers' bill, which had never gotten out of this Committee before because of the way we handled it, which is the reason we got it out.

I know from time to time I irritated some people during the last couple of months by being deliberate, not slow but deliberate, on the way we handled that. We will handle it the same way this year in terms of Blue Water Navy, and I think we will come out with a similar result in terms of a thorough examination of the legislation.

This is all very important legislation. For everybody's knowledge, we passed in the last 18 months 18 pieces of legislation to reform the Veterans Administration. Every Member of this Committee has

had significant input into those reforms, had a lot to say about them.

We have a new Secretary of the VA, Robert Wilkie, whom you heard from when we had our hearing, who I was with Monday with the President for the swearing in. He is a great individual, a fine individual, and someone who is known to all of you that are here. I know he will do a great job.

My opening statement is this: Be ready. Fasten your seat belts. We have got a lot of work to do, and today is to find out what the authors of the legislation want us to know about the bills they have proposed and for the people who will be affected to have testimony and input on that.

Each one of the Senators who are here, Mr. Peters, Mr. Daines, and Ms. Gillibrand, will speak first and will be welcome to leave as soon as your speech is over. You do not have to, but I know you are busy and got other things to do, so you are welcome to do that.

I am proud to recognize Sherrod Brown, my good friend from the great State of Ohio, a good baseball State, and he, a good baseball player. Senator Brown is filling in for Jon Tester, our ranking member. We got out early today, as many of you know, and Senator Tester had to leave town early, as I understand it. I appreciate his tremendous help and cooperation over the last year and a half. He has pledged it for the remainder of this term as well. We are going to have a great time together in this Committee, and we need to get good stuff done.

So, Senator Brown?

OPENING STATEMENT OF HON. SHERROD BROWN, U.S. SENATOR FROM OHIO

Senator BROWN. I will be brief, Mr. Chairman. I would add on behalf of everybody on this Committee that Johnny Isakson is the least irritating member of the U.S. Senate. [Laughter.]

I think you would all agree with that. I think we all are an irritating group of people, by and large, and he is not. So, thank you, Johnny, for that.

Senators Daines, Gillibrand and Peters, thank you for joining us, and I speak on behalf, in part, Senator Daines, of the senior Senator, for Senator Tester.

Thanks for holding the hearing, Mr. Chairman.

There are two specific bills that I am interested in: (1) Better Access to Technical Training, Learning, and Entrepreneurship for Servicemembers Act, or BATTLE for Servicemembers Act that I have worked on with Senator Rounds, and I thank him; and (2) the Blue Water Navy bill, which is so important. This Committee will review two different pieces of legislation to address the needs of active-duty servicemembers as they transition to civilian life. We need to do everything we can to ensure they have the information and tools they need to succeed. Additional days of training to pursue education, technical training, entrepreneurship will help to set servicemembers up for good-paying jobs when they reenter civilian life, and I was pleased that this year's NDAA that Senator Isakson was so helpful on, too, included a version of this provision in the final conference report.

I will not be able to stay for the second panel's discussion, but I wanted to say a few words about Blue Water Navy veterans. I appreciate Thomas Snee being here from Lake County, OH. I appreciate very much seeing him today. He knows all too well, we all do, the energy it takes to push the VA to do the right thing by those who have borne the battle, particularly those who were drafted to fight and felt forgotten when they returned home, only to develop conditions directly tied to their service.

Our Vietnam vets, many of them, many of you, do not have a lot of years left, and it is important that they get these benefits regardless of whether they served on the land, in the Brown Water, or in the Blue Water. It does not matter.

Mr. Manar will speak in a moment. I want to quote from him, if I could sort of a little bit steal his thunder with this quote: "If there was dioxin in the water, we would have been exposed to it while swimming. Week after week, patrolling up and down the coast, we took in sea water and processed it through our fresh water evaporator system. We know from the Australian Navy study, validated by the National Academy of Medicine. . . that fresh water evaporator systems concentrated toxic material, including dioxin, which was then transmitted to sailors through drinking water."

"As a matter of observation," he goes on, "absent the cleaning and sanitation of the entire fresh water evaporator system, it is conceivable that every person who ever served on board my ship could have been exposed to dioxin after its first visit to Vietnam. Further, by the time we completed our last deployment. . . in 1972, the evaporator system would have accumulated concentrated dioxin from dozens of visits to Vietnam, not simply the final three that I experienced while on board."

Nobody could have said that better. My question for the record will be: why hasn't the VA concluded that the science behind the Australian study, in which NAM collaborated, is sufficient? Why hasn't VA done right by our veterans?

So, Mr. Chairman, thank you for letting me offer those words. And, I appreciate all the panel members being here.

Chairman ISAKSON. Thank you, Senator Brown. Thank you for being here, and thank you for your opening statement.

Our first panel is made up of Senator Peters, Senator Gillibrand, and Senator Daines. Senator Peters will be recognized for 5 minutes, Senator Gillibrand for 5 minutes. I understand you are going to yield some time, is that correct, to Senator Daines, Senator Gillibrand? [Both nodding in agreement.]

We will start with Senator Peters. You are recognized for 5 minutes. If it gets to 7 or 8, you are in trouble.

STATEMENT OF HON. GARY C. PETERS, U.S. SENATOR FROM MICHIGAN

Senator PETERS. I will be brief, Mr. Chairman.

Thank you, Mr. Chairman, and thank you to all my colleagues for your service on this Committee. I certainly appreciate the opportunity to speak in support of Senate bill 1596, which is entitled the "BRAVE Act." I was proud to introduce this bipartisan legislation with Senator Rubio.

The BRAVE Act is a bicameral piece of legislation, and I also appreciate the leadership of Representative Duncan Hunter, who is shepherding this bill in the House of Representatives.

Our brave men and women in uniform have sacrificed so much in the defense of our Nation. We owe it to them to ensure that they receive the benefits that they have earned through their service, including a dignified burial. Unfortunately, current VA burial benefits are woefully insufficient.

The national median cost of a funeral in 2017 was $8,755. However, the VA burial benefits provide a mere $2,000 for service-connected deaths, $762 for non-service-connected deaths for veterans who pass away in a VA facility, and $300 for all non-service-connected deaths.

It is clear that these benefits have not kept pace with the rising cost of funeral and burial expenses, which is why Senator Rubio and I have introduced the BRAVE Act. The BRAVE Act will make funeral benefits for non-service-connected deaths the same, regardless of where the veteran passes away.

The legislation also ensures that all burial benefits are indexed for inflation, eliminating the need for Congress to make further readjustments and providing future generations of our Nation's veterans with the dignified burial that they have earned through their honorable service.

The BRAVE Act enjoys support from organizations including the Veterans of Foreign Wars, Vietnam Veterans of America, the National Funeral Directors Association, the Association of the U.S. Navy, The American Legion, and Disabled American Veterans. I believe we should honor our Nation's heroes by making commonsense updates to VA burial benefits, ensuring that every veteran has a proper funeral and burial no matter the circumstances at the end of their lives.

Thank you again, Mr. Chairman and the Committee, for the opportunity to speak today, and I look forward to working with you as you pass this important legislation. I yield the rest of my time to the Senator from New York, Senator Gillibrand.

Chairman ISAKSON. Senator Gillibrand, you are recognized for 5 minutes plus whatever he yielded to you.

STATEMENT OF HON. KIRSTEN E. GILLIBRAND, U.S. SENATOR FROM NEW YORK

Senator GILLIBRAND. Thank you so much, Mr. Chairman and Mr. Ranking Member. I am very grateful for your leadership. I am so grateful for this hearing—we really want to support our Blue Water Navy veterans—and for your commitment to finally passing this long overdue bill.

It is my sincere hope that now that we have an offset that has been identified and passed in the House, 382–0, that we may also quickly pass this bill and send it to President Trump as expeditiously as possible.

As you know, during the Vietnam War, thousands of patriotic Americans were exposed to the chemical Agent Orange, which we now know is highly toxic. Some of our veterans were exposed to Agent Orange on the ground, some patrolling rivers, some while

stationed on ships off the Vietnamese coast. These are called the "Blue Water Navy vets."

Now, all these years later, Agent Orange has made many of them very sick, many of them severely ill, and many of them have already died because of Agent Orange. But, the VA is only helping some of the veterans exposed to this dangerous chemical. They are helping the Vietnam veterans who were exposed to Agent Orange on land or on rivers, but excluding those who served on the Blue Water. It does not make any sense. It is arbitrary. It is a bureaucratic rule that is preventing veterans who served in Vietnam from getting the treatment they desperately need.

In Congress, we have been fighting for this legislation for nearly a decade so that the VA could just deliver the benefits that these men and women have already earned. With today's markup, we are finally there. Thanks to the tireless effort of both members of the House and Senator Veterans' Affairs Committees, we have a bipartisan bill, and we have a bipartisan pay-for.

Now, I want to address the pay-for because that is important to a lot of our colleagues. The offset is nearly $1 billion to care for our Blue Water Navy veterans, their families, and for some, their survivors. The way we pay for it is from the VA Home Loan Program because it provides a home loan guarantee benefit to help servicemembers, veterans, and surviving spouses who become homeowners. Private lenders provide VA home loans, but the VA guarantees a portion of that loan, enabling veterans to receive more favorable terms.

Now, these loans are different from those that are offered to nonveteran civilian populations. Instead of paying annual fees or interest on the loan, the veteran only pays a one-time up-front loan fee. Currently that fee is 0.25 percent lower if you are active-duty versus National Guard or Reserve. All this bill does is equalize that number at 2.4 percent. It pays for the entire bill. It passed unanimously in the House of Representatives.

So, I hope that our Senate colleagues can look at this pay-for favorably and allow this bill to be fully paid for to help our veterans.

Now, our Blue Water Navy veterans have waited a very long time for basic health care and basic benefits they have already earned. They have suffered consequences to their health, to their families, to their lives. I think this is an injustice that we can and must rectify, and I think we can do it in this Congress. So, I ask all of you to please consider this bill since it has had such bipartisan favorable response in both the House and Senate. I think the time is now to actually pass it.

I would now like to yield the remainder of my time to my colleague Senator Daines.

[The prepared statement of Sen. Gillibrand follows:]

PREPARED STATEMENT BY HON. KIRSTEN GILLIBRAND,
U.S. SENATOR FROM NEW YORK

BLUE WATER NAVY VIETNAM VETERANS ACT OF 2017

CHAIRMAN ISAKSON AND RANKING MEMBER TESTER, Thank you for the opportunity to speak again before this Committee in support of the Blue Water Navy Vietnam Veterans Act of 2017—and for your commitment to finally passing this long overdue bill. It is my sincere hope that now that an offset has been identified and passed

the House 382 to ZERO, that we may also quickly pass this bill and send it to President Trump as expeditiously as possible.

As you know, during the Vietnam War, thousands of patriotic Americans were exposed to a chemical called Agent Orange, which we now know is highly toxic.

Some of our veterans were exposed to Agent Orange on the ground. Some of them were exposed to Agent Orange while patrolling the rivers. And some of them were exposed to Agent Orange while they were stationed on ships off the Vietnamese coast—these are the Blue Water Navy veterans.

And now, all these years later, Agent Orange has made many of them sick. They are severely ill. Many of them have already passed away because of Agent Orange.

But, the VA is only helping SOME of the veterans exposed to this dangerous chemical. They're helping the Vietnam veterans who were exposed to Agent Orange on land, or on rivers . . . but NOT the Blue Water Navy veterans. That doesn't make any sense.

This arbitrary, bureaucratic rule is preventing veterans who served in the Vietnam War from getting the treatment they need now.

In Congress, we have been fighting for nearly a decade to deliver VA healthcare and benefits to the Blue Water Navy veterans exposed to Agent Orange. And with today's markup of H.R. 299, we are finally there. Thanks to the tireless efforts of both the House and Senate Veterans' Affairs Committees, we have a bipartisan bill and a pay-for.

I think it is important, in this hearing, that we directly address the pay-for in H.R. 299 that will offset the nearly $1 billion cost of caring for our Blue Water Navy veterans, their families, and—for some—their survivors.

The VA Home Loan program provides a home loan guaranty benefit to help servicemembers, veterans, and eligible surviving spouses become homeowners. Private lenders provide VA home loans, but the VA guarantees a portion of the loan, enabling veterans to receive more favorable terms.

These loans are different from those offered to the non-veteran, civilian population. Instead of paying annual fees or interest on the loan, the veteran only pays a one-time, up-front loan fee at the initiation of their loan.

Currently, the rate of this fee is 0.25% lower if you are active duty than if you are in the National Guard or Reserve. This bill would equalize the rate at 2.40%.

I believe our colleagues in the Senate will agree with the unanimous, bipartisan consensus in the House—that this pay-for is appropriate and measured. The VA Home Loan program will remain a powerful, unparalleled tool to help America's veterans become homeowners, and the rates will remain far better than rates in the private market.

Our Blue Water Navy veterans have waited far too long for the healthcare and benefits owed to them. They've suffered health consequences that left them and their families on the hook for medical expenses that our government should have provided. Many have lost their lives. This is an injustice we can—and must—address here in this Congress.

I ask that each of you here vote today to move H.R. 299 out of committee without changes or delay—so that our Nation can do right by our veterans and their families as quickly as possible.

And now I'd like to yield to my colleague and lead cosponsor of this legislation, Senator Daines.

Chairman ISAKSON. Senator Daines.

STATEMENT OF HON. STEVE DAINES, U.S. SENATOR FROM MONTANA

Senator DAINES. Chairman Isakson and Ranking Member Tester, thank you for allowing us to be here today to testify at this hearing.

I am the lead Republican on this bill, and I want to thank my colleague and friend Senator Gillibrand for her leadership. I urge the Committee to pass this critical bipartisan measure.

Since 2002, our U.S. Navy veterans who were exposed to Agent Orange while serving in Vietnam have been denied proper care through the VA. As background, you have to go back to the Agent Orange Act of 1991, 27 years ago. That bill passed unanimously by

both Houses of Congress, and it extended presumptive health care coverage for all illnesses linked to Agent Orange.

Here is the problem: The VA thwarted congressional intent by choosing the narrowest possible definition of "service in the Republican of Vietnam," which excluded the country's territorial waters. Our Federal records show, the science shows a documented 19 million gallons of herbicide was sprayed over Vietnam between 1962 and 1971. No reasonable person would conclude that the runoff from these powerful chemicals was contained just to the shoreline.

I am encouraged by the recent action our colleagues in the House have taken and the growing bipartisan push here in the Senate to correct, frankly, a senseless disparity once and for all. I urge this Committee to take a critical step toward that end today.

Chairman ISAKSON. Thank you very much, Senator Daines. I think we go to questions and answer on the first panel.

I am trying to exercise executive privilege over here. Just a second. I will be right back to you. [Pause.]

The staff tells me I am out of order. [Laughter.]

That is not the first or would be the last time. Senator Daines, thank you for coming.

Senator DAINES. Thank you, Mr. Chairman.

Chairman ISAKSON. Ms. Gillibrand, thank you very much for your comments.

Senator GILLIBRAND. Thank you all. Thank you for the time.

Chairman ISAKSON. Senator Peters has already left. I thank him very much.

The first panel, which I will introduce right now, is coming forward. Panel number 1 is Paul Lawrence, Ph.D., Under Secretary for Benefits, Veterans Benefits Administration, Department of Veterans Affairs.

Ralph Erickson will be accompanying him. Ralph is a doctor, Chief Consultant, Post-Deployment Health, Veterans Health Administration.

Tammy Czarnecki is Assistant Deputy Under Secretary for Health/Administrative Operations, Veterans Health Administration.

And, Jessica Bonjorni—I hope you are Italian; that would be great—is Acting Assistant Deputy Under Secretary for Health for Workforce Services, Veterans Health Administration.

Will you all please come forward and take your seats? Thank you very much for being here. This is an important panel, and I will get to ask you all questions. Just because the Senators dodged the bullet, you all will not be able to.

We will start with Ms. Bonjorni—no, I am sorry. You are to be an acting aide. You are not going to be the main presenter. That is correct. I almost got you in trouble, too.

Mr. Lawrence, you are on. You have 5 minutes, but if you take a little extra time because of the complexity of a couple of these issues, that will be fine with me.

STATEMENT OF PAUL R. LAWRENCE, Ph.D., UNDER SECRETARY FOR BENEFITS, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY RALPH ERICKSON, M.D., M.P.H., DR. PH, CHIEF CONSULTANT, POST-DEPLOYMENT HEALTH, VETERANS HEALTH ADMINISTRATION; TAMMY CZARNECKI, ASSISTANT DEPUTY UNDER SECRETARY FOR HEALTH/ADMINISTRATIVE OPERATIONS, VETERANS HEALTH ADMINISTRATION; AND JESSICA BONJORNI, ACTING ASSISTANT DEPUTY UNDER SECRETARY FOR HEALTH FOR WORKFORCE SERVICES, VETERANS HEALTH ADMINISTRATION

Mr. LAWRENCE. Thank you very much, sir. Good afternoon, Chairman Isakson, Ranking Member Sanders, and Members of the Committee. Thank you for inviting us here today to present our views on several bills that would affect the Department of Veterans Affairs. You generously introduced our panel, so I will not repeat their names.

With 15 bills on the agenda, I will cover a few in my oral statement.

We are glad to support the bill to provide grants to coordinate suicide prevention efforts for veterans in our communities. There is no bigger or more urgent priority for VA.

Other bills we support will provide long-overdue increases in burial benefits as well as improving benefits for surviving spouses.

There are other bills on the agenda that raise concerns, including Blue Water Navy. We oppose this bill. Let me explain why.

We know it is incredibly difficult to hear from groups of veterans who are ailing and ill. Many of us in this room are veterans with empathy and compassion. We also understand there are practical effects from this bill that give us great concern and pause. In the case of this legislation, we should be very clear on the precedent this bill attempts to create and the broad effects it will have over time.

As you know, when a veteran files a claim, our pledge is to work hard to honor it. In the process of evaluating a veteran's claim, we rely on science and medical opinions. For example, a person suffers an injury during service or has a condition later in life that we think is connected to their time in service. They submit a claim for service-connected benefits based on the injury or condition. We apply science, in this case a medical exam, to demonstrate the injury or condition was caused during military services or has rendered them with a disability for which they should receive compensation.

But, with Blue Water Navy, there is no conclusive science from the Institute of Medicine to support claims of toxic exposure. This Committee set the standard to use science to be fair and consistent in cases such as this. Once that standard is removed from the equation, it becomes nearly impossible to adjudicate a claim of this type on the merits. The resulting lower threshold sets in motion the prospect of uncontrolled demands for support. What remains eliminates this rationale, and instead we are left with a situation where there are no limits; therefore, no claims can be denied.

This in turn invites other sympathetic causes without valid science to petition Congress for compensation. If this bill becomes

law, this Committee is setting a precedent for potentially unwieldy policy with consequences to the future of Veterans Benefits, VA, and in other areas of Government.

The bill before us today will then be referenced when other exposure claims are presented to this Committee. At that point Congress will be under greater pressure to accommodate these requests, too, regardless of the evidence.

The National Academy of Medicine reviewed all available scientific evidence, concluding that it was unable to state with certainty that Blue Water Navy personnel were or were not exposed to Agent Orange. They recognized that the oft-mentioned Australian study does not directly support the contention that Blue Water Navy personnel were exposed to the dioxins of Agent Orange. This laboratory simulation was based on the false premise that water for ship distillation would be drawn near shore where pollution accumulates. To avoid these contaminants, established U.S. Navy policy was only to draw water from 12 miles offshore where pollutants and dioxins would be diluted from trillions of gallons of sea water.

Because we are always looking for new information, VA continues to review and monitor the peer-reviewed scientific and medical literature in collaboration with VSOs. To further address the medical aspects of Section 2, Dr. Erickson is with me today and is prepared to discuss ongoing VA studies of Vietnam veterans, one of which compares the health effect of Vietnam veterans with veterans who did not serve in Vietnam and with U.S. nonveteran populations. It has the advantage of including Blue Water Navy veterans on the steering committee. Results will be published in peer-reviewed scientific literature starting in 2019. Nearly 1,000 Blue Water Navy veterans are included in the study at this time.

Additionally, VA is opposed to paying for the provisions of this bill by increasing the costs that some veterans must pay to access their benefits. Veterans will have to either finance the VA funding fee with interest or pay up-front in cash. This means fewer veterans will buy homes or buy homes using non-VA options, potentially opening them to predatory lenders.

Another impact we need to raise regards the recent ongoing efforts to reduce the appeals and claims backlog. These efforts would be impacted through additional FTEs and costs, but also adding time to the 125 days to process a claim due to the verification study that would need to go into the processing of that claim.

In summary, we oppose this bill because the science is not there, and what we do depends upon science. We care so we keep looking. Increased fees levied on home loans place additional financial burdens on veterans who are trying to buy a home, opening them further to predatory lending. The ongoing efforts and momentum of appeals and claim backlog would be set back.

A final thought. Congress has always relied on science. If this bill passes, the legacy of this Committee could be forever changed.

Let me now briefly address the draft bill on Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018. We feel part of the bill is unnecessary and that the significant expansion of dental care called for in this bill is simply not feasible. VA does not have the infrastructure to provide that care, and the significant

expense of adding the benefit we fear would squeeze resources from other critical veteran health care needs.

State nursing homes are addressed in S. 3184. We know extended care for veterans is an important issue for the Committee and every Senator. However, we believe S. 3184, as drafted, could result in negative unintended consequences, including move State veterans' homes away from their core mission of serving veterans. We are glad to discuss ideas to improve this bill further with the Committee.

This concludes my testimony. We look forward to answering any questions the Committee has.

[The prepared statement of Mr. Lawrence follows:]

PREPARED STATEMENT OF DR. PAUL R. LAWRENCE, UNDER SECRETARY FOR BENEFITS, U.S. DEPARTMENT OF VETERANS AFFAIRS

GOOD MORNING, CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND MEMBERS OF THE COMMITTEE. Thank you for inviting us here today to present our views on several bills that would affect the Department of Veterans Affairs' (VA) programs and services. Joining me today are Ralph Erickson, M.D., M.P.H., Dr. PH, Chief Consultant, Post Deployment Health, VHA; Tammy Czarnecki, Assistant Deputy Under Secretary for Health/Administrative Operations, VHA; and Jessica Bonjorni, Acting Assistant Deputy Under Secretary for Health for Workforce Services, VHA.

H.R. 299—BLUE WATER NAVY VIETNAM VETERANS ACT OF 2018

Section 2: Clarification of Presumptions of Exposure for Veterans Who Served in Vicinity of Republic of Vietnam

Section 2 of H.R. 299 would add a new section 1116A to title 38, United States Code (U.S.C.). The bill would expand the presumption of Agent Orange exposure to all Veterans who served "offshore" of the Republic of Vietnam, as defined in subsection (d) of the bill, and would presume the in-service incurrence or aggravation of all diseases covered in 38 U.S.C. § 1116 for these Veterans. It would also provide retroactive benefits for Veterans who had a previous claim for a covered disease denied and then file a new claim, comparable to the retroactive benefits available for Veterans who went ashore. This retroactivity would be accomplished via a special effective date rule contained in the bill. The bill would also expand the definition of "Vietnam-era herbicide-exposed veteran," codified at 38 U.S.C. § 1710(e)(4)(A), to include Veterans with "offshore" service for purposes of the provision of health care.

VA is opposed to section 2 of this bill. The legislative history of Veterans' disease presumptions dates back to 1921 when Congress established a presumption of service connection with an amendment (P.L. 67–47) to the War Risk Insurance Act (P.L. 63–193). In the following years, additions to the presumptive list were made by regulation, executive order, and legislation. In 1991, the Agent Orange Act (P.L. 102–4) established for Vietnam Veterans a presumption of a service connection for diseases associated with exposure to Agent Orange and certain other herbicides. For the first time, this Act required VA to contract with the Institute of Medicine (IOM) to biennially conduct a scientific review of the evidence linking certain medical conditions to herbicide exposure. VA was instructed to use the IOM's findings, and other evidence, to provide the rationale for establishing regulations and determining that a presumption for any disease would be warranted when there is scientific evidence of an association with herbicide exposure.

VA's view is that the evidence-based approach to creating or expanding presumptions should be maintained. Although presumptions exist to assist in proving claims that may otherwise be difficult for individual veterans to establish on a direct basis, the presumptions of exposure and/or medical causation should always be supported by historical, scientific, and/or medical evidence about the specific population of Veterans affected. VA recognizes Congress's prerogative in creating or expanding presumptions. However, VA is concerned that new Congressionally-created presumptions that are not adequately supported by evidence will erode confidence in the soundness and fairness of the Veterans' benefits system. Such statutory presumptions will lead to increased pressure on VA to create or expand additional presumptions administratively, under a similarly liberal approach. Because VA generally cannot establish regulatory presumptions that are not reasonably grounded in evidence, Veterans petitioning VA for new presumptions that are not supported by the required level of evidence will likely be unsatisfied with VA's response. These Vet-

erans may feel that the system is inequitable in providing expansive presumptions favoring certain groups of Veterans but not others.

As a means of further assessing the potential for Agent Orange exposure, VA commissioned the IOM to produce the report, Blue Water Navy Vietnam Veterans and Agent Orange Exposure (2011). The report concluded that exposure among Blue Water Navy Veterans "cannot reasonably be determined," and it did not find supported and compelling evidence of Agent Orange exposure due to aerial spray drift, river water runoff, or potable sea water distillation. The report indicated that Agent Orange was destroyed by sunlight within hours of application and any that survived would rarely make it out to the South China Sea because of the major dilution factor. Additionally, United States Navy ships were required to draw up seawater for conversion to shipboard potable water at least twelve miles offshore from any river, a distance at sea where the presence of Agent Orange was unlikely.

Although there is insufficient scientific evidence to grant a blanket presumption of Agent Orange exposure for all Navy Vietnam Veterans, VA has a liberal policy of presuming exposure for all Veterans who served aboard Brown Water vessels operating on Vietnam's inland waterways, and for those Veterans serving aboard Blue Water ships that temporarily entered the inland waterways. Additionally, if evidence shows that a Blue Water ship off the coast sent crew members ashore for duty or visitation, any Veteran on the ship at that time will receive the presumption of exposure if they state that they personally went ashore.

As such, VA opposes section 2 because there is insufficient scientific evidence at this time showing Blue Water Navy Veterans were exposed to Agent Orange. At VA's request, the IOM (now National Academy of Medicine (NAM)) reviewed all available scientific evidence, concluding that it was "unable to state with certainty that Blue Water Navy personnel were or were not exposed to Agent Orange and its associated TCDD" (ref: Blue Water Navy Vietnam Veterans and Agent Orange Exposure, 2011). VA continues to review and monitor the peer-reviewed scientific and medical literature and is collaborating with Veterans Service Organizations (including the Veterans of Foreign Wars and the Blue Water Navy Vietnam Veterans Association) to gather more information. A new VA health study of Vietnam Veterans that includes the collection of data on Blue Water Navy Veterans is currently ongoing. VA researchers are currently analyzing data from this effort. The timeline for initial results is expected to be in 2019, with publication of results potentially within 1–2 years. VA is committed to examining all available evidence on this issue and gathering input from stakeholders in order to make well-informed, scientific, evidence-based decisions for our Nation's Veterans.

VA is also concerned with the special effective date provisions of the bill. Our understanding is that these provisions are intended to provide Blue Water Navy Veterans with effective date treatment that is similar to that available under the *Nehmer* court decision and orders for those who served in the Republic of Vietnam. However, in enacting provisions extending benefits to other groups of Veterans, Congress generally has not extended those benefits retroactively, much less for such a significant time period. VA is concerned about the apparent inequity of this disparate treatment of different groups of Veterans. Further, VA is concerned that the procedures necessary for applying these special effective date provisions, including determining proper effective dates and establishing awards covering large retroactive periods, would be complex and labor-intensive tasks that would divert resources from other important claim adjudications.

Further, VA has concerns associated with the demarcation line used in this bill. Implementation of this provision would be impracticable. Currently, VA maintains a ship list for ships that operated on inland waterways. This requires VA to research and review deck logs in individual cases to assess the geographic coordinates of the ship, as well as the time periods on which the ship operated on an inland waterway. This bill would essentially extend that ships list to encompass an area no more than 12 nautical miles seaward of a line commencing on the southwestern demarcation line of the waters of Vietnam and Cambodia and intersecting certain geographic points. VA would be required to assess many more deck logs and coordinates to place additional ships on that list for certain time periods. Because of the nature of deck logs, it may be impossible to determine an exact location and determine whether a ship did, or did not, cross this line on a particular date. Additionally, based on the available scientific and medical evidence, VA is unaware of any association between a line twelve miles offshore and exposure to Agent Orange. VA understands that the Department of State also has concerns regarding this provision of the bill.

This bill would also add significantly to the number of benefit claims pending over 125 days. Because of the retroactive provisions and the intricacies of reviewing deck logs, each claim would take longer—more than twice as long, on average—to review

than claims VA generally receives. In addition, a large volume of claims would be expected as a result of this bill. Thus, unless additional employees are provided, VA would expect the backlog to grow significantly due to this expected claims burden.

Finally, VA does not support paying for the provisions of this bill by increasing the costs that some Veterans must bear to access their benefits. Section 6(b) of the bill would adjust the loan fee that certain Veterans, Servicemembers, and surviving spouses must pay to obtain home loans in VA's home loan program. In many cases, the adjustment would require borrowers to pay higher loan fees to obtain home loans. In other words, it appears that the bill would partially offset the Government's cost of increased benefits spending on some Veterans by raising loan fees for others. Granting new benefits for some Veterans at the expense of other Veterans is counter to VA's mission.

VA's cost estimate for the bill is broken down into four categories: benefits, general operating expenses, information technology (IT), and health care expenditures. VA estimates the total benefits cost of this bill would be $1.8 billion during fiscal year (FY) 2019, $3.4 billion over 5 years, and $5.7 billion over 10 years. In addition to benefits cost, VA estimates the Veterans Benefits Administration (VBA) General Operating Expenses (GOE) costs for the first year would be $90 million and include salary, benefits, rent, training, supplies, other services, and equipment. Five-year costs are estimated to be $215.2 million and 10-year costs are estimated to be $349.1 million. VA further estimates that the IT cost to support VBA would be $2.9 million for the first year, $5.3 million over 5 years, and $7.6 million over 10 years. This cost would include the IT equipment for full-time equivalent employees, installation, maintenance, and IT support. Regarding health care expenditures, VA estimates the costs of section 2 of the bill would be $27.8 million in FY 2019, $275.1 million over 5 years, and $625.0 million over 10 years. In total, VA estimates section 2 of the bill would carry costs of approximately $6.7 billion over 10 years.

Section 3: Presumption of Herbicide Exposure for Certain Veterans Who Served in Korea

Section 3 would add a new section 1116B to title 38, U.S.C., extending the presumptions of service connection for diseases associated with exposure to herbicide agents to all Veterans who served in the Korean demilitarized zone (DMZ) between September 1, 1967, and August 31, 1971. It would not provide retroactive benefits comparable to those available for Veterans who served offshore of the Republic of Vietnam, as proposed in section 2 of this bill.

VA is not opposed to presumptions for Veterans of service in the Korean DMZ, but has concerns with the prescribed presumptive dates, which we believe would unduly expand the start of the time period of presumptive exposure.

Following consultation with the Department of Defense (DOD), VA promulgated 38 Code of Federal Regulations (CFR) § 3.307(a)(6)(iv), which provides a presumption of exposure to an herbicide agent to Veterans who served between April 1, 1968, and August 31, 1971, "in a unit that, as determined by [DOD], operated in or near the Korean DMZ in an area in which herbicides are known to have been applied during that period." As VA explained in the proposed and final rule notices implementing 38 U.S.C. § 1821, DOD has identified April 1968, as the earliest known use of herbicides along the Korean DMZ. See 74 Fed. Reg. 36,640, 36,641 (Jul. 24, 2009) ("[s]pecifically, DOD has reported that herbicides were applied between April 1968 and July 1969"); 76 Fed. Reg. 4245, 4246 (Jan. 25, 2011).

Additionally, the lack of retroactive benefits for Veterans who served in the Korean DMZ highlights the disparity between the treatment of Veterans who served offshore of the Republic of Vietnam, as addressed in Section 2 of this bill, compared to other groups of Veterans.

Costs associated with Section 3 are estimated to be insignificant.

Section 4: Benefits for Children of Certain Thailand Service Veterans Born with Spina Bifida

Section 4 would add a new section 1822 to title 38, United States Code, authorizing VA to provide the same benefits to children of Veterans with Thailand service, as defined in the bill, suffering from spina bifida as the benefits required to be paid to children of Vietnam Veterans suffering from spina bifida.

VA supports assisting family members who may have been adversely affected by a Veteran's in-service exposure to Agent Orange. However, VA is concerned with Section 4 because there is continued scientific uncertainty surrounding the association of spina bifida and exposure to Agent Orange. As found in the last relevant NAM report, an association between spina bifida and exposure to Agent Orange is no longer shown. Spina bifida was moved from the category of limited or suggestive

evidence of association in update 2012 to the category of inadequate or insufficient evidence of association in update 2014.

VA estimates the total benefits cost of this bill would be $748,000 during FY 2019, $3.9 million over 5 years, and $8.1 million over 10 years. GOE and IT costs are not associated with this section. We are unable to provide health care cost estimates at this time.

Section 5: Updated Report on Certain Gulf War Illness Study

Section 5 of the bill would require VA, within 180 days of the date of the enactment of this Act, to submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, an updated report on the findings, as of the date of the updated report, of the Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans under VA's epidemiology program. VA has no objection to this requirement, as we anticipate this update would be available within that time period.

Section 6: Loans Guaranteed Under Home Loan Program of Department of Veterans Affairs

Section 6(a) would amend 38 U.S.C. § 3703(a)(1) by revising the definition of maximum guaranty amount to tie the maximum guaranty amount to the loan, regardless of whether the loan exceeds the Freddie Mac conforming loan limit.

Subsection (b) would amend the loan fee table at 38 U.S.C. § 3729 to adjust the statutory loan fees charged to borrowers obtaining loans made, guaranteed, or insured under VA's home loan program. Certain Veterans, Servicemembers, and surviving spouses would pay increased loan fees when obtaining purchase, construction, and fully underwritten loans.

Subsection (c) would waive the statutory loan fees for Servicemembers who have received the Purple Heart award. However, subsection (c) would impose new statutory loan fees on disabled Veterans that have a service-connected disability rated as less than total and surviving spouses who are currently exempt from the loan fee.

VA does not support section 6(a). Under current law, the maximum guaranty amount can prevent Veterans who live in high-cost areas from being able to obtain a zero down payment loan. By tying the maximum guaranty amount to the loan rather than to the Freddie Mac conforming loan limit, subsection (a) would eliminate what has restricted Veterans' use of their home loan benefits in certain high-cost areas. However, this provision may increase risks to the portfolio by increasing the effective loan-to-value ratio for these non-conforming loans. Higher loan-to-value ratios may lead to higher claim payments and lower recoveries in events of default.

VA does not support subsections (b) and (c) of the bill. As previously explained, VA does not support paying for the provisions of this bill by increasing the costs that some Veterans must bear to access their benefits.

VA still is refining estimates for benefits savings associated with section 6, but the 10-year savings likely will fall below $3 billion. Therefore, VA anticipates that the bill's costs would far exceed any savings associated with this section.

Section 7: Information Gathering for Department of Veterans Affairs Home Loan Appraisals

Section 7 would amend 38 U.S.C. § 3731 to permit appraisers to make appraisals based solely on information gathered by a person with whom the appraiser has entered into an agreement for such services. The provision would result in less wait-time for Veterans who want to close their loans, particularly those Veterans who live in remote areas. Section 7 would also better align VA-appraisal policy and procedures with industry standards. VA believes this provision would address recent stakeholder concerns regarding timely delivery of VA-required appraisals. VA estimates that there are no costs associated with this section.

S. ___—VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018

Section 2 of the draft bill would amend 38 U.S.C. § 1710(c) to authorize the Secretary to furnish dental services and treatment, and dental appliances, needed to restore functioning in a Veteran that is lost as a result of any services or treatment furnished under this subsection.

VA does not support this section because it is unnecessary. VA already has the authority to provide these services. While VA currently has limited authority to furnish dental care and services, VA can furnish care and services under a different provision of law to Veterans who have been disabled by treatment. If the intent of

this section is otherwise, VA would appreciate the opportunity to discuss this further with the Committee.

Section 3 of the draft bill would require VA to begin a 3-year pilot program not later than 540 days after the date of the enactment of this Act. Through this pilot program, VA would assess the feasibility and advisability of furnishing dental services and treatments to Veterans enrolled in VA health care who are not eligible for such care under other authorities. VA would have to carry out the pilot program at not fewer than 16 locations meeting certain criteria and based on certain considerations. No more than 100,000 Veterans could participate in the pilot program, and the Secretary would have to distribute this limitation among locations selected for the pilot program in a manner that takes appropriate account of the size and need of dental services at each location. The services that would be provided would have to be consistent with the services the Secretary furnishes to Veterans with service-connected disabilities rated 100 percent disabling under VA's laws. Veterans would be able to participate in the pilot at their election. VA would have the authority to collect copayments for dental services in accordance with authorities on the collection of copayments under VA's existing authorities, but could not be more than the copayments for medical care under chapter 17. VA would have to inform all Veterans eligible to participate in the pilot program of the services and treatment available, and VA could enter into contracts with appropriate entities for the provision of dental care, although each contract would have to specify performance standards and metrics and processes for ensuring compliance with such standards. Within 540 days and again within 3 years of the commencement of the pilot program, VA would have to submit a report to Congress on the pilot program, and 180 days after the completion of the pilot program, VA would have to submit another report to Congress. These changes would take effect on the date that is one year after the date of the enactment of this Act.

While VA supports the expansion of dental services and oral health, VA cannot support this section without additional resources, specifically funding, infrastructure, and staffing, to support such an effort. VA does not have the infrastructure or staff to furnish care to an additional 100,000 Veterans in 16 or more locations without reliance upon community providers. Therefore, implementation of this pilot program would significantly increase VA's financial obligations for community care at a time when VA is in the process of implementing the new Veterans Community Care Program required by the Caring for Our Veterans Act of 2018. We further note that, as this is structured to be a pilot program, we have significant concerns on how we would implement this and believe that Congress should make additional policy decisions concerning how this program would operate. While VA may be able to make these decisions through rulemaking, we expect these would potentially be controversial and could delay implementation of the program if VA is forced to decide these matters instead of Congress. For example, the bill provides no guidance on how VA should administer this benefit fairly—whether VA should rely upon first in time, a clinical assessment, priority group, or some other criterion for determining which 100,000 Veterans receive care under this program. Similarly, the legislation offers no guidance on how VA should make determinations concerning where such care would be furnished. Finally, as a term-limited program, VA is concerned about how VA would manage care authorized near the end of the pilot program, as some Veterans may actually be worse off, if they received only a portion of a fuller episode of care. We would appreciate the opportunity to discuss these concerns in greater detail with the Committee.

VA anticipates that the total cost for clinical care (not including administrative or other costs) during the three year pilot program would exceed $600 million.

Section 4 would require VA to construct or lease a VA dental clinic in any State that does not have a VA facility that offers onsite dental services. Within 180 days of the date of the enactment of this Act, VA would have to submit a plan to Congress for construction or lease of a dental clinic in each applicable State and begin construction of any such clinic not later than 1 year after such date of enactment. There would be authorized to be appropriated, and would be appropriated, $10 million to carry out this section.

VA supports ensuring Veterans have access to dental services, but we believe decisions about establishing a new VA health care presence, whether leased or government-owned, should be made based upon an analysis of local conditions, namely the density of the population of eligible Veterans and the availability of other options to deliver cost-effective care.

Section 5 would require VA to carry out a program of education to promote dental health for Veterans who are enrolled in VA health care, although nothing in this authority would alter or revise the eligibility of any Veteran for dental care under VA's authorities. This education program would have to provide information con-

cerning the association between dental health and overall health and well-being; proper techniques for dental care; signs and symptoms of commonly occurring dental conditions; and treatment options for commonly occurring dental issues. The education program would also provide information pertaining to options for obtaining access to dental care, including information on eligibility for care through VA, State and local governments or non-profit organizations; purchasing private dental insurance; available and accessible options for obtaining low or no-cost dental care, including through dental schools and federally-qualified health centers; and such other matters relating to dental health as the Secretary considers appropriate. The education material would have to be provided through a variety of mechanisms, including print, online, and through presentations.

VA does not support section 5 because it is unnecessary. VA already develops, provides, and promotes educational information, including training and the availability and accessibility of options for obtaining low or no-cost dental care, including through dental schools and federally-qualified health centers.

Section 6 would require VA, no later than 540 days after the date of the enactment of this Act, to expand the dental insurance pilot program established by 38 CFR § 17.169 (as in effect on the date of the enactment of this Act) to establish a mechanism by which private sector dental care providers shall forward to VA information on dental care furnished to individuals under the pilot program for inclusion in the electronic medical records of VA with respect to such individuals. VA could continue the dental insurance pilot program for 2 years in addition to what is otherwise provided for in 38 CFR § 17.169 if the Secretary determines that the continuation is needed to assess the mechanism required by this section. Individuals could elect whether to participate in the mechanism. VA would have to include information on the mechanism in each report to Congress on the dental insurance pilot program. This section would take effect on the date that is one year after the date of the enactment of this Act.

VA does not support this section. We are concerned about the language in this section could create a requirement concerning medical records interoperability that is separate from VA's efforts to modernize its electronic health records generally. Many dentists are not accustomed to providing health record information electronically to other providers; the claims they submit to patients and insurers for payment are generally all that they provide. As a result, this could create additional requirements on individual providers, which could either become difficult for them to implement or could result in their refusal to participate in the Dental Insurance Program. We believe it is necessary to balance the interests of a complete medical record with the obligations and expectations of community providers. We further note that the dental insurance program is no longer a pilot program, but is now a permanent program that is codified at 38 U.S.C. § 1712C; moreover, the pilot program authority (Public Law 111–163, section 510) was repealed through the Act that codified this authority (Public Law 114–218). VA fully supports the existing VA Dental Insurance Program.

Section 7 would authorize VA to carry out a demonstration program to establish programs to train and employ alternative dental health care providers to increase access to dental care for Veterans who are entitled to such services from VA and reside in rural and other underserved communities. VA would give priority for participation in the demonstration program to VA medical centers or health systems in States with a technical college within the State college system that has established a degree or certificate level program for the training of alternative dental health care providers. Services through the demonstration program could be administered through telehealth-enabled collaboration and supervision when appropriate and feasible. Alternative dental health care providers would have the meaning given that term in 42 U.S.C. § 256g–1(a)(2).

VA is opposed to unproven alternative delivery of dental care models. While we support programs that expand dental health care to Veterans in a safe and effective manner, the scientific evidence does not currently support the proposed model for Veteran patients who require management of multiple physical and mental comorbidities and multiple prescription medications. The average VA dental patient is approximately 60 years old and is taking over 10 medications. Allowing Veteran patients to seek restorative oral health care from a non-dentist practitioner poses too great of a potential overall health risk. VA strongly believes that the professional education and clinical expertise of a licensed dentist is essential for the thorough evaluation and comprehensive treatment of patients in VA.

Section 8 would authorize to be appropriated $500 million for fiscal year 2020 to carry out this Act, other than section 4. The amount authorized to be appropriated would be available for obligation for the 5-year period beginning on the date that is one year after the date of the enactment of this Act.

VA has no views on section 8.

S. 3184—TO AMEND TITLE 38, UNITED STATES CODE, TO MODIFY THE REQUIREMENTS FOR APPLICATION FOR CONSTRUCTION OF STATE HOME FACILITIES TO INCREASE THE MAXIMUM PERCENTAGE OF NONVETERANS ALLOWED TO BE TREATED AT SUCH FACILITIES, AND FOR OTHER PURPOSES.

S. 3184 would amend one of the requirements for applications for State home construction grants in 38 U.S.C. § 8135(a)(4). Specifically, it would require States that submit an application to provide reasonable assurance that, for purposes of providing care to spouses of Veterans, during a period in which a facility is operating with a bed occupancy rate of 90 percent or less, not more than 40 percent of the bed occupancy at any one time will consist of patients who are not receiving such level of care as Veterans.

While VA appreciates the intent of this legislation, we cannot support it as drafted. First, it is inconsistent with the intent of VA's grant program for State Veterans Homes, as this would allow a significant portion of the population in a State Veterans Home to be non-Veterans. This authority would only apply if the home has less than 90 percent occupancy, which suggests that there may be insufficient demand for the Veterans Home in the first place.

VA also has concerns with this legislation because the technical effects of the bill would result in adverse effects on Veterans and non-Veteran residents. Initially, we note that the additional language that would be added in § 8135(a)(4)(B) only refers to providing care to "spouses of veterans," but State homes may also provide services to other non-Veterans besides spouses, such as persons whose child or children died while serving in the Armed Forces. We note that this creates some ambiguity as to how VA is to calculate the percentages further discussed in that subparagraph.

VA's greater concern, though, is that we believe that the language concerning occupancy rates could lead to unfortunate outcomes. Our reading of this language is that it would prohibit a State home from having a relative percentage of non-Veterans above 40 percent; for example, if a 100 bed facility only had 90 beds filled, there could be no more than 36 non-Veterans (40 percent of 90). We would interpret this language to mean that the occupancy rates would refer to the relative percentage of residents; VA has interpreted similar language concerning bed occupancy rates in VA's regulations at 38 CFR § 51.210(d) to refer to the total number of residents, rather than the total number of beds in the home. Applying this interpretation to this legislation, though, could result in significant disruptions in care. For example, if the 40 percent occupancy rate is a percentage of the relative number of beds and 90 beds were filled, 36 could be filled with non-Veterans and 54 with Veterans. However, if the next applicant for a bed were a Veteran, the facility would exceed the 90 percent total occupancy rate, as it would have 91 residents if it admitted the Veteran. Because of this, it would no longer be authorized to have 40 percent of its available beds for non-Veterans; instead, it could only have 25 percent of its beds available for non-Veterans.

We think this requirement could force the facility to take actions that could lead to unfortunate outcomes. First, the facility could simply discharge a non-Veteran patient immediately and admit the Veteran, which would be very disruptive to the discharged non-Veteran patient. This also would be a perverse incentive because it would discourage States to fully use the beds already in place. Second, the facility could tell the Veteran to wait until a non-Veteran left the facility on his or her own, but this would delay the Veteran's care and would be a waste of resources, as the facility would have open beds available. We think one of these results would be required by the legislation because the bill would prohibit exceeding the 40 percent occupancy rate "at any one time," which we interpret to mean that if at any point, even only momentarily, a facility is not in compliance with this requirement, it cannot have the additional flexibility the bill intends. The phrase "at any one time" has been very difficult for State homes to administer in other contexts, as it requires them to take action in anticipation of even momentary changes in their resident population. If the legislation, instead, referred to an average over a period of time (monthly or quarterly would likely be appropriate), that would seem to provide more flexibility and prevent unnecessary discharges as described in the scenarios above.

VA does not anticipate that this bill would result in any additional costs.

S. ___—DISCUSSION DRAFT REGARDING TRANSITION ASSISTANCE REFORM

The draft bill would amend title 10, U.S.C., to improve the Transition Assistance Program (TAP) for members of the Armed Forces, and for other purposes. VA generally defers to DOD, to the extent that it is responsible for administering title 10. However, we provide input on sections of the bill affecting VA.

Section 2 of the draft bill would direct the interagency partners for TAP to improve the counseling, information, and services currently furnished to transitioning Servicemembers, and to provide these services to transitioning Servicemembers' spouses as appropriate. It would require that transitioning Servicemembers begin TAP no later than one year before their date of separation. It further would require sequencing of instruction and training provided by other agencies while allowing Servicemembers to complete VA training at a pace and order satisfactory to them.

VA appreciates Congress's interest in TAP and shares its desire to make sure that the program serves as many transitioning Servicemembers as possible, in the most effective way possible. To that end, VA and our TAP interagency partners currently have several interagency evaluations under way. These studies will provide us with the information needed to continue to make evidence-based policy decisions as to what improvements to TAP should be made, and how best to make them. While these evaluations are under way, we believe that legislation to mandate additional evaluations is premature at this time; nevertheless, we look forward to working with the Congress to improve TAP once we have completed these evaluations and have the evidence available to make evidence-based policy decisions.

With regards to requiring Servicemembers to begin TAP no later than one year before separation, VA continues to take action to fulfill its commitment to integrate TAP into the Military Life Cycle in order to inform, equip, and provide support to Servicemembers earlier and at critical touchpoints throughout their career.

With regards to the specific elements of counseling to be provided, VA supports the intent of proposed section 1142(f)(3)(A), regarding information on programs and benefits related to Veteran status, but is already providing benefits information to active duty Servicemembers who are separating from military service. This has facilitated earlier and easier enrollment and access to VA health care. Further, VA does not support subparagraph (E), which would require the pre-separation counseling include a description, developed in consultation with VA, of the assistance and support services for family caregivers of eligible Veterans furnished by VA under 38 U.S.C. § 1720G, including the Veterans covered by the program, the caregivers eligible for assistance and support through the program, and the assistance and support available through the program. VA does not support this subparagraph because VA has been working closely with DOD to implement a similar provision enacted in section 541 of the National Defense Authorization Act for Fiscal Year 2018 (Public Law 115–91). VA fully supports ensuring Veterans understand the benefits that may be available to them, including those provided by VA and DOD (such as Special Compensation for Assistance with Activities of Daily Living), and we do not believe further legislation is required. VA supports the intent of subparagraph (F), which would require the pre-separation counseling to include information on survivor benefits available under the laws administered by VA or DOD. VA supports efforts to increase awareness of survivor benefits, such as the Civilian Health and Medical Program of the Department of Veterans Affairs, which is an important health care benefits program available for the family members of certain severely disabled or deceased Veterans. However, VA already provides much of this information.

Subsection 1142(g)(4), would also extend VA's current 6-hour briefings into a one-day course of instruction. VA interprets a full day of instruction as 8 hours. VA is in support of extending the VA benefits briefings to a full-day of instruction, which will ensure that VA can better prepare Servicemembers for their transition and help foster what will be a lifetime relationship between their families and the Department. A full-day will further ensure that transitioning Servicemembers are presented information in a manner that is conducive to promoting increased awareness and understanding of VA benefits, services, and support tools. Increasing the VA benefits briefings to a full-day of instruction would require additional funding. VA suggests that the term "registration" in this section be replaced with the term "application."

With regards to mandating the sequencing of TAP, VA encourages that transitioning Servicemembers undertake the VA Benefits I/II training in an order satisfactory to their own personal transition goals, emphasizing that early and consistent training on VA benefits is crucial to the Servicemember's successful transition outcomes.

In addition to the changes to TAP, the draft bill would require changes to interagency data-sharing requirements. Section 4 would require DOD to establish and maintain an electronic tracking system and database that contains data on Servicemember participation, survey answers, available resources, and counselor notes for the Department of Labor (DOL), VA, commanders, and other TAP partners. Section 5 would require the gathering of information and survey responses regarding TAP participation at various stages by various agencies and would require the information be made available electronically to VA, among other TAP partners.

Section 11 of the draft bill also calls for the identification of opportunities where VA can provide training to members which will lead to employment in critically understaffed positions in VA, using the DOD SkillBridge programs. With regards to identifying opportunities for job training and employment with VA in SkillBridge programs, VA and DOD have a shared goal to enhance services and employment opportunities at VA for transitioning Servicemembers through SkillBridge programs. Since 2014, VA has offered opportunities for transitioning Servicemembers to complete a national-level training program that leads to an opportunity for an interview and potential job as a benefits claims examiner. More recently, VA launched the Military Transition and Training Advancement Course (MTTAC) which trains Servicemembers to become medical support assistants. Furthermore, VA and DOD are working to develop an overarching agreement that will expand these types of opportunities to additional VA job fields.

In sections 5, 12, and 13, the bill would require several different Servicemember studies and other evaluations of the effectiveness of transition-related training. It would require Servicemember surveys in order to assess the Servicemembers' and their spouses' experiences of the assistance provided through TAP. It also would require the evaluation of transition training and counseling relating to post-secondary education and use of educational assistance. Last, it would require VA, in consultation with interagency partners, to conduct a 5-year longitudinal study on three separate cohorts of Servicemembers who have separated from the Armed Forces.

VA has already begun development of a post-transitional longitudinal program, which will survey Veterans over time to gain detailed information about their outcomes and their evaluations of how TAP helped them prepare for their transitions to civilian life. The assessment instrument was submitted to the Office of Management and Budget (OMB) for review in February 2018, and the *Federal Register* notice has been published. To conduct full execution of this study, VA will require additional funding.

With regards to Servicemember surveys, VA receives feedback from participating Servicemembers and dependents through the Transition GPS Participant Assessment, which is a web-based instrument designed to measure and improve customer satisfaction with the curriculum and TAP overall. Using this transitioning Servicemember feedback, VA conducts a deep dive every other year to look for ways to improve the instructional delivery and design of its curriculum. In addition, we conduct a technical review every year to ensure all content is up to date.

Section 14 would require the establishment of a board within the Veterans Benefits Administration (VBA) to exchange information and develop partnerships to support the prevention of suicides, substance abuse, and homelessness among Veterans. This board would include representatives from VBA, VHA, DOL, the Department of Homeland Security (DHS), and DOD. The existing VA/DOD Joint Executive Committee established during the 108th Congress and the TAP interagency Executive Council have significantly enhanced interagency exchange of information and partnership development to support the prevention of suicides, substance abuse, and homelessness. Furthermore, the Federal Government is improving collaboration on suicide prevention as a result of Executive Order (EO) 13822. These existing governance bodies provide a valuable forum for information sharing and collaboration on addressing mental health and at-risk populations. VA agrees that there is a clear need to improve coordination between the administrations and offices within VA, as well as among other agencies, regarding suicide, drug overdose, and alcohol-related mortality prevention efforts. As we recently released in the National Strategy for Preventing Veteran Suicide, data and surveillance form the foundation of a public health approach to ending Veteran suicide. Coordination within VA has already begun under our annual Veteran suicide data reports but there is more to be done. While VA supports the intent of this section, VA is concerned that the language prescribes that this board reside in an office which no longer exists in the VBA organizational structure, rather than affording VA the ability to determine which VA office should lead this board, should it be established. In addition, VA notes that the proposed board would have no experts on substance use disorders.

Finally, section 15 would require VA, within 90 days of the enactment of this Act, to submit to Congress a report on current and future studies supported by VA's Office of Research and Development (ORD) and others relating to economic risk factors affecting suicide prevention and a report on how the Department's REACHVET program is incorporating or will incorporate economic risk factors in its algorithm for suicide prevention.

VA does not support this section, as we can already provide this information, or will provide this information upon its completion, at the Committee's request without legislation. Assessment of the effect of economic-related variables on risk for suicide is already part of the strategic plan within ORD that focuses on the transition

period from active military status to Veteran status. Epidemiological data analyses indicate that the transition period is a high risk period for suicide and related behaviors. The ORD strategic plan for suicide prevention aligns with EO 13822, which requires VA, DOD, and DHS to provide seamless access to mental health care and suicide prevention resources for transitioning Servicemembers. The EO specifically emphasizes access to services during the critical first year period following discharge, separation, or retirement from military service.

In order to more closely examine the economic factors affecting suicide, ORD will leverage the existing data coordinating center at the Canandaigua VA Suicide Prevention Center of Excellence to identify, extract, and analyze data critical for a comprehensive suicide prevention program. ORD has identified funds (beginning in FY 2019) to support the Canandaigua data coordinating center in this added effort. It is expected the work will be conducted in collaboration with various units across VA as well as with external agencies such as DOD and the National Institutes of Health.

S. ___—VA HIRING ENHANCEMENT ACT

Section 2 of this legislation proposes to exempt VA physician hiring from the applicability of private sector covenants not to compete by adding new language to Subchapter 1 of Chapter 74 of Title 38 U.S.C. The applicability of covenants not to compete or non-compete clauses to Federal hiring has been a recurrent problem around the country, especially for physician hiring. In short, the proposed 38 U.S.C. § 7413 states that any covenant not to compete with a non-departmental entity, facility or individual shall have no force or effect as it relates to an appointment to a physician position within VHA. It requires the appointee to provide clinical services at a VA medical facility for the duration of the covenant not to compete or for one year, whichever is longer. This service requirement may be waived by the Secretary. If the physician's appointment is terminated for any reason before the termination date of the covenant not to compete, then the proposed 38 U.S.C. § 7413 would no longer be applicable to the covenant not to compete.

VA supports section 2 of this proposed legislation as written, as it solves a problem known to medical facility Chiefs of Staff across the country and clarifies that VHA hiring is not subject to private sector covenants not to compete. This legislation should make it easier to hire physicians with these contractual obligations. It should be noted that exempting VA physician hiring from covenants not to compete entered into with non-Departmental facilities, entities and individuals should not result in additional costs to the Federal Government or VA.

While VA supports the intent of section 3, we do not support this provision as written. VA supports raising the qualification standard for physician hiring to completion of a full specialty residency program. This is the community standard and elevates VA standards to typical norms. VA changed the physician qualification standard over a year ago, and this section brings the statutory language in line with the current qualification standard. However, the inclusion of language regarding contingent appointments is unnecessary and confusing. VA already has the authority to extend job offers well before graduation from residency. Applicants must always meet the qualification standard prior to appointment. In addition, depending on state law, some residents may not gain the ability to be licensed immediately upon graduation from the residency program, as appears to be contemplated by section (3)(C)(ii).

VA anticipates that this bill would result in no additional costs.

H.R. 5418—VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT

H.R. 5418 would require multiple regional prime vendors to carry out the Medical Surgical Prime Vendor (MSPV) Program and successors. It would require each employee that conducts formulary analysis or makes decisions on formulary management have medical expertise relevant to the items being considered. The proposed legislation would also require a quarterly report to Congress of the names and medical expertise of employees who are participating in formulary management.

VA agrees that there is a need for a clinically driven sourcing capability. The proposed legislation limits consideration of the full spectrum of MSPV delivery solutions available to efficiently provide medical products to VA healthcare facilities. The requirement to provide quarterly reports on clinicians who participate in formulary management is excessively burdensome.

Further, MSPV costs are affected by many variables including: contract language; vendor geographic presence; mix of items purchased; etc. These variables change in relation to one another and in relation to how many vendors VHA uses. VA believes the MSPV legislation will likely increase medical commodity identification and pro-

curement costs. Further, Congress has already provided tools for evaluating options for changing the number of vendors in subsequent acquisitions. Statutes on contract bundling and consolidation provide criteria for evaluating potential cost savings or other acquisition benefits to determine if such actions are necessary and justified. Thus, VA does not support this proposed legislation as written.

VA is unable to provide a cost estimate at this time. MSPV costs are affected by many variables including: contract language; vendor geographic presence; mix of items purchased; etc. These variables change in relation to one another and in relation to how many vendors VA uses. VA believes the bill would likely increase medical commodity identification and procurement costs.

S. 1596—BRAVE ACT OF 2017

S. 1596 would increase the basic non-service-connected monetary burial benefit allowance and tie monetary burial benefit allowances to the current rate of inflation according to the Consumer Price Index (CPI). Under current law, VA may only pay a sum not exceeding $300 under section 2302 of title 38 U.S.C. for basic burial allowance. This bill would increase the basic burial allowance payment to $749 and increase it by the CPI on an annual basis. The bill would also increase the service-connected burial benefit under section 2307, title 38 U.S.C. based on the CPI.

As a technical matter, VA notes that the burial allowance under section 2303 is currently $762, after the CPI adjustment. The $749 amount in this bill may be derived from FY17's CPI calculation. However, the legislation would apply to deaths that occur one year after the bill's enactment. Therefore, we suggest changing the starting amount from $749 to $762 in order to achieve parity between the burial benefits in sections 2302 and 2303.

VA supports S. 1596 provided Congress finds corresponding funding offsets. The last increase in the non-service-connected burial allowance under section 2302 occurred October 1, 1978, through the enactment of Public Law 95–479, increasing the allowance from $250 to $300. The last increase in the service-connected burial allowance under § 2307 occurred December 27, 2001 through the enactment of Public Law 107–103, increasing the allowance from $1,500 to $2,000.

In 2007, and 2008, VA's Office of Policy and Planning (OPP) conducted a study to determine whether the burial program was achieving expected outcomes and to determine the program's impact on Veterans and families. OPP found that funeral costs had increased at a greater pace than the cost of other services since 1990. OPP noted that in 1973, the service-connected burial allowance covered 72 percent of a Veteran's funeral and burial expenses, and the non-service-connected allowance covered only 22 percent of a Veteran's funeral and burial expenses. According to OPP, by 2007, the value of these benefits had decreased significantly; the service-connected burial allowance reimbursed only 23 percent of the cost of a Veteran's burial, and the non-service-connected burial allowance reimbursed only four percent of the cost of a Veteran's burial. The National Funeral Directors Association (NFDA) reports on its Web site, www.nfda.org, that the median cost of a funeral and burial was $7,045 in 2012. The reported cost did not include the cost of a vault or cemetery plot or other miscellaneous cash advance charges, such as charges for flowers or obituaries. Further, NFDA reports that the median cost for an adult burial and funeral in the United States had increased from $708 in 1960, to $7,045 in 2012.

The proposal will allow VA to offer a more valuable reimbursement for the costs of a Veteran's funeral during a very difficult and vulnerable period of transition for the survivor. Additionally, the proposal will tie the burial allowances to the current rate of inflation consistent with burial benefits under section 2303.

Benefit costs are estimated to be: no budget impact in 2019, $75.8 million over five years, and $259.2 million over ten years. This estimate is based on the rate of $749 for basic burial allowance in the bill. The cost would increase slightly if the rate is corrected to match the rate for burial benefits under section 2303.

S. 2881—MARE ISLAND NAVAL CEMETERY TRANSFER ACT

S. 2881 would require VA to seek an agreement with the city of Vallejo, California, under which the city would transfer all right, title, and interest in Mare Island Naval Cemetery to the control of VA, at no cost to VA. If the cemetery is transferred, VA would be required to maintain the cemetery as a national shrine.

VA does not support S. 2881, because the transfer of the Mare Island Naval Cemetery to VA could disrupt efforts currently underway to address the condition of the cemetery, and because acquisition of the cemetery by VA does not align with VA's current strategic objectives with respect to providing burial access to Veterans and their families. Finally, VA does not support S. 2881 because it sets an unwanted

precedent regarding Veteran cemeteries in disrepair managed by localities, allowing them to eschew their responsibility to our Nation's heroes.

In 2017, concerned citizens began an effort to persuade VA to "take back" the Mare Island cemetery to address the deteriorating condition of the property. However, Mare Island cemetery has never been under the jurisdiction of VA. Mare Island was a Naval Base and a Navy shipyard that was closed in 1996; the on-base cemetery was closed to new interments sometime prior to that. When the base closed in 1996, the physical land and facilities, including the cemetery, were transferred to the city of Vallejo, at its request, which agreed to maintain the cemetery and has been solely responsible for its maintenance since that time. Despite the subsequent sale of some of the transferred land by the city of Vallejo, no funds were set aside to ensure the upkeep of the cemetery.

VA is very concerned with the conditions observed at the Mare Island Cemetery and has been aiding the city of Vallejo to find ways to address the repairs needed. VA's National Cemetery Administration (NCA) has provided expert advice to the city in developing its application for support from DOD's Innovative Readiness Training (IRT) program. IRT establishes partnerships between DOD and U.S. communities that provide training for Servicemembers while addressing public and civic needs. DOD assessed Mare Island Naval Cemetery as a potential IRT project in May 2018 and has reported that a decision is pending evaluation of legal and historical considerations, as well as Federal and state environmental review requirements. DOD has indicated that the city's application for IRT assistance would not transfer to VA should ownership be transferred from the city of Vallejo to VA. Costs of repairs and upkeep for the cemetery would become a VA responsibility, one for which VA has received no appropriation.

In addition to disrupting the current efforts to address the condition of Mare Island Naval Cemetery, transfer of the cemetery to VA does not align with VA's strategic objective to provide reasonable access to a burial option to 95 percent of eligible veterans and their families. Because this cemetery is closed to new interments, it does not offer new burial options for Veterans, and the transfer of the cemetery to VA would divert resources that should be used to provide additional burial options elsewhere. The service area within which Mare Island is located is already covered by other open VA national cemeteries. For instance, NCA currently operates the Sacramento Valley National Cemetery in Dixon, California, to serve Veterans and families members in the northern Bay Area. NCA also is seeking to improve burial access in this area with development of a columbaria-only urban cemetery (currently in design) at the new Alameda Point National Cemetery, which will provide enhanced access to burial benefits for approximately 420,478 Veterans, spouses and other eligible dependents.

Finally, transfer of Mare Island Naval Cemetery to VA would establish an unwanted precedent with respect to Veterans cemeteries or sections of cemeteries not managed by VA, a state or tribal government that may fall into disrepair. VA could be asked to assume operational responsibility for gravesites in some of these locations and does not have the resources to address these requirements.

VA cannot accurately assess the costs associated with S. 2881, because we have not performed our own assessment of the extent of repairs necessary to remediate the deterioration of the cemetery. In particular, we do not know the extent of structural problems that may not be visible from the surface, nor the cost of addressing those problems.

Issues noted on visual observation include headstones that are misaligned and lacking proper maintenance, some of which may need to be replaced; restoration or replacement of perimeter fencing, foundation wall, and flagpole; turf restoration; and replacement of the irrigation system and water source. Based on a subject matter expert comparison of prior cemetery projects of similar size and potential scope, we estimate the cost of these discernable repairs to have a rough order of magnitude between $1.5 million and $3.2 million.

VA is aware of media reports that raised the possibility of sub-surface issues with the property, but we are unable to verify these reports without a complete survey and assessment of the cemetery. If those reports are validated, the estimated costs to restore the cemetery in compliance with S. 2811 could be $15 million or more.

S. 1952—VA FINANCIAL ACCOUNTABILITY ACT OF 2017

Section 2 expresses the sense of Congress regarding VA's budgeting process. We defer to Congress in expressing its sense.

Section 3 would require, not later than 90 days from the date of the enactment of this Act, VA to enter into a contract with an independent third party to, within 180 days, review and audit VA's financial processes, including reporting structures,

and actuarial and estimation models, and develop recommendations for improving such structures. Within 60 days of the completion of this review, VA would have to submit a plan to Congress to implement the recommendations developed by the third party. VA would have to appoint one individual within the Office of the Secretary of Veterans Affairs to be responsible for monitoring the status and progress of implementation of recommendations submitted to the Secretary by third parties, including those submitted pursuant to the contract described above, and all such other recommendations as may be submitted to VA by the Comptroller General, the Special Counsel, and the VA Office of Inspector General. Subsection (c) would require VA to, not later than 45 days before the date on which a budgetary issue would start affecting a program or service, submit a justification for any supplemental appropriation request it submits to Congress, including a plan for how VA intends to use the requested appropriation, how long the requested appropriation is expected to meet the needs of VA, and certification that the request was made using an updated and sound actuarial analysis. Subsection (d) would require starting in FY 2019 and in each FY thereafter, the VA Chief Financial Officer (CFO) to submit to Congress a statement of assurance that the financial projections included in the President's annual budget request or the supporting materials submitted along with such budget are sufficient to provide benefits and services under laws administered by VA; a certification of the CFO's responsibility for internal financial controls of the Department; and an attestation that the CFO has collaborated sufficiently with the financial officers of the facilities and components of VA to be confident in such financial projections.

VA concurs with the intent to make our Departmental resource requests more analytically based and transparent to Congress and other stakeholders. However, we do not support this bill as we find it to be duplicative of existing laws and policies within the Department. For example, subsections (a) and (b) are duplicative of current processes. VA's budget and financial processes are already the subject of frequent external audits and reviews. In particular, the Enrollee Health Care Projection Model (EHCPM) has been reviewed extensively by stakeholders, including OMB, VA leadership, Congressional staff, the Congressional Budget Office, , and the Government Accountability Office (GAO). GAO published a review of the EHCPM in 2011, "VA Uses a Projection Model to Develop Most of Its Health Care Budget Estimate to Inform the President's Budget Request" (GAO–11–205) and is currently reviewing the EHCPM as part their review of the VA Community Care Budget (102732). The RAND Corporation has also conducted an external review of the EHCPM The Department always takes the findings and recommendations of external audit bodies, including GAO and the VA Inspector General, seriously. Our progress in addressing these recommendations is described annually in our Congressional Budget Justification books, and we regularly monitor progress throughout the year via internal reviews.

Similarly, subsection (c) is redundant, as it was enacted through section 141 of the VA MISSION Act of 2018. Moreover, as with all appropriations requests to Congress, VA already provides the most detailed justification possible to explain the need for resources and the consequences should they fail to be provided. While we try to anticipate funding needs well in advance of their becoming urgent, some funding needs are true emergencies, and we are concerned that the rigidity of the 45-day advance timeline required will constrain both Congress and VA in ensuring Veterans' needs are adequately met in the face of unexpected funding crises.

Finally, subsection (d) is duplicative of laws and administration policies governing the Budget request and annual audit process, including the Congressional Budget Act and the Chief Financial Officers Act of 1990.

S. 1990—DEPENDENCY AND INDEMNITY COMPENSATION IMPROVEMENT ACT OF 2017

S. 1990 would change the formula for calculating Dependency and Indemnity Compensation (DIC) payments, which would increase the payment amounts. The bill would also lessen the number of years a Veteran must be rated totally disabled prior to death for a surviving spouse to be entitled to DIC and it would entitle a surviving spouse to all benefits under Chapter 13 when the surviving spouse remarries after the age of 55.

VA supports the bill. Increasing the amount of DIC benefit payments will help survivors continue to live a sustainable life. Lowering the remarriage age to 55 creates parity with certain DOD survivor benefits.

VA is developing a cost estimate, but no estimate is available at this time. Although the bill would not require additional employee resources, there would be additional mandatory costs and associated required PAYGO savings, as well as information technology development costs.

S. 2485, MEDAL OF HONOR SURVIVING SPOUSES RECOGNITION ACT OF 2018

S. 2485 would codify the current rate of $1,329.58 for the Medal of Honor special pension paid to eligible Veterans. The bill would also establish entitlement for surviving spouses of Medal of Honor (MOH) recipients to this special pension at the same rate. To be eligible, the surviving spouse must have been married to the Veteran for one year or more prior to the Veteran's death or for any period of time if a child was born of the marriage, or was born to them before the marriage.

VA supports this bill provided Congress finds corresponding funding offsets. Paying special pension to surviving spouses would provide assistance to dependents of our most courageous Servicemembers and Veterans.

Additionally, setting specific parameters concerning receipt of only one special pension, regardless if a surviving spouse has been married to more than one Veteran who was in receipt of a MOH, remarriage, and age is in-line with the other survivor benefits VA administers. Benefit costs are estimated to be $1.7 million in 2019, $9.0 million over five years, and $19.1 million over ten years.

S. 2748—BATTLE FOR SERVICEMEMBERS ACT

S. 2748 would make participation in the Transition Assistance Program (TAP) to prepare for higher education, technical training, or entrepreneurship mandatory for Servicemembers unless a waiver is granted.

VA defers to DOD and DHS, as those Departments would have responsibility to implement the bill. VA fully collaborates with our interagency partners to address the complex challenges faced by our transitioning Servicemembers and Veterans. VA notes that a complicating factor in rapid identification of risk—or lack thereof for groups—is that often the signs and symptoms that stem from the challenges experienced during transition do not appear or begin until well after transition from military service. This delayed onset presents further challenges, as there are times when the Departments do not have regular contact with the transitioning Servicemember/Veteran.

VA anticipates no additional costs to VA resulting from this bill.

S. ___—TO REQUIRE THE SECRETARY OF VETERANS AFFAIRS TO ESTABLISH A PROGRAM TO AWARD GRANTS TO PERSONS TO PROVIDE AND COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR VETERANS TRANSITIONING FROM SERVICE IN THE ARMED FORCES WHO ARE AT RISK OF SUICIDE AND FOR THEIR FAMILIES, AND FOR OTHER PURPOSES.

The draft bill would require VA, not later than 1 year after the date of the enactment of this Act, to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for eligible Veterans who are at risk of suicide and for their families. A Veteran would be eligible for services under this section if the Veteran is within the first 3 years of transitioning from a member of the Armed Forces to civilian status. Grant applicants would be required to submit an application that describes the suicide prevention services to be provided; the identified need for these services; a detailed plan describing how the suicide prevention services would be delivered, including the community partners with whom the applicant proposes to work, the arrangements currently in place with such partners; and how long such arrangements have been in place. Additional information required is a description of the types of Veterans at risk for suicide and the families of such Veterans to be provided such services; an estimate of the number of Veterans at risk for suicide and the families of such Veterans proposed to be provided such services and the basis for the estimate; evidence of the experience of the person and proposed partners in providing suicide prevention services to individuals at risk for suicide, and particularly to Veterans at risk for suicide and the families of such Veterans; and a description of the managerial capacity of the applicant in several different areas.

VA would be required to give priority in awarding grants to applicants who: have been providing or coordinating the provision of suicide prevention services for Veterans at risk of suicide and the families of such Veterans; have demonstrated the ability to provide or coordinate such services to such persons; have demonstrated the ability to provide opportunities for social connectedness for Veterans; and have demonstrated how they measure the effectiveness of their program. VA would also have to give priority to applicants providing services in rural or tribal areas, or in areas that have experienced high rates of or a high burden of veteran suicide and where no health care is furnished by the Department. Grants awarded under this program would be used to provide or coordinate the provision of suicide prevention services for Veterans who are at risk of suicide and their families. The suicide pre-

vention services provided or coordinated would have to include the following: outreach to identify Veterans at risk of suicide, with an emphasis on Veterans who are at highest risk of not receiving health care or services from VA; screening risk assessment and referral to care; education of suicide risk and prevention to families and communities; case management services; peer support services; assistance in obtaining benefits from VA and other Federal, State, and local government entities; temporary assistance in transportation in the form of a voucher, when appropriate and applicable, to be used in accessing services; personal financial planning; legal services to assist with issues that interfere with obtaining or retaining housing or supportive services; and other services necessary for improving the resiliency of veterans at risk for suicide and their families.

VA could require grantees to submit to the Secretary reports describing the use of the grant amounts. Grantees would have to notify each person who receives services that the services are being paid for in whole or in part by VA. VA would have to establish evaluation criteria for grantees under this section, require each grantee to submit a report with information necessary to evaluate the grantee at least annually, and evaluate each grantee at least annually. In planning and preparing to carry out this program, VA would have to consult with Veterans Service Organizations and various national and local organizations. VA would be required to report to Congress within 1 year of starting the program on the program and on the grant recipients under the program.

VA strongly supports the concept of this legislation subject to Congress finding appropriate offsets. In June 2018, VA published a report on its findings from the most comprehensive analysis of Veteran suicide in our Nation's history, examining more than 55 million Veteran records from 1979 to 2015 from all 50 States and four territories. The report built on previous VA Suicide Data Reports. Key findings include that in 2015, on average, 20 Veterans died by suicide each day. Six of the 20 were users of VHA services, while 14 Veterans had not used any VHA care in the calendar year of or prior to their death. While VA has a number of programs devoted to reducing Veteran suicide, and we continue to develop and enhance these programs and efforts, they are designed to reduce risk of suicide in the population of Veterans who are under VA care. Therefore, we believe this legislation could provide a critical tool for coordinating with other entities in the community to reach this population of Veterans who do not rely on VA for care. VA's efforts to reduce the incidence of suicide ideation, behavior (and suicide completions) among all Veterans could be complemented by partnering with community-based providers who are able to replicate VA's suicide prevention programs in the community and to connect with Veterans that are currently beyond VA's reach. VA considers effective partnering with eligible grantees key to being able to reduce the number of Veterans dying by suicide.

We would appreciate the opportunity to work with the Committee to explore some technical alternatives or modifying language that may improve this proposal. For example, we have concerns about the narrow scope of eligibility for Veterans, as the bill would exclude Veterans who separated from the Armed Forces more than 3 years before; this would include the population of Vietnam Veterans who have some of the highest rates of suicide. We also recommend including members of the Armed Forces (including members of the Reserve Forces and the National Guard) up to a year prior to their separation. This would better inform them of VA services and help facilitate needed wraparound services for this high-risk population as they transition. It would also facilitate a warm handoff to VA upon their separation should the new Veteran be interested. Further, we recommend that the legislation authorize eligible entities, rather than persons, to receive grants. We are also concerned about the timeline for implementation, as pursuant to 38 U.S.C. § 501, VA will need to publish regulations for this program prior to awarding grants. Finally, we note that additional resources would be needed to support a new grant program, including funding for grant awards and program administration.

S. ___—MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT

The proposed legislation would require VA to establish a pilot program that would provide patients with a physical device, the size of a credit card, which would be used by patients to support the review of their personal health information and the exchange of information with other healthcare providers they might see, both inside and outside of VA. VA would be required to conduct a full and open acquisition and award a contract within 120 days of the enactment of the Act. VA would need to conduct a pilot in at least one VISN for a one-year period.

VA agrees that patient-mediated health information exchange is a valuable strategy to support making health information available directly to patients and then

under their direction, making that same health information available to the providers across the health system they entrust with their care. However, VA does not support this bill as written.

Currently, VA has technologies that support interoperable patient health information exchange nationwide. VA's My Health*e*Vet Blue Button is piloting technology that allows Veteran patients to share their VA health records with their community care provider directly from their personal devices. VA's eHealth exchange technology is a rapidly growing network that connects VA with community health providers who can then securely share clinical information using a standardized approach.

As noted above, the proposed legislation would require VA to establish a pilot program that would evaluate a physical device, the size of a credit card, which would be used by patients to support the exchange of information. Providing physical devices to patients with their health information has not been a part of VA's strategy for supporting patient-mediated data exchange, and we do not believe that this approach would add significant value beyond current efforts. VA believes Veterans would prefer to minimize the number of physical devices or items they would need to manage. Given the near ubiquity of smart mobile devices owned and used by health care consumers, VA believes a strategy that focuses on improved health data availability and exchange on a mobile platform would be preferred.

VA believes that continued work on expanding query based exchange and on patient-mediated exchange via mobile and web applications supported by Federal Health Interoperability Resource Application Program Interfaces should remain top priorities at this time. Additionally, VA is preparing for the Department of Health and Human Services Trusted Exchange Framework direction that supports the ability for patients to access their health information electronically without any special effort. This direction supports a significant step toward achieving interoperability for the patient.

Finally, no additional funding will be provided to support any efforts that would be required, should this bill become law. This would adversely affect other higher-priority health interoperability programs.

S. 514—NO HERO LEFT UNTREATED ACT

S. 514 would require VA, within 90 days of enactment, to begin a one-year pilot program in no more than two VA facilities by providing access to magnetic EEG/EKG-guided resonance therapy (Magnetic eResonance Therapy (MeRT)) to treat Veterans suffering from Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), military sexual trauma (MST), chronic pain, or opiate addiction. VA would provide access to MeRT to no more than 50 Veterans in carrying out this program. VA would have to submit a report to Congress on the program no later than 90 days after the completion of the program. The bill would not authorize additional amounts to be appropriated to carry out the requirements of this bill.

While preliminary experience with this technology is promising, a study by the Newport Brain Research Laboratory to establish the efficacy of MeRT in treating PTSD in veterans is still in progress. VA offers repetitive transcranial magnetic stimulation (rTMS), which is a treatment related to MeRT that has the Food and Drug Administration (FDA) approval for treatment-resistant depression, a common comorbid condition in PTSD, TBI, MST, and chronic pain and opioid addiction. There is no existing evidence that MeRT is superior to rTMS for treating any disorder. To date, no medical device using MeRT technology has been cleared or approved by the FDA for the uses described in the legislation. While VA research continuously examines new treatment methods and modalities, independently collected evidence of the safety and efficacy of this technology has yet to be obtained. The additional pilot data that would be obtained under the proposed legislation would not address the critical issues of determining MeRT's efficacy against a placebo or against rTMS. For these reasons, VA does not support the legislation. VA estimates the bill will have a one-time $1.83 million cost to implement.

This concludes my testimony. We appreciate the opportunity to present our views on these bills and look forward to answering any questions the Committee may have.

ADDITIONAL VIEWS PROVIDED BY HON. ROBERT L. WILKIE, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

THE SECRETARY OF VETERANS AFFAIRS,
Washington, September 6, 2018.

Hon. JOHNNY ISAKSON,
Chairman,
Committee on Veterans' Affairs,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: By this letter, the Department of Veterans Affairs (VA) is providing deliverables from the Committee's legislative hearing on August 1, 2018, and reiterating our opposing views on House Resolution (H.R.) 299.

We know it is incredibly difficult to hear from Blue Water Veterans who are ailing and ill, and we have great empathy and compassion for these Veterans and their families. However, we urge the Committee to consider the scientific evidence, impact on other veterans, and costs associated with this legislation:

- *Science Does Not Support the Presumption that Blue Water Navy Veterans Were Exposed to Agent Orange.*

  In 2011, the Institute of Medicine (IOM), now the National Academy of Medicine, reviewed all available scientific evidence and concluded that exposure among Blue Water Navy Veterans "cannot reasonably be determined." The IOM's report indicated that Agent Orange was destroyed by sunlight within hours of application and any that survived would rarely make it out to the South China Sea because of the major dilution factor.

  Media and several Veterans Service Organizations supporting the legislation have relied on an Australian study from 2002 that was designed to mimic Royal Australian Navy distillation policies and procedures; however, this study is irrelevant to U.S. Navy policy and practice. U.S. Navy ships were required to draw up seawater for conversion to shipboard potable water at least 12 miles offshore from any river, a distance at sea where the presence of Agent Orange was highly unlikely. As points of reference, 12 cubic miles of water is equal to 13.2 trillion gallons, and 1 trillion gallons of water flow over Niagara Falls in a single month. Thus, the dilution factor would have been significant. IOM considered the Australian study in its 2011 review and stated the significance of the study's findings was highly uncertain for U.S. Blue Water Navy ships.

  VA continues to study the science behind this issue. In late 2019, VA will publish the peer-reviewed Vietnam Era Health Retrospective Observational Study. The study will compare the health and morbidity of deployed Vietnam Veterans versus a cohort of non-deployed Veterans and similarly-aged U.S. residents who never served in the military. VA collected data from nearly 43,000 participants including nearly 1,000 Blue Water Navy Veterans. VA recommends waiting on the findings of the study instead of establishing a new presumption without a scientific basis.

- *Disabled Veterans Would Be Negatively and Disproportionately Impacted by Modified Funding Fees for VA-Guaranteed Home Loans.*

  Under this legislation, the funding fee would be a new requirement for Veterans with service-connected disabilities rated as less than total. This would be a departure from the longstanding requirement that Veterans in receipt of VA disability compensation are always exempt from the VA funding fee.

  Currently, Veterans with a disability rating of less than "permanent and total" pay $0 in VA funding fees, regardless of loan amount. However, lenders generally require a down payment for loans exceeding the conforming loan limit; that down payment creates home equity for the Veteran.

  Under H.R. 299, such Veterans might not need a down payment, but they would be required to pay a funding fee. The fee is non-refundable, and if rolled into the life of the loan, it is paid with interest. For example, on a $500,000 non-conforming purchase loan, a disabled Veteran could be required to pay $12,000 to VA in funding fees (plus interest if rolled into the life of the loan) rather than applying $11,725 as a down payment which results in home equity.

- *Savings from Funding Fees Would Not Be Enough To Cover Blue Water Costs.*

  VA estimates we will need $5.5 billion to support the net costs of the bill, $5.4 billion more than the approximate $100 million that the Congressional Budget Office (CBO) estimates for the bill. CBO significantly underestimated the number of Veterans and survivors who would be newly eligible for Blue Water bene-

fits. VA's estimate is based on the actual number of Vietnam-era Navy Veterans denied the presumption for Agent Orange on the basis of never setting foot on the landmass of the Republic of Vietnam or its inland waters. VA records show nearly 30,000 of these Veterans were previously denied, but CBO estimates only 4,730 of these Veterans were previously denied. Similarly, CBO anticipates only 120 survivors receiving benefits over 10 years, while VA estimates 2,817 survivors would receive benefits in the first year alone. In addition, CBO did not account for any expenses to implement this section of the bill. The Veterans Benefits Administration (VBA) estimates 803 employees would need to be hired in the first year, and funding would be required for salaries and related expenses such as training and information technology equipment. VA is unaware of any plans for CBO to revise its estimate.

- *Impact on Claims Backlog.*

  Another impact we need to raise is in regard to the recent ongoing efforts to reduce the appeals and claims processing backlogs. The accomplishments we have made with congressional assistance will be stymied due to the fact that we will have to research and evaluate what could total over 30,000 potential claims. VBA's current resources are not adequate to begin this workload. Therefore, these efforts would not only be impacted through hiring of additional full-time equivalents and costs but also in adding time to the 125 days to process a claim due to the verification and study that would need to go into the processing of that claim.

- *Setting a New Precedent by Creating a Presumption without Adequate Scientific Evidence.*

  The changes proposed in this legislation will have a greater effect beyond what we believe Congress intends. The creation of a new statutory presumption that is not adequately supported by scientific evidence will encourage increased pressure on both Congress and VA to create and expand additional presumptions under a similarly liberal approach. This would present a choice between taking a similarly unprincipled approach to other circumstances where a presumption is sought, but not supported by science, or treating different groups of Veterans disparately without any reasoned basis for doing so. If we do not allow standards in these cases, there is a greater chance that such policies will spread to other agencies in the Federal Government.

- *Unintended Consequences on Disabled Veterans.*

  To offset costs for non-housing related programs, a disabled Veteran would be required to pay VA a new loan fee of up to 2.4 percent of the purchase price of a home instead of applying a similar down payment amount toward the purchase price. In short, certain disabled Veterans would bear the cost of providing other benefits by paying a new loan fee, which creates no home equity, instead of contributing funds toward home equity. This would impose a steep price for many and a cost that others may be unable to take on. We do not believe that these unintended consequences have been fully considered by Congress, and they should be completely understood before this legislation is passed.

As for the deliverables requested during the hearing, VA was asked to provide for the record:

- *An Estimate of the Additional Funds Generated by the Fee Increases Proposed in H.R. 299.*

  VA estimates savings associated with modified funding fees proposed in section 6 of H.R. 299 would be $140 million in 2019, $732 million over 5 years, and $1.2 billion over 10 years.

- *The Number of VA Home Loans Provided in 1 Year Based on the Most Recent Data Available.*

  In 2017, 685,735 home loans were guaranteed by VA.

- *The Number of Those Loans that Included a Funding Fee.*

  In 2017, 285,282 home loans, or 42 percent of all VA-guaranteed home loans, included a funding fee.

We appreciate this opportunity to comment on H.R. 299 and look forward to working with you and the other Committee members on this legislation.

Sincerely,

ROBERT L. WILKIE,
Secretary.

Chairman ISAKSON. I will open with questions, and the order of questioning, by the way, is going to be all the Members that are here; we are going to call on everybody in order of arrival.

Let me just start with myself on the Blue Water Navy. You made a statement just a second ago that the Australian study is flawed?

Mr. LAWRENCE. That is correct.

Chairman ISAKSON. What is the principal flaw in that?

Mr. LAWRENCE. Let me draw on Dr. Erickson. He is the medical——

Chairman ISAKSON. Dr. Erickson.

Dr. ERICKSON. Chairman Isakson, thank you for the question. The Australian study—in fact, I even brought a copy of that in case we need to refer to it. It is a good study insofar as it purports to go after certain answers. In particular, this was commissioned by the Australian Government. The lead author was a fellow named Muller. It involved wanting to replicate or copy the distillation process that we used in Australian ships.

Part of the problem here is that the Australian format for drawing water into the distillation system allowed them to draw water close to shore, quite frankly. So, in fact, this experiment—it was a laboratory experiment. Think about high school chemistry and the distillation apparatus. They wanted to replicate an existing amount of sea water with dioxin that they would approximate what was near shore.

The problem is you cannot go from that experiment to then make a conclusion about U.S. naval personnel. And, in fact, the Institute of Medicine in their report, which Dr. Lawrence referred to this conclusion—there was not enough information to determine whether Blue Water Navy personnel were exposed or not.

The Committee that wrote this report had the Australian study available to them and had an opportunity to really go through this. This was not enough information for that committee to conclude that U.S. Navy personnel had been exposed.

Chairman ISAKSON. OK. Is anyone here familiar with the VA loan program and the funding fee?

Mr. LAWRENCE. Yes. I am.

Chairman ISAKSON. It has been a while since I was in the business, but if I heard Senator Gillibrand correctly, what she wanted to do was raise the funding fee from 2.25 to 2.4 percent. Is that correct?

Mr. LAWRENCE. That is correct.

Chairman ISAKSON. That is 1½ percent of the loan amount, correct? An increase?

Mr. LAWRENCE. Yeah, that is correct. It is $250 on every $100,000 of loan.

Chairman ISAKSON. OK. Is that enough money based on the number of VA loans that are closed in any 1 year to actually fund the difference if it were to pass?

Mr. LAWRENCE. Not in our opinion, no.

Chairman ISAKSON. I would offer for everybody's benefit, I did real estate sales my entire life and did a lot of VA loans and FHA loans and things of that nature. You can make those numbers look like a lot of things, but that is not a lot of money, 1¼ increase. It is a variable, too, because it depends on the number of loans that

are actually closed and it is paid on. If you could get me your calculation, the best calculation as to what that yield would be in any 1 year, I would appreciate it, Dr. Lawrence.

Mr. LAWRENCE. Will do. We will provide that. Thank you.

[The information requested is included in VA's Additional Views letter dated September 6, 2018.]

Chairman ISAKSON. I would like a copy of the Blue Water Navy report, Dr. Erickson. I would like a copy of that report. Not that I have the scientific acumen to understand it, but I can learn to ask enough questions about it, because we are going to make sure we do not leave any stone unturned in getting the information out that is necessary to make an educated decision. Our veterans deserve no less than that.

Senator Sanders?

HON. BERNIE SANDERS, U.S. SENATOR FROM VERMONT

Senator SANDERS. Thank you, Mr. Chairman, and thanks for holding this hearing. Let me thank the representatives of the VA for being here.

I was not happy to hear that the VA is in opposition to legislation that we have introduced which does something that I think most Americans understand to be correct, and that is to understand that when we talk about health care, we must talk about dental care. Dental care is health care. Today, with the exception of service-connected oral problems, the VA does not provide dental care to veterans in this country. What that means is that in Vermont and I think in every State in this Nation, you have veterans who have teeth rotting in their mouths, who have infections, who are in desperate need of dental care, but are not able to afford to get that dental care and are not getting it at the VA.

What ends up happening is, I think the panel will acknowledge, that a poor dental situation causes other health care problems. Many veterans, especially those exposed to Agent Orange, suffer from diabetes. Diabetes has a relationship to your teeth. So, the idea that we are compensating people appropriately for exposure to Agent Orange and the diabetes it causes, but not dealing with dental care does not make any sense to me at all.

I think, Mr. Chairman, the time is long overdue for the VA to acknowledge what most Americans acknowledge: dental care is health care. Too many of our veterans are not getting the dental care they need.

So, what our legislation is is a modest pilot program—and I am prepared to discuss with you and others about how we can modify it. Let us see how it works. Let us see if the need is out there. I think it is. I hear from Vermonters all of the time that it is a need. I heard from people around the country. Our legislation is supported by the VFW, and I thank them for that; The American Legion; the Fleet Reserve Association; and the Vietnam Veterans of America; and we will hear from a representative from the Vietnam Veterans of America in a few minutes.

The bottom line is, Mr. Chairman, the time is long overdue for the VA to understand that dental care is health care, and it must be addressed for our veterans.

Thank you.

Chairman ISAKSON. Thank you, Senator Sanders.

Senator Boozman?

HON. JOHN BOOZMAN, U.S. SENATOR FROM ARKANSAS

Senator BOOZMAN. Thank you, Mr. Chairman. Thank you so much for holding this important hearing that really covers a lot of different items.

We appreciate you all being here, and we appreciate the second panel talking to us about the pros and cons, as you see it.

First of all, I would like to start by saying how glad I am to see the Blue Water Navy legislation move forward in the Senate. This is an important piece of legislation that will allow many deserving veterans to receive the care and benefits that they have long earned and sought.

I am also very pleased to see that the House-passed version of the Blue Water Navy bill includes a provision from my Thailand toxic exposure legislation. The provision authorizes the Secretary to provide any child of a veteran of covered service in Thailand who is affected by spina bifida the same health care, monetary allowance, and vocational training and rehab required for the children of Vietnam veterans similarly impacted by spina bifida.

We have a situation where people in Thailand who served, we have recognized were affected, yet they are the only ones left out in regard to the children with spina bifida that we know is directly related to the other.

Is there a reason that—I mean, are you all for or against that provision? Is there any reason, scientifically or not, not to include them with every other besides the cost?

Dr. ERICKSON. Senator Boozman, thank you for the question. Part of the challenge as it relates to spina bifida is that the most recent ad hoc committee from the National Academy which reviewed this issue actually downgraded the evidence for there being an association of spina bifida in the children of Vietnam veterans. That does not mean that VA withdrew that benefit. However, at the present time, extending the benefit further is a little bit tricky because the foundation, the scientific foundation, per the National Academy of Medicine, has diminished remarkably.

Senator BOOZMAN. I guess the only argument I would make, a benefit for one, a benefit for another is not—it is not the way that we do things. So, we need to get that worked out.

In regard to the Blue Water bill—we would like to get the Thailand exposure bill done, and we are going to work really hard to do that. But, in regard to Blue Water, we really are pleased that this is moving forward. I want to commend Commander Wells for his dedicated work to seeing the bill through the lengthy but rewarding process that we are experiencing. I strongly believe that it is due to people giving continued service pushing this forward—Commander Wells, Mr. William Rhodes, an Arkansas veteran who served in Thailand—that the Committee is able to advocate for servicemembers and their families. It is my sincere hope that this momentum will continue as we continue to seek care for the needs of all of our Nation's veterans well into the future.

The other thing I would like to mention is a bill that we have, the VA Hiring Enhancement Act and just spend a second. That is

a bill from myself, Senator Heller, and Senator Tester. What we have tried to do, you know—we talk about all of these situations, whether it is extending Blue Water Navy, Thailand, and then all the problems we have at the VA, one of the major problems we have right now is we do not have enough providers in positions to fill. In talking to our provider community, in talking to the people that are running the hospitals, one of the things that they mention is that and a couple of other things.

First of all, in their residencies, the ability to offer them the opportunity like other providers do fairly early in their residency to come to work for the VA. That is not done now. I do not know if it is precluded, but it is not being done. This bill specifically says let us do that.

The other thing is the noncompete contracts, which I think many people feel like do not hold up anyway. Many people just go ahead and do that regardless. We have had, I think, mixed judicial things in regard to that. But, what we would like to do is based on the fact that if you are in private practice, you go to work for the VA, you are not pulling patients from the private practice to the VA. It is a different class of patients. So, we would like to get rid of that and make it such that the VA is exempt from that.

Do you have any comments about that very quickly?

Mr. LAWRENCE. Sure. Let me direct the question to my colleague Jessica Bonjorni.

Ms. BONJORNI. Thank you, sir, for the question. We are in support of the provision to remove noncompete agreements. We do not have data to suggest how often this is happening, but we do certainly have incidents where we have had difficulty bringing providers on board because of noncompete agreements in their local market, and we have to use work-arounds to try and get them on board or wait. We appreciate your support on that.

Senator BOOZMAN. Thank you very much.

How about the issue regarding the residencies and trying to offer a job earlier than we are now?

Ms. BONJORNI. We do have the ability to offer contingent appointments now. However, this legislation may help clarify that we have that ability now and make it more used in the community.

Senator BOOZMAN. Very good. Well, we will welcome you working with us on language, if you have concerns about specific things, and I do think little things like this really are big things in the sense we desperately need the providers that we can use in the VA system.

Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Boozman.

Senator Manchin?

HON. JOE MANCHIN III,
U.S. SENATOR FROM WEST VIRGINIA

Senator MANCHIN. Thank you, Mr. Chairman. I thank all of you for being here. Just a few things.

The Blue Water Navy, so that I understand, that is for anyone who served during the Vietnam era that basically was on a ship 10–12 miles out supporting a carrier base, right? Probably a carrier fleet.

Mr. LAWRENCE. That is correct.

Senator MANCHIN. OK. And, they were not coming in. They were not combat. You are saying—I mean not ground combat. I am——

Mr. LAWRENCE. Let me clarify. If your ship came in, in your example, and you parked at a port, you went on shore, and you make a claim, you would be covered by, as described earlier, the ground base presumptive, right? Senator Gillibrand talked about it. You were on the ground. So, in the example you are talking about, your ship has to stay out of——

Senator MANCHIN. So, I never could touch land in Vietnam?

Mr. LAWRENCE. Generally speaking, that is correct.

Senator MANCHIN. But, now there are people that say that basically their ships did come into port, and they are still not getting that type—I mean, they are being rejected because they were not in combat or not in a combat zone that would have been exposed. I am just trying to understand.

Mr. LAWRENCE. Sure.

Senator MANCHIN. We all want to take care of our veterans, OK? I cannot imagine even if a veteran was on a ship that never came in and started showing all these symptoms that are prevalent with Agent Orange, that that person would not be taken care of.

Mr. LAWRENCE. Certainly, and he should be. I am unfamiliar with the specifics you are referring to. But, we have logs during this period of time from the Department of Defense of where the ships traveled, where they moved. It is very detailed and it is voluminous. So, we are able to track the people you are describing. It does not say it does not happen, but, you know, you then have to have the diseases or the disabilities that are covered by the presumptives. So——

Senator MANCHIN. The presumptives are if you were exposed in any way, shape, or form, these are the things that could happen, and you all can detect that.

Mr. LAWRENCE. Correct. That is correct. So, ideally, the situation——

Senator MANCHIN. But, you should be able to detect that also even if they had not come to shore.

Mr. LAWRENCE. That is correct. Any veteran at any time can apply for a claim, and we adjudicate it the way I described.

Senator MANCHIN. It looks like that you all—I mean, here is the only thing I can tell you what I hear, is they are automatically rejected if they had not been to shore. They are automatically—it is not like saying it is unusual, it is rare, but you do have the symptoms of being exposed even though you were not on land.

Mr. LAWRENCE. The only thing I would quibble with, sir, is hopefully they are not automatically rejected, because we do each case on a case-by-case basis.

Senator MANCHIN. OK.

Mr. LAWRENCE. They are not automatically——

Senator MANCHIN. Tell me how, if I have my constituents—and West Virginia has a large military population, a large VA. How do I make sure they get proper evaluation and care, not just rejected because they had never been—this bill might not be needed if we were getting the care that a person showed the symptoms and they were taken care of under those conditions. I think that is what we

are running into, the real stumbling block, and the people that are so upset are thinking they are just—there is no chance at all that I will get any care because I did not—I was on that ship, I was on that fleet, I did not come to shore.

Mr. LAWRENCE. Sure. We have many, many claims made covering the way you are describing, and they are processed through our process with quality control. If you would like, I would be happy to talk to you about specifics to look in on them, but I will tell you, the process I am describing is what we use, and it is not automatic rejection the way you are describing. It does not say that there could not be things like that which you are describing happening, but that is not the intent——

Senator MANCHIN. Well, Doctor, that might not be the intention, and I respect that. The only thing I can tell you is you would not have a vote that you had so strong out of the House if the people believed that. You would not have that many people supporting it in the Senate if the constituents are saying, "Listen, we are just not being treated fair. We are not even given a chance." That is why it has come to this level.

So, whatever you have done, whether we have the bill or not, we have got to get our veterans the care they need.

Mr. LAWRENCE. Sure.

Senator MANCHIN. That is the problem we are running into. I assume this bill is going to pass, probably, if it comes out and goes to the floor. I do not know anybody that would be opposed, because we have all had constituents that have been rejected without a fair evaluation. That is about it in a nutshell.

I want you to know I am very much concerned about it. We should not be at this level. We should have taken care of our veterans.

I have a bill, Senate bill 1952, the Financial Accountability Act. I know you all are not crazy about it either.

Mr. LAWRENCE. Technically, sir, we do not support it.

Senator MANCHIN. I want to be as respectful as I can. On that, it seems like, you know, you all—veterans is the one group of people that keep us together in a bipartisan way. There is not another group that we all respond in the same way, no matter where you come from, because they have done so much and given us a chance to be here. Every time you all need money, it is an emergency. It is an emergency. We have run out of money. I do not know whether you have got somebody that cannot count, somebody that cannot keep track of it, or whatever the problem may be, Doctor. I am not trying to be facetious about this. But, this bill only asks for 45—I mean I can see a crisis coming. If the VA cannot see a crisis coming in 45 days to put us always in an emergency position, it is not fair for us, not any of us, not to be able to do our job to make sure.

We are very supportive of Mr. Wilkie coming in. We think he will do a good job. He is no-nonsense. I think he got bipartisan support. I think, from everything I am hearing, he has done a pretty good job trying to get things straightened out and moving in the right direction. But, I do not know why anyone would—you tell me what you are so offended by on holding you all accountable financially.

Mr. LAWRENCE. I am generally aware of the subject matter covered by your bill, and I believe it has to do with——

Senator MANCHIN. It is also Mr. McCain's bill.

Mr. LAWRENCE. Sorry.

Senator MANCHIN. It is also Mr. Tester's bill.

Mr. LAWRENCE. All the cosponsors. I am generally familiar with that. I believe it has to do with the duplication of yet another set of requirements for things that are already in place. I will offer to you and others to bring the subject matter experts to talk to you directly about their concerns.

Senator MANCHIN. Well, I am also for eliminating that, so if there is a duplication that we have that allows you all to declare an emergency within a week or two and not give us enough notice, we will do away with that one. What we believe is there should not be anyone that has not done their finances or done their due diligence telling us where you are going to run into a jam if something hits. That is, I think, what we are asking for.

I know I have used more than my time, Mr. Chairman, and I appreciate it. Sir, I just believe our Blue Water veterans who are in need of service, we should not even be here talking about this. I mean, I do not think that they are asking for that much. So, if we have to do the bill, we are going to do the bill. But, I wish that we could find another way forward.

Thank you, Mr. Chairman.

Chairman ISAKSON. If I could beg the Committee's indulgence, let me expand on Senator Manchin's question. I want to make sure I understood your answer.

When he asked you the question about exposure to Agent Orange of someone who had served in the Vietnam theater but was in the Navy and was 12 miles out, do I understand you to say that if they could demonstrate that they were on the ground during that service at any point in time, they could possibly be eligible for benefits, but if they were never on the ground, they could not be?

Mr. LAWRENCE. Sure, let me be precise. As you recall, the law that was referenced provides a presumptive for Agent Orange for folks on the ground.

Chairman ISAKSON. Right.

Mr. LAWRENCE. It was expanded then to what was referred to as "Brown Water." So, that is why if you are in the Blue Water and you are 12 miles offshore, you are not covered, hence the conversation we are having now. But, by tracking the ships and the flow, if your ship came in and parked on the land, now you were in the water that is covered by the presumptive, and you went ashore and you can document that you went ashore, and you now have the disabilities, the diseases that are covered by the presumptive, you would be covered by and be able to receive benefits.

In the example he was talking about, for someone to be 12 miles off and never be less than 12 miles off, you would not be covered. That is what Dr. Erickson was referring to about the pollutants being diluted.

Chairman ISAKSON. That is the answer I expected, which I wanted to hear again so that we are absolutely clear on that, because that answer evolved during the course of your exchange.

Senator MANCHIN. Mr. Chairman, if I may, just one other thing. That is the hardest thing we have to understand. If you are exposed, you are exposed. We do not care whether it is blue, brown,

purple, green, yellow water, whatever it is. If you are on a ship and you are carrying—and they are loading tons and tons of napalm and tons and tons of Agent Orange, that is what we are saying. They have these symptoms, and the symptoms are directly involved with what they contacted. That is the hardest thing that we have to understand. They are automatically just saying, "Listen, we are not even going to test you for that because we do not think there is any way you could have that because it is impossible since you were in Blue Water." That is the thing that does not make sense. That is the problem we have.

Mr. LAWRENCE. Sure. Let me pull apart your question in a couple parts, OK?

Senator MANCHIN. OK.

Mr. LAWRENCE. So, again, anyone can file a claim, and you are not automatically rejected. Let me draw on Dr. Erickson, though, to clarify the science of what you described about handling weapons with napalm on them and how you actually are exposed to dioxin.

Senator MANCHIN. Well, basically the aircraft coming back being exposed.

Dr. ERICKSON. Senator Manchin, there are a couple things you referred to. Certainly we work with the Department of Defense on a regular basis to try to learn where were these agents shipped, how were they shipped, where were they stored, where were they used. We actually rely upon them because many of your constituents will contact and say, "I was in country X, and I am sure that I was covered with it." We talk to DOD. DOD says, "We used commercially available herbicides, but those colored agents, such as Agent Orange, were not shipped, stored, or used at that location." So, there is some precision that we would need to know, and if you have specific cases, please bring those to us, and we can help you with that.

The other thing I want to engage you with, sir, is this issue of diseases being very clearly Agent Orange or, in particular, dioxin caused. Chloracne is one of the 14 conditions, and that is probably the one of the 14 presumption conditions that is sort of a smoking gun. There was a president in Ukraine who, in fact, was poisoned with a dioxin, and you probably remember his face changed dramatically. He has chloracne. But, the other 13 conditions are ones actually that are common with age. They are diseases that people who did not go to Vietnam actually get. So, when an individual develops one of those diseases, that is not immediate proof that it was Agent Orange. We need to do other types of studies, other means to get to that type of conclusion.

Senator SANDERS. Mr. Chairman?

Chairman ISAKSON. Senator Sanders? And, we are going to have to move on.

Senator SANDERS. All of this discussion, picking up on Senator Manchin's point, tells us why we need universal health care. What you are saying, if I got it correctly, if I am on a ship 11 miles offshore and I come down with an illness, I am covered. If I am on a ship 13 miles offshore and I come down with the same illness, I am not covered because under your definition I cannot quite prove that it is attributable to the water I may have drunk.

Meanwhile, veterans are becoming ill with the same type of illnesses and they need care. Maybe our position should be if you are a veteran and you served in the United States military and you become ill, you are entitled to VA health care. End of discussion.

Chairman ISAKSON. I think that is the way to end the discussion. I am the one that violated the rule by doing a follow-up question, so I hate to reprimand anybody else, but I thought Senator Manchin's question was right on point, and we needed to get that answer on record. I certainly would never cut out the former Chairman from having his say.

So, with that said, Senator Cassidy.

STATEMENT OF HON. BILL CASSIDY,
U.S. SENATOR FROM LOUISIANA

Senator CASSIDY. Thank you, Mr. Chair. I may come back to Blue Water just because Commander Wells is from Louisiana. I am very proud of him. I am also very proud of my Chairman for how he is handling this, so thank you both for bringing great consideration.

I will briefly mention, by the way, my Modernization of Medical Records Access for Veterans Act, which I understand the VA has opposition to the bill's pilot program, but I will follow up on that at a later point because I want to focus on our suicide prevention.

I noted, Dr. Lawrence, that the VA is in support. Thank you very much. That said, I understand there is both internal and external potential opposition to it, and so I would just like to make the case for my colleagues and hopefully for those who might not be sure about the bill.

To put this in perspective, when Dr. Lawrence came for his nomination hearing, we spoke about suicide prevention and veteran community. We know that there are socioeconomic risk factors in addition to mental health issues associated with suicide. We have spoken previously about so-called deaths of despair.

[To staff: Can you put that chart up?]

We find from data prepared by Princeton using CDC data that suicide, alcohol abuse, and drug abuse are in this unholy trinity, which results in folks being at increased risk for support. By the way, CDC notes that 54 percent of suicides have no known mental health condition.

The socioeconomic factors, particularly isolation, should be part of our approach. Here is the next graphic, put up by my assistant; again, social isolation, foreclosure, life events, addiction only being one of them, can be associated with so-called deaths of despair.

So, the Community Grant Program that we are suggesting would coordinate services within the community, helping veterans by integrating and strengthening social networks. I smile. My daughter thinks of a social network as being Facebook. I do not think that most folks my age would consider such.

The grant, by the way, is also about reaching the 70 percent of veterans who do not seek care in a VA facility. Seventy percent of veterans who die by suicide have not been seen within a VA in the past 12 months. We think this is an incredibly important statistic and, if you will, a vulnerability relying on a VA hospital-central approach.

So, Dr. Lawrence, you then enter. We are interested in kind of a different paradigm. How could we use the Veterans Benefits Administration, which is for many the gateway to the VA. In fact, more veterans access VA benefits than health care, and in many cases that might be their only connection.

I note that we talked about a VA loan program for homes. That is one way a veteran who is probably a little bit better off might interact with the VA, but she or he might never interact with a hospital. So, we are trying to think of that.

The other thing—and I think we spoke about this before—the Transition Assistance Program legislation which establishes a governance board in this legislation to address deaths of despair within the Benefits Administration, if you will, breaking down the silos within the VA, leveraging all the resources, not just the hospital system but also VBA in a Department-wide suicide prevention effort.

I say that, again, per our previous conversation, that the first 3 years after leaving service are when veterans are at the highest risk of suicide, which is why the Transition Assistance Program is a critical partner in our suicide prevention effort. So, the Community Grant Program will augment the VA's efforts in seeking out veterans in need and connecting them to the VA and community services and benefits.

Defeating deaths of despair requires that we take a comprehensive approach to reaching vulnerable veterans, and that is why we want VBA.

Dr. Lawrence, we spoke about VBA's role in suicide prevention during your confirmation hearing. Since then, and knowing that you have looked at the bill we proposed, can you give your thoughts on how you, the VBA, can support this effort and place in the governance board within VBA to ensure suicide prevention is a department-wide effort?

Mr. LAWRENCE. Certainly. I want you to know I took seriously our conversation on April 12, and one of the first things I did when I was confirmed was begin to understand what is the relationship, as you point out, with that despair. VA has a series of counselors, called "voc rehab counselors," vocational rehabilitation. They begin the engagement you actually were describing with veterans. One of the things I learned from, you know, reports of GAO while watching the House hearing, was the ratio of servicemembers to counselors was above the ratio prescribed by law. It is supposed to be 125:1. It was north of 140. The first thing I immediately did was figure out how to streamline staffing to go and hire more of these counselors, so by the end of this fiscal year, in a couple of months, we will have enough counselors on board so that ratio is in compliance with the law. We completely agree with you, I completely agree with you that the engagement is critical. Part of what these counselors do is exactly what the second slide shows. What do you need from us? Is it benefits? Perhaps you are homeless. We can expedite your claim. Perhaps you need medical attention, and we connect you with VA. I totally took our conversation seriously, and it had an impact on my actions in the first less than 100 days.

The second thing, as you know, is transition assistance is actually led by the Department of Defense and Department of Labor.

We work with them. So, you know, I would like to say we have re-ignited—but I do not think it needed that much igniting—engaging with them to really work these issues. We are conducting a survey—it is now sitting with OMB, so we can do that—to analyze servicemembers who are now veterans who have gone through TAP afterwards. We get a very good survey while it goes on, but sometimes we wonder if they do not know what they do not know. We want to talk to them afterwards and reflect on now that you have had a job and you have begun your life again, how did we do getting you ready.

So, we are very much in agreement with you that what we think about at VA is, you know, you are a member of the military for a short period of time, in my case 3 years, but you are a veteran forever. We have a longer relationship with you that we need to think about how it is maintained and continued.

Senator CASSIDY. Thank you very much. I appreciate you all looking at this and I look forward to its passage. I urge my colleagues to support it when the time arises. Thank you.

Chairman ISAKSON. Thank you.

Senator Hirono?

HON. MAZIE K. HIRONO, U.S. SENATOR FROM HAWAII

Senator HIRONO. Thank you, Mr. Chairman.

I am proud to join my colleagues and the veteran service organizations here today in support of the Blue Water Navy Vietnam Veterans Act. Passage of this bill is needed for veterans in Hawaii, like Richard from Kaneohe, who served on the USS Hancock in the Gulf of Tonkin from 1972 to 1975. Richard was diagnosed with diabetes and is now on kidney dialysis. Or veterans like Gordon, also from Hawaii, who served in the Navy fleet on the USS Chipola from 1967 to 1969 and was diagnosed with soft tissue carcinoma. Both Richard and Gordon contend that their illnesses are due to Agent Orange exposure while serving off the coast of Vietnam.

These are some of the thousands of Blue Water Navy Vietnam veterans who have applied for VA health benefits, but were denied because they happened to serve our country at sea rather than on land. We would like to correct that wrong.

One thing I would like to ask you, Dr. Lawrence, is that you said that even for these people who did not serve on land, it is not an automatic denial of coverage. Is that correct?

Mr. LAWRENCE. That is correct.

Senator HIRONO. So, if they are not automatically rejected, what would the servicemember have to show to raise the presumption that he or she would be covered?

Mr. LAWRENCE. It is very complicated—you have asked a question that could easily be very, very complicated, but let me try.

Senator HIRONO. What I am getting to is: how much of a burden are we placing on the servicemembers themselves to prove that they were indeed exposed to Agent Orange? See, that can be a burden that is way too high for any servicemember, so we may as well just automatically deny them.

Mr. LAWRENCE. Let me make a couple of observations. At VBA we have a duty to assist the servicemembers to help them find the records and the information they need. Often, when you ask why

does it take so long for a claim to be processed, it is because we are trying to help them find the medical records. So, hopefully, it is less of a burden because we assist. But, they are required to produce some information which we will try to figure out and if they are qualified under, does this seem presumptive or not.

In addition, we need a medical exam, as Dr. Erickson pointed out, to figure out what is the cause of the situation they find themselves in.

Senator HIRONO. I have talked to a lot of veterans, and it is hard enough to show that they do come within the parameters for treatment even without exposure to Agent Orange. I can only imagine what that is like for those who claim to have been exposed to Agent Orange. So, I think the burden of proof of showing, coming forward with that kind of evidence is very high. In fact, it took decades for the VA to even cover or to acknowledge that exposure to Agent Orange should be one that would be covered under the VA. It took an act of Congress for that to happen. So, it looks as though we are going to need to have an act of Congress again.

Let us say that we do that, and obviously we need to work with you to make sure that you have the resources necessary to provide the kind of care that this additional group of veterans are going to need. You did indicate in your testimony that this would really strain your resources and that you would need to hire more people, et cetera. Can you tell me what kind of additional resources you would need to deal with the claims burden that would be generated by the passage of this bill?

Mr. LAWRENCE. Sure. Based on our estimates that we provided in the testimony, it is $500 million over 10 years.

Senator HIRONO. OK. How many veterans are we talking about? Something like 70,000?

Mr. LAWRENCE. Well, yes, that is an estimate. That is correct.

Senator HIRONO. OK. So, I think that, you know, in a situation like this where the burden is really extremely high for the veterans to show that they should indeed be covered, I think we should go ahead with covering this. And, I am pretty much in line with our former Chair in saying that, you know, we should provide the health care that they need.

I have a question relating to S. 1990 that is also on this agenda, Dependency and Indemnity Compensation Improvement Act. I am a cosponsor of this bill, and I certainly applaud Senator Tester's work in leading this effort. It has been a long overdue increase of approximately $300 a month for DIC recipients, including thousands of beneficiaries in Hawaii.

Dr. Lawrence, you state in your testimony that increasing the amount of DIC benefits payment will help survivors continue to live a sustainable life, which I wholeheartedly agree with. Are there any other programs under your purview which need a fresh look at—changing the formula for calculating payments similar to how S. 1990 does for DIC payments?

Mr. LAWRENCE. None come to mind at this moment, but I would like to take that back and perhaps come back and discuss this with you.

Senator HIRONO. Yes, because I think we share the goal of enabling all these survivors to live, as you put it, sustainable lives. I would appreciate that information.

Thank you, Mr. Chairman.

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. MAZIE K. HIRONO TO PAUL R. LAWRENCE, PH.D., UNDER SECRETARY FOR BENEFITS, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question. Dr. Lawrence, you state in your testimony that increasing the amount of DIC benefits payment will help survivors continue to live a sustainable life, which I wholeheartedly agree with. Are there any other programs under your purview which need a fresh look at changing the formula for calculating payments similar to how S. 1990 does for DIC payments?

Response. Yes, the VA legislative proposals published in the Fiscal Year 2019 President's Budget address identified areas for improvement in how VA calculates and provides benefits, including proposals pertaining to: (1) the reissuance of VA benefit payments to all victims of fiduciary misuse; and (2) the removal of annual income from net worth calculations for pension benefits.

Chairman ISAKSON. Thank you, Senator Hirono.

Senator Sullivan?

HON. DAN SULLIVAN, U.S. SENATOR FROM ALASKA

Senator SULLIVAN. Thank you, Mr. Chairman. And, Dr. Lawrence and your team, I want to thank you. I know that with Secretary Wilkie on board you guys are going to work hard, but, you know, you have got a tough job here, right? These are good bills, but there are some issues with them. Your job is to tell us which are the good ones, which are the ones you have issues with, how you can work with us on them.

I appreciate what you and your team are doing. It is not easy. It is easier to say yes to all these bills. Now I am going to ask you to say yes to one of my bills.

But, in all seriousness, we do appreciate what you are doing.

I do want to talk about a rather simple bill that I know you have looked at, and I want to get your view on it. It is the Medal of Honor Surviving Spouses Recognition Act, which is S. 2485. This was actually—it is kind of a story you have probably heard a lot about from some Senate bills. It was inspired by a constituent of mine, a gentleman in Alaska named Dave Glenn, a Vietnam veteran from Wasilla, AK, who served as a paratrooper in the 101st Airborne. Every Memorial Day and Veterans Day, he stands for hours at attention on a bridge in Alaska named after one of our two Medal of Honor winners, a recipient, Army Sergeant First Class James Bondsteel, who was a fellow Vietnam vet of his, who now rests at Fort Richardson National Cemetery in Alaska. Dave's one-man Honor Guard on the bridge twice a year—he is 73 now—pays respect not only to Sergeant First Class Bondsteel, but, importantly, the wife and the daughters he left behind after he died in a car accident on that very bridge, which is why it was named after him.

Dave, about a year and a half ago, pitched an idea to me. He said, "Senator, you know this. Families serve in the military as well as spouses, even if they are not wearing the uniform. I always tell my wife and daughters, you know, they have served as much as me or anyone else. Maybe sometimes they have even a tougher job."

So, in that spirit, and that respect from Dave Glenn, my bill is simple. It extends the special pensions granted to Medal of Honor recipients to the spouses that survive them after they are gone. The spouses obviously have sacrificed as well.

This is a rather small gesture. It is not expensive. I know you guys have looked at the dollar amounts. When you are talking to VA, there are rounding errors. But, it means a lot to the families of these Medal of Honor families. I also think it means a lot to Americans.

Mr. Chairman, I am going to submit for the record an article from the Frontiersman in Alaska entitled "Veteran stands Honor Guard alongside the Glenn Highway." It is about Dave Glenn's Honor Guard. He says, "The fabric of our country is heroes," and, "These people"—Medal of Honor winners—"inspire all of us."

I would submit that for the record.

Chairman ISAKSON. Without objection.

[The article follows:]

https://www.frontiersman.com/news/veteran-stands-honor-guard-alongside-glenn-highway/article_9234d07e-f602-11e5-b28d-cb7f9ce81802.html

Veteran stands honor guard alongside Glenn Highway

Matt Tunseth

Mar 29, 2016

Wasilla's Dave Glenn stands near the Glenn Highway's SFC James Bondsteel Bridge of Honor across the Knik River on Tuesday, March 29, 2016. Glenn was standing honor guard to remember Bondsteel, a Medal of Honor recipient from the Mat-Su who died in a traffic accident on the bridge in 1987. [Photo credit: Matt Tunseth/Frontiersman]

WASILLA — No, Dave Glenn wasn't guarding the Mat-Su against invaders from Anchorage on Tuesday as he stood holding an AR-15 rifle alongside the Knik River bridge across the Glenn Highway on Tuesday morning.

Instead, the Vietnam veteran's highly visible gesture was intended to honor one of the Mat-Su Valley's most heroic figures.

"We can't honor him enough," the camouflage-clad Glenn said as cars and trucks sped past the busy bridge that bears the name of Medal of Honor recipient SFC James Bondsteel. "This is a national hero."

On May 24, 1969, Sgt. Bondsteel was credited with saving the lives of several fellow of his fellow soldiers during an almost unbelievable act of bravery. According to his Medal of Honor citation, Bondsteel was wounded by a grenade during the fierce battle in An Loc Province, yet continued to lead the fight during a bloody four-hour battle — taking out 10 enemy bunkers in the process.

"His extraordinary heroism at the risk of his life was in the highest traditions of the military service and reflect great credit on him, his unit and the U.S. Army," reads Bondsteel's Medal of Honor citation.

Glenn saw combat in Vietnam during his tour in 1965-66, but says his experiences pale in comparison to what Bondsteel did in 1969.

"I don't qualify to carry his lunch box," Glenn said.

However, Glenn said he can keep Bondsteel's memory alive, and that's why he was out waving at vehicles alongside one of the state's busiest highways on Tuesday —Vietnam Veterans Day.

"The fabric of our country is heroes," he said. "These people inspire us."

Sgt. Bondsteel moved to the Houston area after a military career that included a Bronze Star, two Purple Hearts and the Soldier's Medal.

In 1987, Bondsteel was driving on the bridge across the Knik River when a load of logs fell off a truck and struck his car, killing him. He left a wife, Elaine, and two daughters.

Glenn has been standing guard in honor of Sgt. Bondsteel for the past four years. He said he's crossed the bridge over the Knik "thousands of times," and one day while driving the highway found himself suddenly struck by inspiration.

"I'm driving by and this voice says, 'You're supposed to be doing something,'" he recalled during a roadside interview Tuesday morning.

Glenn said he wasn't initially sure what that meant. Then it came to him.

"All of the sudden it hit me: Get off your fat duff and get out there and do honor guard for this guy," he said.

Ever since, Glenn has stood near the sign honoring Sgt. Bondsteel each Memorial Day, Veterans Day and Vietnam Veterans Day. He usually stands for four or five hours, or as long as he can hold up in the chilly Knik River breeze.

"The old knees aren't what they used to be," said the 72-year-old "semi-retired" pilot from Wasilla, who served as a paratrooper in the 101st Airborne Division.

In addition to bringing light to Bondsteel's story, Glenn said the vigil is a way for him to honor those Vietnam vets who weren't as fortunate as he was during their time in the war.

"I think, 'Good lord, what a lucky kid I was,'" by returning from the war unscathed, he said. "58,000 didn't come home."

As Glenn stood guard Tuesday, an American flag he brought with him flapped in the chilly breeze. Several people honked their horns in solidarity with his gesture, which Glenn said he sees as a heartwarming sign of respect.

"This is one of the biggest rewards of being out here is the public wants to participate," he said. "It's amazing."

Glenn said he knows some people might be taken aback by the sight of a white-bearded man in camouflage holding a rifle while standing alongside the state's busiest highway.

"I understand that, I have no problem with that," said Glenn, who noted that he keeps the rifle unloaded during his honor guard vigils.

But he thinks when people hear the meaning behind his gesture, they'll understand why he braves the chill and endures the strain on his aging knees. Honoring Sgt. Bondsteel, he said, is worth the pain.

"This is a national hero," he said.

Contact Frontiersman editor Matt Tunseth at 352-2268 or email news@frontiersman.com

Senator SULLIVAN. So, anyway, that is what the bill does. I certainly agree with Rick Weidman, the executive director for policy and government affairs for the Vietnam Veterans of America, when

he called this bill a "no-brainer" in his written testimony. I would appreciate your assessment and your team's assessment as well. Then, if I have time, I have a quick question on transition assistance.

Thanks again for the good job you guys are doing. It is not an easy job.

Mr. LAWRENCE. Thank you. We support the bill.

Senator SULLIVAN. Great. Well, I will leave it at that. [Laughter.]

No, no follow-up. Thank you. Wow. OK. Good. I am glad. I have another question for you.

Transition assistance, you know, a number of us right now—and I think you guys are working with Senators Crapo, Tester, Cassidy, myself—we are working on looking at ways to improve that. One issue that I have thought might be something—and I know you guys are doing studies on it—is, you know, last time I got off active duty for a recall was in 2013. I went through the TAP transition, and it is all right at the end there. It is all right at the end. But, you get hit with a lot of stuff.

Now, if you are on active day, say a Marine, you have got a 4-year tour. You are getting out—usually these young men and women, they do it all at the end. Is there any thought about saying, hey, Marine, you are going to get out in 6 months, let us start thinking about your career in 6 months or, you know, maybe even a year so they can start thinking and strategizing, as opposed to—and we know how it works. I was in this position a couple times. You just want to get out, right? You are not thinking about transition. You are just saying, "I am going to go through the classes, do all this, and leave."

But, is there any thought about pushing that process kind of deeper into the career of an active-duty military member so they are actually strategizing and thinking a little bit more seriously than, "Hey, I know I have got to go through this; I will check the box, and get out of here"?

Mr. LAWRENCE. The short answer is yes, especially at VA. We very much think about that. We worry exactly as you described, that it is all at the end, and sometimes things at the end, events overcome and people miss it.

Senator SULLIVAN. Yeah, and you are just not that focused.

Mr. LAWRENCE. Right. And, as you know, DOD has the lead on this; the Department of Labor is involved and we are involved. So, these conversations we have with them are collaborative in nature, and that is a perspective we bring. They bring different perspectives, so we try real hard to work through that. We have always advocated that the sooner we can begin to teach people about the benefits they will have as a veteran, the better it will be, especially when we think about things we are talking about—home loan ownership, for example, not something you probably think of right away, but later you will look back and say, "This is a very powerful benefit." Access to health care, as we have talked about, understanding that, you know, you will under certain circumstances be open to health care and the like.

We are very much in favor of that. We try hard to work with DOD and Department of Labor to get that point into the conversation.

Senator SULLIVAN. Great. Well, we want to continue to work with you on that, with those and other ideas on the transition assistance.

Mr. LAWRENCE. Thank you very much.

Senator SULLIVAN. Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Sullivan.

Senator Tillis?

STATEMENT OF HON. THOM TILLIS, U.S. SENATOR FROM NORTH CAROLINA

Senator TILLIS. Thank you, Mr. Chair. I will tell my colleague Senator Sullivan that, as Chair of the Personnel Subcommittee, that is going to be the focus, TAP, the transition assistance program being on VA, not only how much earlier we weave it into the life cycle, but recognize some young person transitioning may have very different needs than someone that has been in 10 years, 15 years, 20 years. So, we have got to do a better job of tailoring, we have got to do a better job of understanding what sorts of assignments and MOS's the military personnel had that may make them at risk for certain things they may not even know they are at risk for. So, there is a lot of work to be done there, and, Mr. Chair, I was going to suggest that we possibly even have a subset of the Veterans Committee and Personnel Subcommittee get together so we are all hearing the same thing at the same time so the two committees can work together.

Mr. Lawrence, when you were responding to Senator Hirono's questions about the documentation and how you process the documentation and try to take up claims for outside of which you already have a presumption, I was reminded of a constituent request that I had about a year and a half ago in my office. We are approaching 20,000 cases in North Carolina. I have been in 3 years, 3½ years. The majority of them are for veterans. This particular one was a veteran who came home with his wife. While she was reading the mail, and she said, "Honey, I did not know you died." The VA had sent her, as a survivor, a notice about the paperwork she needs to do for what was apparently her living husband right next to her.

So, he called the VA, and the VA told him that there was this paperwork and these documents that he would have to submit to prove that he was, in fact, alive. He then called our office. I said, "Look, it is not our problem to fix your problem."

Now, I know you are coming in new, and you have got an organization that has got a lot of problems to fix. But, I would tell you there may be cases where you are trying to help, but with the volume you have, I am sure there are a lot of cases where people are not getting the kind of help they need, and it is very difficult to navigate through the VA. So, I wish you well on really trying to make those processes work where it is less work for the veteran and more work for the Department to get things done.

He, by the way, is now considered alive again, and he has got VA benefits, so that was a happy ending.

Dr. Erickson, I want to talk with you about the science on the Blue Water issue. You may not know—Jerry Ensminger I know is on the Hill somewhere, but he was chasing the issue down with

Camp Lejeune toxic substances before I got here. We had a tug and pull with the Department for a while, and to Dr. Shulkin's credit, we made good progress there.

The way we arrived at that is making sure that we kind of matched up competing views on the science to a large extent. I think that is a fair way to characterize it.

So, if I look at the Blue Water Navy, I ask myself: how can we get a process going that could be driven largely by science, but in the same way that we had to pull people together and try to bridge the gap, identify a potential class of people that right now do not get the presumption? The main reason—I share everybody's concerns. I would rather err on the side of the veteran in every case. But, one of the concerns that I have right now with the bill as proposed is the new pay-for. The pay-for that was proposed in the past was an adjustment to the COLA, kind of a broad base, relatively low impact, but it impacted all veterans. Now, the new proposal is one that gets right at loans, home loans. It is something that Senator Warren and I worked on. We made some progress on that in terms of bad actors for veterans. I am afraid that, one, it actually concentrates the cost on a smaller group of veterans, so it becomes a higher cost. Depending upon how you get the presumptions, it could even be a greater cost. I think we are talking about a spread of 25 to 50 basis points, and on certain loans that could be a lot of cost borne by certain veterans.

So, how could we actually accelerate or create a construct similar to what we did with Camp Lejeune to come to a good and fair conclusion, but also manage the upside risk and costs along the way?

Dr. ERICKSON. Senator Tillis, thank you for the question. I do not know if you remember me. I was part of the tug and pull, and I remember all that well.

Senator TILLIS. That is why you got a question. [Laughter.]

Dr. ERICKSON. Thank you. I am sure you are aware but perhaps other Members of the Committee are not aware that we relied initially—and you in legislation relied in the Janey Ensminger Act—on the National Academy. In fact, those 15 covered conditions came from a National Academy report, a 2009 report. Not a perfect report; I got that. But, that was the basis for—the evidentiary basis that initially led to legislation.

Likewise, within the tug and pull with Camp Lejeune, we came together with other Federal agencies, in particular, the Department of Health and Human Services, ATSDR, looked at a lot of the same information together. It was a very profitable exercise for us. It is one that, in fact, we are using now for lots of other toxic exposure issues. And, in fact, that led to our Secretary at the time then promulgating presumptions for Camp Lejeune veterans. But, again, based in evidence; based in evidence.

Our challenge right now is that the National Academy did not help us out. They said, "We do not know. We do not know. We cannot say that they were exposed. We cannot say that they were not exposed." So, we are stuck. We are stuck. And, I think part of our concern is what are the second- and third-order effects when we go beyond this law, as there might be other groups that will say, "Well, you know, our evidence is equally strong or weak, and, why

don't you take care of us either through VA regulation promulgation or through legislation?" That is the challenge.

Senator TILLIS. The main thing for me is I want to make sure that those where the science leads us to say we absolutely owe it to them—and I do not even mind a little gray area, a gray area that favors the veteran. But, if you do not figure out how to sustain it—what we do here is pass bills, which we forget when we cut or change benefits somewhere else later on, because we do not have the money to pay for it. I want to make sure that the promises that we made we keep, and if we make a promise in this area, it is driven in a way that is sustainable, gives care to those who need it and deserve it, but does not put us in a situation where, when we run out of money and we are already out of money. I do not know if you know about our $21 trillion debt. You have always got to be mindful of making sure that you are not making empty promises, you are not promising progress in one area at the expense of a risk for future funding in the other area.

I look forward to the VSOs. Sorry I ran over, Mr. Chair.

Chairman ISAKSON. Thank you, Senator Tillis. We excuse the panel and thank the panel for being here. If you wish to stay to hear from the VSOs, I hope you will.

If our VSOs will come forward as quickly as possible, I am going to make sure I do not cut you off like I did the last time you were here.

While those testifying are being seated, I am going to ask to make a unanimous consent request. I have 20 organizations that have submitted written statements for today's hearing and agenda. I ask consent that those statements be made part of the record of this hearing. Hearing no objection—is there any? [No response.]

Hearing no objection, we will enter them in the record.

[These statements can be found in the Appendix.]

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JOHN BOOZMAN TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. I want to thank the VA for your foresight and leadership on S. 769, The Medicare Access to Radiology Care Act of 2017, to require Medicare to recognize RAs. The VA has indicated that they are in the process of authorizing Radiology Assistants at the VA to align Medicare requirements with state requirements. Will you provide a status update for this effort and your sense as to when this process will be completed?

Response. The Department of Veterans Affairs (VA) Office of Human Resources and Administration (HRA) is in the process of establishing a new qualification standard for the Registered Radiologist Assistant. Currently, the qualification standard is in the final stages of concurrence for approval and publication. The qualification standard provides that a Registered Radiologist Assistant practices under the direction and supervision of a physician. HRA is working toward having this qualification standard completed by November 2018.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. SHERROD BROWN TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 2. I am very happy the Committee will review two different pieces of legislation to address the needs of active duty servicemembers as they transition to civilian life. We need to do everything we can to ensure that they have the information and tools that they need to succeed. Additional days of training to pursue education, technical training, or entrepreneurship will help to set servicemembers up for good paying jobs when they reenter civilian life and I was pleased that this year's NDAA included a version of this provision in the final conference report.

Under Secretary Lawrence, in your testimony, you say we need to do more to communicate with veterans after they transition because rapid identification of risk from transition does not present until much later. Are you referring to the VFW's suggestion that TAP programs should be offered to veterans once they have reintegrated in their communities? Are you referring to risk for medical/mental issues, unemployment? Walk me through what you mean by that.

Response. VA agrees with our Veterans Service Organization (VSO) partners that consideration must be given to assist transitioning Servicemembers to identify and connect with national and community-based resources within their new civilian communities—wherever they choose to live. VSOs are introduced as a support resource early in VA's Transition Assistance Program (TAP) curriculum, and additional references are integrated throughout the curriculum to ensure transitioning Servicemembers are aware of the support and services they can provide. The curriculum highlights how VSOs can support the military to civilian transition, including VSO support for filing for disability compensation within the pre-discharge program. During the curriculum, Servicemembers have the opportunity to use locator tools to find their local VSO. The program also allows time to introduce local VSO representatives in attendance at VA Benefits I & II Briefings.

However, VA is not referring to offering TAP to Veterans once they have reintegrated into their communities. To that end, VA and its TAP interagency partners are currently developing a Military Life Cycle module that will introduce transitioning Servicemembers to resources located in their civilian communities and inform them on how to connect with those resources. VA will complete development of this module by December 2018 and will be ready to pilot in coordination with the Department of Defense (DOD) and the military services beginning in January 2019.

Moreover, with regard to Servicemembers who are at-risk for challenges during their transition, VA and its TAP interagency partners recognize the need to be available during the entire transition to civilian life. As such, we are working to implement Executive Order 13822, "Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life," to ensure these at-risk transitioning Servicemembers are identified and receive a warm handover to the support they need. However, VA notes that the signs and symptoms associated with these areas of risk do not always appear or begin until after transition from military service. The delayed onset of symptoms presents challenges for VA and other agencies, as there are times when the Government does not have regular contact with the transitioning Servicemember/Veteran.

In keeping with our enduring commitment to those who have worn the uniform, VA and its Federal partners have developed a Joint Action Plan which, when fully implemented by July 2019, will improve our ability to provide a seamless handoff to VA and ensure early and consistent contact with Veterans to keep them informed of access to peer support, availability of mental health care after separation, and eligibility for health care and VA benefits.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JOE MANCHIN III TO U.S. DEPARTMENT OF VETERANS AFFAIRS

In your testimony on S. 1592, VA Financial Accountability Act of 2017, you stated an independent review of VA financial processes would be redundant and that the VA's Enrollee Health Care Projection Model (EHCPM) has been extensively reviewed. The two reports you cited, a GAO report and a report by The RAND Corporation are from 2008 and 2011 however, i.e. well before the VA Choice Program was enacted. One of the conclusions of the 2008 RAND report was that the EHCPM model could yield misleading results, especially in a changing policy and budgetary environment.

Question 3a. Has the EHCPM been updated to model the changing demand for healthcare obtained outside of the VA system through Choice and other community care initiatives?

Response. Yes. The 2016 Enrollee Health Care Projection Model (EHCPM) that informed the 2019 President's Budget was enhanced to differentiate health care provided in VA facilities and care purchased in the community. Key enhancements included developing unit costs that reflect what VA is expected to pay for purchased care and differentiating reliance and other assumptions in the EHCPM by location of care.

The EHCPM has been enhanced to model changes in Veteran demand for VA health care recognizing that greater access to care in the community closer to the enrollee's home is expected to increase enrollee reliance on VA health care and the proportion of that care expected to be met outside of the VA system through commu-

nity care. Since enrollees currently rely on VA for less than 40 percent of their health care, small changes in reliance can have a significant impact on expenditure requirements.

The total enrollee demand for VA health care projected by the EHCPM can be reported separately for care expected to be provided in VA facilities and expected to be purchased in the community. However, the proportion of total care that will be provided in VA facilities and purchased in the community can vary significantly depending upon eligibility criteria, operational guidelines, and resource availability.

Health care is very dynamic. Further, the EHCPM projections supporting the VA budget are developed based on data that are three years removed from the beginning of the budget year (four years for the Advance Appropriation). During this time, new policies, legislation, regulations, and external factors, such as economic recessions, can occur and change the projected demand for VA health care. If so, the EHCPM can be updated to reflect this emerging experience, and the Budget is updated to reflect the revised projections.

Question 3b. Has EHCPM been reviewed, by an independent body, since the VA Choice program was enacted?

Response. The EHCPM has been reviewed extensively by independent stakeholders, including the Office of Management and Budget, Congressional staff, the Congressional Budget Office, and the Government Accountability Office (GAO). GAO, which reviewed the EHCPM in 2011, is currently reviewing the EHCPM as part their review of the VA Community Care Budget (GAO Report 102732). VA is providing extensive information on the enhancements to the EHCPM in order to differentiate health care provided in VA facilities and purchased in the community and will address any recommendations included in GAO's final report.

Question 3c. Given the sweeping reforms that are part of the VA MISSION Act doesn't make sense to have a new, independent review of the VA's cost projection models?

Response. Please see response to Question 3b.

Question 4. In your testimony, you state that the Blue Water Navy bill would add significantly to the number of benefit claims pending over 125 days and additional employees would have to be hired to handle the case load. How many people would you need to hire if the bill passed into law?

Response. The Veterans Benefits Administration (VBA) would require an additional 803 full-time employees (FTE) for 2019 to successfully and timely address any new reviews and claims that would be a result of the bill passing into law.

Question 5. In the introduction of the 2011 Institute of Medicine (IOM) report on Blue Water Navy, they say the following in the introduction: "The Committee was surprised and disheartened to find a dearth of information on environmental concentrations of TCDD during the Vietnam War, in spite of large volumes of Agent Orange sprayed throughout South Vietnam. Such information is vital to determining possible exposures not only of Navy veterans but also veterans who served on the ground and on the land waterways of Vietnam." Can you elaborate on ways the Department of Defense and Department of Veterans Affairs have improved service record keeping and transfers of information so that they accurately reflect possible toxic exposures while in service?

Response. VA defers to DOD for a full description of initiatives and efforts to improve recordkeeping of military exposure events. However, VA and DOD work closely to identify situations where Servicemembers may be at risk. The Deployment Health Working Group, comprised of both DOD and VA officials, meets monthly to discuss ongoing and emerging environmental issues and oversees development of initiatives to improve interagency sharing of vital information.

The Individual Longitudinal Exposure Record (ILER) is an example of an ongoing joint enterprise initiative between DOD and VA. The purpose of this initiative is to establish a complete record of every Servicemember's exposure over the course of his or her career. ILER will provide a real-time, long-term exposure record matched to health status and matched to a Servicemember to a place, time, location, and event.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. MAZIE K. HIRONO TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 6. Dr. Lawrence, you state in your testimony that increasing the amount of DIC benefits payment will help survivors continue to live a sustainable life, which I wholeheartedly agree with. Are there any other programs under your purview which need a fresh look at changing the formula for calculating payments similar to how S. 1990 does for DIC payments?

Response. Yes, the VA legislative proposals published in the Fiscal Year 2019 President's Budget address identified areas for improvement in how VA calculates and provides benefits, including proposals pertaining to: (1) the reissuance of VA benefit payments to all victims of fiduciary misuse; and (2) the removal of annual income from net worth calculations for pension benefits.

RESPONSE TO ADDITIONAL POSTHEARING QUESTIONS SUBMITTED BY HON. SHERROD BROWN TO U.S. DEPARTMENT OF VETERANS AFFAIRS

BLUE WATER NAVY

Mr. Manar's testimony is very convincing, and so was the Australian study. "If there was dioxin in the water, we would have been exposed to it while swimming. Week after week, patrolling up and down the coast, we took in sea water and processed it through our fresh water evaporator system. We know from the Australian Navy study, validated by the National Academy of Medicine (formerly the Institute of Medicine), that fresh water evaporator systems concentrated toxic material, including dioxin, which was then transmitted to sailors through drinking water.[1]

As a matter of observation, absent the cleaning and sanitation of the entire fresh water evaporator system, it is conceivable that every person who ever served on board my ship could have been exposed to dioxin after its first visit to Vietnam. Further, by the time we completed our last deployment to Vietnam in 1972, the evaporator system would have accumulated concentrated dioxin from dozens of visits to Vietnam, not simply the final three that I experienced while on board."

Question 7. Dr. Erickson, to date, why hasn't VA concluded that the science behind the Australian study, which NAM corroborated, is sufficient? What additional science is VA waiting for?

Response. We thank the Senator for this question and for his careful consideration of the evidence underlying this bill. We recognize that this is a complex exposure issue that is important to our Veterans, and we have been working diligently over the years to gain as much understanding as possible and to recommend policies that are facts based. The Senator has noted that he finds both the Australian study and the Veteran's testimony to be strong evidence in support of concluding that Blue Water Navy Veterans were exposed to Agent Orange and other tactical herbicides during the Vietnam War; however, the statements and conclusions made in both of these, in terms of the consumption of water distilled aboard ships while at sea, are contingent upon the assumption and requirement that tactical herbicides and the contaminant Tetrachlorodibenzo-p-dioxin (TCDD) were present in the water. VA's understanding of the science related to that issue, including the policies regarding the spray missions, the properties of the herbicides, the environmental fate of the herbicide components, and the expected behavior of the components in bodies of water off the coast of Vietnam, is that it is unlikely that this was a significant pathway of exposure to tactical herbicides for most Blue Water Navy Veterans.

AUSTRALIAN STUDY (MULLER, ET AL., 2002)

Researchers in Australia demonstrated it may have been possible to concentrate dioxin during the distillation of contaminated water, based on laboratory recreations of the major aspects of the distillation systems used aboard most ships during the Vietnam War. The theoretical nature of this series of experiments and differences in U.S. and Australian Naval policies at the time, however, restrict the extrapolation of these findings in terms of representing the experience of U.S. Navy Veterans who served on the offshore waters of Vietnam.

The authors attempted to determine this by recreating the major principles of the distillation system in a laboratory setting and assessing the potential for the co-distillation of several chemicals. It is important to note that most of the variables in the experiments, including the concentrations of chemicals, were not chosen to directly mirror the conditions in the offshore waters of Vietnam but rather to evaluate the effects of the physico-chemical properties of water and different types of compounds on distillation in this type of system. Thus, it was not meant to model the exposure scenario in Vietnam, but rather, the type of distillation system aboard the ships that were used. Based on the findings of the study, the authors concluded that "the distillation process of water contaminated with TCDD would result in contamination of potable water. Subsequent ingestion by sailors on board ships (as well as

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[1] Blue Water Navy Vietnam Veterans and Agent Orange Exposure, Institute of Medicine, 2011, pg 13, https://www.nap.edu/read/13026/chapter/2#13.

soldiers and airmen, who were passengers) is thus a vector for exposure to these chemicals.

While it is unlikely that accurate exposure of the personnel on board ships can be estimated, the study findings suggest that the personnel on board ships were exposed to biologically significant quantities of dioxins." This conclusion may be appropriate for the Royal Australian Navy members who served during the war, as their protocol at that time was to draw water for drinking from turbid, estuarine type waters (or those closer to shore), which would include higher levels of salt, suspended particles, and potentially, contaminants from herbicide spray drift, while reserving the drawing of more pristine waters that were several miles off shore exclusively for their steam engines. The U.S. Navy protocol, however, was starkly different during that conflict. Per § 2.4.2 of the Naval Ships' Technical Manual (NAVMED P–5010–6; Department of the Navy, 1990), which is titled "Polluted Water," states that "unless determined otherwise, water in harbors, rivers, inlets, bays, landlocked waters, and the open sea within 12 miles of the entrance to these waterways, shall be considered to be polluted... The desalting of polluted harbor water or seawater for human consumption shall be avoided except in emergencies." Therefore, U.S. Navy ships that served only on the offshore waters several (at least 12) miles off the coast of Vietnam were not likely to have drawn contaminated water for drinking.

2011 INSTITUTE OF MEDICINE (IOM) REPORT

At the request of VA, IOM reviewed the evidence on this topic and issued a report in 2011. In this comprehensive review, the Committee detailed several factors that would affect the potential for TCDD-contaminated water to reach U.S. ships that were several miles offshore, including:

- It has been estimated that 87 percent of the Agent Orange sprayed reached the forest canopy, while only 13 percent was lost to drift, and of the 13 percent, an appreciable amount was likely degraded due to the Vietnamese environment.
- Agent Orange and TCDD would have entered waterways via riverbank spraying or runoff; however, a considerable fraction would absorb in organic materials that would be deposited in the delta regions or estuaries.
- Agent Orange and TCDD would have entered marine water from river discharge and spray drift; however, any amount in marine waters would be greatly reduced by the initial dilution in river water and dispersion in air and further dilution in coastal waters.

The Committee also reviewed the Australian study and considered another theoretical model that appeared to support its findings on the potential to concentrate TCDD through the distillation process. The Committee concluded that "it is theoretically possible to concentrate dioxin in distilled water, at least experimentally." While the Committee noted that, based on the available science, "if Agent Orange—associated TCDD was present in the marine water that U.S. ships drew for drinking water, distilled potable water would be a plausible pathway of exposure," they ultimately concluded that "without information on the TCDD concentrations in the marine feed water, it is impossible to determine whether Blue Water Navy personnel were exposed to Agent Orange—associated TCDD via ingestion, dermal contact, or inhalation of potable water." Additionally, regarding the Australian study, the Committee stated: "If the purpose of this experiment was to demonstrate the plausibility of TCDD exposure to sailors via distilled water, then this study is useful; however, the application of these findings to actual shipboard distillation systems requires knowledge of several factors not addressed in the experiment. The significance of this study's findings for contaminant exposures on Blue Water Navy ships is highly uncertain." Therefore, IOM did not corroborate the Australian study in terms of its applicability to U.S. Navy Veterans that served during the Vietnam War, but they noted that the study findings do support that the concentration of TCDD during distillation aboard ships is theoretically plausible.

CURRENT VA STUDY THAT MAY PROVIDE ADDITIONAL SCIENTIFIC EVIDENCE ON BLUE WATER NAVY

VA recently conducted a survey study on the health of Vietnam-era Veterans that included an "over-sampling" of Blue Water Navy Veterans as a subpopulation. The study will compare the health of this group to that of Vietnam Veterans, Vietnam-era Veterans, and the general U.S. population. In the absence of adequate exposure data, we hope to gain an understanding of the health of Blue Water Navy Veterans and may be able to make some determinations about whether outcomes they are experiencing could be related to exposure to tactical herbicides during their service.

The results are currently being analyzed and are slated to be published as early as 2019.

Question 8. Why has VA denied claims for veterans who were exposed to Agent Orange if VA has records of specific ships and the veterans who were on those ships within the 12 mile demarcation line?

Response. Under current laws and regulations, there is not a 12-mile demarcation line for determining whether a vessel operated in the inland waterways.

Background:

VA, under the law, may only pay compensation based on a presumption of service connection for an Agent Orange-related disease if the Veteran was exposed to Agent Orange or any other covered herbicide. Under the law, 38 United States Code § 1116, a Veteran is presumed to have been exposed to Agent Orange only if he or she "served in the Republic of Vietnam" during the period beginning on January 9, 1962, and ending on May 7, 1975.

VA regulations, 38 Code of Federal Regulations § 3.307(a)(6)(iii), defines service in the Republic of Vietnam to only include service in the offshore waters if the service included duty or visitation in the Republic of Vietnam. VA has further clarified "service in the Republic of Vietnam" to consist of "boots on the ground" service or service in the inland waterways. VA's interpretation of "service in Vietnam," to include encompassing inland waterways, but excluding offshore waters has been upheld by the courts, to include the United States Court of Appeals for the Federal Circuit in its seminal decision in *Haas* v. *Peake*, 525 F.3d 1168 (Fed. Cir. 2008).

VA's regulatory definition of service in Vietnam excludes service in the offshore waters, as there is no evidence that Agent Orange was applied to the waters off the shore of Vietnam, nor is VA aware of any valid scientific evidence showing that individuals who served in the offshore waters were subject to the same risk of Agent Orange exposure as those who served in the geographic land boundaries of Vietnam.

Therefore, VA would not necessarily award benefits for a claim for disability compensation due to Agent Orange exposure for a Veteran who had served aboard a ship within 12 miles of the Vietnamese coast, as offshore service is not considered service in the inland waterways, which meets the statutory and regulatory definition of "service in Vietnam." Inland waterways include rivers, canals, estuaries, and deltas. Deep-water bays and harbors are not inland waterways but are considered to be offshore waters of Vietnam because of their deep-water anchorage capabilities and open access to the South China Sea. For example, we would consider service aboard a swift boat, landing ship, or tank to be service in the inland waterways because those types of vessels operated primarily on Vietnam's inland waterways. Agent Orange exposure would be conceded for any Veteran who served aboard this type of Naval vessel.

We also would concede exposure to Agent Orange if a Veteran who served in a ship operating in the offshore waters that temporarily entered an inland waterway. Additionally, we concede Agent Orange exposure if the ship docked to a pier or shore or was in the offshore waters and delivered personnel or supplies if there is evidence that the Veteran went ashore, as this was would be consistent with service that "involved duty or visitation in the Republic of Vietnam."

Veterans who are not presumed to have been exposed to Agent Orange, including those who served in ships in offshore waters that did not enter inland waterways, may submit evidence of actual exposure, and VA evaluates such evidence on a case-by-case basis.

MEDICAL SURGICAL PRIME VENDOR (MSPV) PROGRAM REFORMS

My office has heard that the lack of a comprehensive approach to manage medical products throughout the VA system, could lead to an inefficient acquisition strategy for the Department. There have been efforts to revamp the MSPV program and I would like to know more about what the Department's next steps will be.

Question 9. What additional steps could VA take to reorganize the Medical Surgical Prime Vendor (MSPV) Program, and would VA use the Pharmaceutical Prime Vendor program as a model?

Response. VA should continue its efforts on multiple fronts now underway to improve the MSPV program, which are:

• The Veterans Health Administration (VHA) Healthcare Commodities Program Office (HCPO) near-term efforts to improve the MSPV program to increase VA medical centers (VAMC) and clinician access to the medical/surgical supplies required to treat patients, and improve flexibility for adding supplies to the list of available items, as feasible under legal and regulatory constraints. Simultaneously, we are pursuing longer term program goals that focus on leveraging VA's buying power to

deliver more consistent, faster distribution services to the facilities, lower costs, and increase enterprise spend visibility via the MSPV 2.0 and our Clinically-Driven Strategic Sourcing (CDSS) initiative.

• The VHA CDSS initiative will improve processes and tools to better involve clinicians in identifying and validating supplies.

• The VHA HCPO's MSPV 2.0 effort is planning new, competitively awarded supply and distribution services contracts for Prime Vendors to improve VAMC with a more seamless and compliant, end-to-end supply chain solution focused on lowering costs, reducing acquisition wait times, and delivering essential supplies for Veteran care.

The VHA HCPO has been working closely with the Strategic Acquisition Center, Office of Small and Disadvantaged Business Utilization, and Office of General Counsel to ensure facility requirements and requests are pursued within relevant Federal Acquisition Regulations and Veterans Administration Acquisition Regulation framework and are compliant with legal statutes, which include the Rule of Two and Vets First.

• VHA is evaluating parts of the Pharmaceutical Prime Vendor (PPV) program for incorporation into the MSPV Program. One of the potential courses of action is to utilize the Federal Supply Schedules to make a larger market basket of medical surgical products available to all facilities.

• PPV program does currently rely on a single Prime Vendor to cover all regions, which is not the preferred approach for the VHA MSPV. VHA will propose to have more than one MSPV to reduce dependency risk. H.R. 5418, the Veteran Affairs Medical-Surgical Purchasing Stabilization Act, would set the expectation to have more than one prime vendor for VA medical/surgical supplies.

• The mechanism for communicating pharmaceutical prices to PPV may not be scalable for the volume of items that are required by the MSPV program. In the existing PPV model, the VA/National Acquisition Center (NAC) provides the prices electronically to PPV. PPV is only permitted to load prices provided by NAC. In the event the contracting office is delayed or unable to provide pricing, item availability may be at risk as MSPV would not have the information required to effectively procure the necessary items. Given that one of the key goals of the new MSPV program is to increase item availability, the risks associated with the current PPV model would run counter to the future intentions of HCPO.

Question 10. Has VA consulted with other interagency partners such as DOD?

VA Response:

• As part of the MSPV 2.0 program, we are analyzing different course of action for medical/surgical items—which include VA's Federal Supply Schedule and Defense Logistics Agency's (DLA) Distribution and Pricing Agreements (DAPA). Utilizing the DLA DAPA option is a possible solution that DLA has made available to VA.

• VHA views a partnership with DLA as a potential long-term solution given the comparable nature of the Department of Defense's (DOD) medical programs in terms of service and scope across hundreds of facilities; DLA's MSPV program is generally regarded as effective and efficient. VHA is including subject matter experts from DLA to assist in the MSPV 2.0 development efforts. DLA experts have shared best practices for their MSPV program and highlighted key differences between the two organizations to provide a more comprehensive understanding of the advantages and disadvantages of the different supply programs.

• As VA continues to explore migration to DOD's Defense Medical Logistics Supply System (DMLSS)/LogiCole solution to replace the legacy Integrated Funds Distribution, Control Point Activity, Accounting and Procurement system, the synergies of leveraging the DLA MSPV contract and DAPAs increase. A migration to DMLSS/LogiCole may need to include utilizing the DLA MSPV contracts, to achieve the efficiencies desired from this program.

Question 11. What steps would VA take to ensure the new program is staffed properly with individuals who have both clinical and medical supply chain expertise?

Response. CDSS initiative will be piloted next year to better leverage and integrate clinical, supply chain, and contracting expertise to provide clinicians with the medical supplies and equipment required to provide improved patient care for our Veterans. CDSS will include comprehensive and extensive coordination with the National Clinical Program Offices, clinicians, and supply chain personnel at both the facility and the Veterans Integrated Service Network levels. The strategy will be driven by clinician feedback and requests, and the supply catalog will include items that are safe, effective, and clinically sourced. Constant communication and transparency with clinicians is essential for the success of CDSS, and every CDSS-

sourced medical item will leverage the medical expertise of our clinicians in the field.

Current VA Ordering Officer training materials will be updated to reflect lessons learned as well as the changes introduced by the MSPV 2.0 (future state) program.

Question 12. Would the reorganization include a program office to manage the new enterprise?

Response. In June 2018, VA's Healthcare Commodities Program Office in its reorganization established a Medical/Surgical Future State effort to support the development of the MSPV 2.0 and other future medical/surgical programs. As the future MSPV program transitions from development to implementation and sustainment, additional reorganization may be required to best support the VAMCs.

Question 13. Would a reorganization require additional resources, either personnel or funding?

Response. VA is assessing the need for additional resources, in the form of both personnel and funding, that may be required to support the MSPV 2.0 program as it moves into implementation and sustainment. Additional resources may be required to support a successful implementation, provide contract oversight and administration, and provide general program management support.

Question 14. Does VA need legislative language to facilitate a program reform?

Response. VA is reviewing ideas for legislation that could contribute to its efforts in these areas. We are glad to discuss potential improvements with the Committee.

Chairman ISAKSON. Those testifying in panel 2 are as follows: Chanin Nuntavong—did I get that right, Chanin?

Mr. NUNTAVONG. Yes, Senator.

Chairman ISAKSON. OK. Chanin Nuntavong is Director of Veterans Affairs and Rehabilitation, The American Legion; Gerald Manar, former Director, National Veterans Service, Veterans of Foreign Wars; Thomas Snee, National Executive Director of the Fleet Reserve Association; and Rick Weidman, Executive Director for Policy and Government Affairs, Vietnam Veterans of America.

We welcome all four of you to testify, and we will begin right now with Mr. Nuntavong. I am sorry if I am not doing well with the name. I apologize.

STATEMENT OF CHANIN NUNTAVONG, DIRECTOR, NATIONAL VETERANS AFFAIRS & REHABILITATION DIVISION, THE AMERICAN LEGION

Mr. NUNTAVONG. Michael Kvintus, a resident of Cambridge, OH, deployed twice aboard the USS Buchanan during the Vietnam War. Michael was exposed to the chemical known as Agent Orange while guarding aircraft, searching boats, providing field naval fire support, and while anchored near Da Nang harbor in August 1966.

Chairman Isakson, Senator Sanders, and distinguished Members of this Committee, on behalf of National Commander Denise Rohan, representing 2 million dues-paying members living in every State and American territory, it is my duty and honor to present The American Legion's position on the pending legislation being discussed here today.

Michael has been happily married for 55 years, is the father of three, and lives with the daily illnesses of exposure to Agent Orange. Michael had a heart attack, not one but two stents placed in his heart, and quadruple bypass surgery. At the age of 72, he currently lives with heart disease, diabetes, neuropathy, and erectile dysfunction. All, he believes, is connected to Agent Orange exposure.

H.R. 299 is a massive step forward in recognizing the men who were impacted by Agent Orange. Mr. Chairman, it is time we as a Nation give veterans like Michael the benefits they deserve.

Beyond the benefits for Blue Water Vietnam veterans, all veterans deserve comprehensive health care. The American Legion's System Worth Saving program routinely conducts town hall meetings across the Nation allowing veterans to share their VA experience. We frequently meet with veterans who express concerns about VA dental benefit eligibility. A majority of the veterans treated by VA do not qualify for this benefit. Bottom line, dental care is health care, and The American Legion supports this legislation.

In the 1990s, BRAC was created to assess and close military installations no longer paramount to our national defense. An unintended consequence of the closures was Mare Island Cemetery. The cemetery is in total disrepair. It fell out of the purview of the U.S. Navy and is currently under the control of the city of Vallejo, CA.

The proposal in S. 2881 is simple, Mr. Chairman: Transfer the cemetery that has more than 850 veterans, including 3 Medal of Honor recipients, to the VA's National Cemetery Administration, whose mission is to ensure that those who have departed us are treated with the respect they deserve. We firmly believe NCA is the best authority and only authority to restore Mare Island Cemetery to greatness.

Shifting topics, ensuring servicemembers receive world-class training as they transition out of the military has been and always will be a priority of The American Legion. The draft bill before you would increase the number of DOD TAP employees, collect data for studying long-term effectiveness, and establish a governing board to help prevent overdoses, suicide, and alcoholism, among other provisions. The American Legion is thankful for the ability to review and provide feedback on this proposed bill.

In short, we support the draft bill but recommend the following changes: require commanding officers to attend TAP so they can understand what the program offers to their troops; require DOD to report data to Congress on troops who have completed TAP, broken down into useful information to enhance the program; and, finally, eliminate the postsecondary education assessment. This program needs significant participation before it can yield helpful results.

In terms of VA staffing, The American Legion, along with Members of this Committee, continues to highlight the shortages of more than 30,000 jobs within VHA. Filling these vacancies with qualified professionals is a priority for The American Legion, the 9 million veterans using VA, and future veterans. This legislation will allow physicians to complete their education, then immediately begin treating veterans in the VA system. The VA Hiring Enhancement Act aligns the hiring practices of VA to those of the private sector, ensuring top-quality health care is provided to our veterans. We encourage you to support this initiative.

I conclude by thanking this Committee and you, Chairman Isakson, for holding the confirmation hearing, ensuring the full Senate to vote, and giving veterans of our Nation a Secretary of Veterans Affairs. The Department was without Senate-confirmed leadership

for 124 days. The American Legion stands ready to assist Secretary Wilkie in doing what is best for veterans.

We thank Chairman Isakson and Ranking Member Tester for their incredible leadership and for always keeping veterans at the core of their mission. It is my privilege to represent The American Legion before this Committee. I look forward to answering any questions you have. Thank you.

[The prepared statement of Mr. Nuntavong follows:]

PREPARED STATEMENT OF CHANIN NUNTAVONG, DIRECTOR, NATIONAL VETERANS AFFAIRS & REHABILITATION DIVISION, THE AMERICAN LEGION

H.R. 299; S. 3184; H.R. 5418; S. 1596; S. 2881; S. 1952; S. 1990; S. 2485; S. 2748; S. 514; AND ALL SUBSEQUENTIAL DRAFT BILLS

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND DISTINGUISHED MEMBERS OF THE COMMITTEE; On behalf of National Commander Denise H. Rohan, and the 2 million members of The American Legion, we thank you for this opportunity to testify regarding The American Legion's positions on pending legislation. Established in 1919, and being the largest veterans service organization in the United States with a myriad of programs supporting veterans, we appreciate the Committee focusing on these critical issues that will affect veterans and their families.

H.R. 299

To amend title 38, United States Code, to clarify presumptions relating to the exposure of certain veterans who served in the vicinity of the Republic of Vietnam, and for other purposes.

Veterans who served on open sea ships off the shore of Vietnam during the Vietnam War are called "Blue Water Veterans." Currently, Blue Water Veterans must have physically set foot on the land of Vietnam or served on its inland waterways between January 9, 1962 and May 7, 1975 to be presumed to have been exposed to herbicides when claiming service-connection for diseases related to Agent Orange exposure.

Blue Water Veterans who did not set foot in Vietnam or serve aboard ships that operated on the inland waterways of Vietnam must show, on a factual basis, that they were exposed to herbicides during military service in order to receive disability compensation for diseases related to Agent Orange exposure. These claims are decided on a case-by-case basis.

We are aware the Department of Veteran Affairs (VA) previously asked the National Academy of Sciences' Institute of Medicine (IOM) to review the medical and scientific evidence regarding Blue Water Veterans' possible exposure to Agent Orange and other herbicides. IOM's report, "Blue Water Navy Vietnam Veterans and Agent Orange Exposure" was released in May 2011. The report concluded that "there was not enough information for the IOM to determine whether Blue Water Navy personnel were or were not exposed to Agent Orange."

However, Vietnam veterans who served on the open sea now have health problems commonly associated with herbicide exposure. Just as those who served on land were afforded the presumption because it would have placed an impossible burden on them to prove exposure, Congress should understand the injustice of placing the same burden on those who served offshore. Clearly, all the toxic wind-blown, waterborne, and contamination transfer stemming from aircraft, vehicle, and troop transfer makes it impossible to conclude that Agent Orange-dioxin stopped at the coastline.

Through Resolution No. 246: Blue Water Navy Vietnam Veterans, The American Legion supports legislation to expand the presumption of Agent Orange exposure to any military personnel who served on any vessel during the Vietnam War that came within 12 nautical miles of the coastlines of Vietnam.[1]

The American Legion supports H.R. 299.

[1] American Legion Resolution No. 246 (Sept. 2016): Blue Water Navy Vietnam Veterans

DRAFT BILL: VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018

To improve dental care provided to veterans by the Department of Veterans Affairs, and for other purposes.

The American Legion's System Worth Saving program routinely conducts town hall meetings allowing veterans to share their Department of Veteran Affairs (VA) healthcare experiences. In addition to hosting town hall meetings, The American Legion frequently receives letters and telephone calls from veterans expressing concerns about VA dental benefit eligibility. Under VA's current eligibility for dental care, the majority of veterans treated by VA do not qualify. Generally, veterans who suffer from poor dental hygiene are not eligible for basic dental care through the VA. These veterans are often not able to afford the high cost associated with dental care, especially veterans who live on a fixed income.

Further, the average age of a veteran in the United States is currently 58 years old; and The American Legion is concerned the demand for dental care will increase as the population ages.[2] In addition to obvious ailments associated with oral care, dental care is a vital aspect of general healthcare. Diabetes[3] and Alzheimer's,[4] conditions commonly associated with veterans, have been linked to poor oral health. The need to take care of our Nation's veterans dental needs should be apparent and a priority.

The Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018 is a comprehensive plan to provide needed dental care to veterans. This legislation, in addition to expanding needed dental services to veterans includes: carrying out pilot programs; acquiring new dental facilities; and hiring additional dental healthcare providers.

Section 2 would provide discretionary authority to the Secretary to furnish restorative dental services to a veteran, as well as replace lost appliances and restore function loss suffered as a result of services or treatment furnished by the VA.

Section 3 would require the Secretary to carry out a pilot program to assess the feasibility and advisability of furnishing dental services and treatment to all veterans enrolled in the VA healthcare system, even those not currently receiving dental healthcare.

Section 5 would require the Secretary to carry out a program of education to promote dental health for veterans who are enrolled in VA healthcare system.

The potential benefits to the veteran community from these expanded services is self-evident. The American Legion supports these sections through Resolution No. 377: Support for Veteran Quality of Life[5] and No. 186: Department of Veterans Affairs Dental Care.[6] The American Legion believes veterans should have access to timely and quality dental care and will support legislation to provide outpatient dental care to veterans. We also support legislation or programs within the VA that will enhance, promote, restore, or preserve benefits for veterans and their dependents with timely access to quality VA healthcare and receipt of earned benefits.

In addition to expanding services, this draft bill is likely to improve the access and quality of care received by veterans through sections 4 and 7. These sections have the ability to greatly expand access to dental healthcare to veterans. Section 4 of the act would require the Secretary to construct or lease a VA dental clinic in any State that does not have a VA facility offering onsite dental services. Additionally, section 7 provides discretionary authority for the Secretary of VA to carry out a demonstration program to train and employ alternative dental healthcare providers in rural areas. These sections would provide dental healthcare where none currently exists and provide healthcare professionals that are not currently available.

Similarly increasing flexibility and access for veterans receiving dental care through VA, section 6 requires VA to expand the VA Dental Insurance Program (VADIP) Electronic Health Record capabilities. Section 6 would establish a mechanism by which private sector dental care providers could forward the VA information on dental care provided to individuals under the pilot program for inclusion in the VA's electronic medical records. Increased access to medical information ultimately translates into better care for veterans.

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[2] Veterans Average Age: https://www.va.gov/VETDATA/docs/SurveysAndStudies/VETPOP.pdf

[3] Prevalence of and Trends in Diabetes Among Veterans, United States, 2005–2014: available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5737977/

[4] Veterans and Alzheimers: Meeting the Crisis Head on: available at https://www.usagainstalzheimers.org/sites/default/files/USA2_Veterans_Issue_Brief_April_10_2018.pdf

[5] The American Legion Resolution No. 377 (2016): Support for Veteran Quality of Life

[6] The American Legion Resolution No. 186 (2016): Department of Veterans Affairs Dental Care

Through our Support for Veteran Quality of Life resolution, we support enhancing service to veterans by creating services for veterans not currently being provided vital health services. The American Legion has also long recommended VA's electronic medical records be revised to read DOD's electronic health records. Similarly, The American Legion believes ensuring VA has the ability to share electronic health records with private sector dental care providers is common sense and should be a priority for the VA. The American Legion through Resolution No. 83: Virtual Lifetime Electronic Record, supports any legislation that would allow the electronic sharing of medical record information.[7]

The American Legion supports this Draft Bill.

S. 3184

To amend title 38, United States Code, to modify the requirements for applications for construction of State home facilities to increase the maximum percentage of nonveterans allowed to be treated at such facilities, and for other purposes.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no current position on S. 3184.

DISCUSSION DRAFT BILL: TRANSITION ASSISTANCE PROGRAM

To amend title 10, United States Code, to improve the Transition Assistance Program for members of the Armed Forces, and for other purposes.

The American Legion supports Congress' continued attention and efforts in ensuring that Federal agencies and their valued partners properly identify and implement necessary changes/improvements to the Transition Assistance Program (TAP). We understand that in order for a servicemember to transition seamlessly, and successfully, it requires the collaboration between all agencies including Department of Defense (DOD), Department of Labor (DOL), Department of Veteran Affairs (VA), etc., along with congressional oversight. The key is to combine the talents, expertise, and innovations of Veterans Service Organizations, non-governmental organizations, and private sector organizations in bringing solutions forward to champion initiatives with the Federal Government for the purpose of improving opportunities of transitioning servicemembers.

Improving employment opportunities for transitioning servicemembers includes introducing both service delivery, business process, and technology innovations in support of TAP and credentialing of servicemembers. Further, this includes examining all aspects of TAP and credentialing from résumé writing, financial planning, goal setting, job search, interviewing, networking, peer-to-peer support, family transition support, higher education, individual career development plans, entrepreneurship, VA benefits, and other elements of holistic support of veterans "for life" and transitioning servicemembers. Finally, Congress holding all stakeholders accountable is vital; from garrison commanders and Federal officials to partnering organizations, there must be metrics regarding efficiency and effectiveness in TAP with capable managers implementing policy. The primary objective must always be to provide a seamless transition from military service to the private sector for our Nation's warfighters leaving the Armed Forces, along with their families.

Sec. 2. Recodification, consolidation, and improvement of certain transition-related counseling and assistance authorities.

TAP is now mandated for all servicemembers and optional for their spouses. TAP is presently five-days long with optional two-day classes. The Department of Labor and Veterans' Employment and Training Service (DOL-VETS) portion, which is three-days long, is responsible for most of the information in TAP. Despite the appearance of TAP being widely accessible there are still some concerns. First, according to the Government Accountability Office report, Transitioning Veterans, less than 15 percent of transitioning servicemembers have attended the two-day classes.[8] Second, TAP provides a tremendous amount information that at times can be ex-

[7] The American Legion Resolution No. 83 (2016): Virtual Lifetime Electronic Record

[8] Government Accountability Office: Transitioning Veterans https://www.gao.gov/assets/690/688203.pdf

tremely intricate and overwhelming in a stressful time for transitioning servicemembers.

To help alleviate these two issues, The American Legion first recommends that TAP be mandated for servicemembers at different intervals of their careers prior to separation or transitioning into the civilian sector along with pre-counseling for those servicemembers intending to leave military service. Second, we stress the importance of the continued evaluation and revamping of TAP to ensure transitioning servicemembers are up-to-date on new trends in the civilian marketplace. Last, we look to lead by example, by offering The American Legion Job Fairs and other related activities with TAP personnel in order for them to promote and publicize these activities that may benefit transitioning servicemembers.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive information regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[9]

The American Legion supports Section 2.

Sec. 3. Personnel matters in connection with Transition Assistance Program.

Section 3 adds full-time personnel to the TAP program with real world experience in making the transition to civilian life.

The American Legion believes adding full-time personnel, with experience transitioning to the civilian workforce, to the DOD for the purposes of TAP counseling is constructive for transitioning servicemembers on their own quest to obtain gainful employment. DOD personnel with relevant experience in the civilian workforce will provide the necessary information for servicemembers and their spouses to make quality decisions on careers, education, and training. TAP is vital to assisting servicemembers in mapping out employment opportunities and benefits through their honorable military service.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive information regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[10]

The American Legion supports Section 3.

Sec. 4. Tracking of participation in Transition Assistance Program and related programs.

Section 4 requires the Secretary of Defense to establish and maintain an electronic tracking system and database applicable across the Armed Forces.

The American Legion believes an electronic data system and database would be useful in determining participation, access, progress, and overall performance of TAP. This database may be utilized by Federal agencies to improve, adapt, or change the information shared with servicemembers. We believe this section supports The American Legion's goal for transitioning servicemembers to view TAP as a high quality, engaging, and relevant experience, which leads to opportunities in the civilian sector.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive information regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[11]

The American Legion supports Section 4.

Sec. 5. Information on members of the Armed Forces participating in pre-separation counseling and surveys on member experiences with Transition Assistance Program counseling and services and in transition to civilian life.

Section 5 requires the collection of basic information from transitioning servicemembers.

The American Legion believes the accumulation of data for transitioning servicemembers is critical in properly evaluating the different needs of this community. For example, National Guardsmen and Reservists have unique challenges differing from those servicemembers transitioning from active duty. Other variables of transi-

[9] The American Legion Resolution No. 70 (2016): Improve Transition Assistance
[10] The American Legion Resolution No. 70 (2016): Improve Transition Assistance
[11] The American Legion Resolution No. 70 (2016): Improve Transition Assistance

tioning servicemembers include rank, age, marital status, dependents, and time in service.

Additionally, we would implore Congress to require DOD to submit a report of servicemembers who have attended TAP, broken down in three areas: 1) those attending TAP counseling under their chosen track; 2) those attending the other two optional tracks; and 3) those who have not attended TAP counseling. The American Legion supports legislation that requires conducting an independent assessment of the effectiveness of TAP. The purpose of this assessment would be to ensure that transitioning servicemembers are receiving the right skills and training needed to complete a seamless transition from the military to the private sector. The need for verifiable outcomes will aid in allocating resources to the appropriate areas of TAP.

Through American Legion Resolution No. 12: Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers, we urge Congress to mandate Federal agencies to conduct a survey and assessment of the efficacy and efficiency of delivering "for life" support to veterans and transitioning servicemembers in the digital era; innovations responsive to the digital age warrior and digital era employer in the TAP.[12]

The American Legion supports Section 5 with amendments.

Sec. 6. E-mailing transition assistance materials to supporters of members of the Armed Forces transitioning to civilian life.

Section 6 requires the DOD to solicit, from each member of the Armed Forces transitioning from military life to civilian life, an e-mail address of a supporter of the departing member to whom they can send transition assistance materials.

Transitioning from military life to civilian life can be a stressful time for servicemembers; therefore, it is encouraged that servicemembers have a support system. In most cases, servicemembers are encouraged to bring their spouses to TAP; however, this may not always be feasible. The American Legion believes emailing transition assistance materials to servicemembers and their spouses (or caregiver) can be the missing link that would assist servicemembers in attaining gainful employment and financial stability.

Through American Legion Resolution No. 12: Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers, we urge Congress to mandate Federal agencies to conduct a survey and assessment of the efficacy and efficiency of delivering "for life" support to veterans and transitioning servicemembers in the digital era; innovations responsive to the digital age warrior and digital era employer in the TAP.[13]

The American Legion supports Section 6.

Sec. 7. Command matters in connection with transition assistance programs.

Section 7 requires each command climate assessment to include information about TAP participation.

The American Legion believes the importance of the Transition Assistance Program cannot be overstated. Not only is it essential that commands ensure all servicemembers are given the opportunity to attend TAP, but it is also vital that servicemembers are authorized the appropriate time to participate, at minimum, in one of the optional tracks in the allotted time specified. In the event that a servicemember is unable to attend TAP due to unforeseen reasons deemed mission critical, both the Commander and servicemember would need to submit in writing with justification as to why the servicemember was unable to attend TAP. Further, The American Legion, recommends commanding officers be mandated to attend a condensed version of TAP as a requirement to assuming command at least once every three years.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive information regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[14]

The American Legion supports Section 7 with amendments.

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[12] The American Legion Resolution No. 12 (2018): Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers

[13] The American Legion Resolution No. 12 (2018): Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers

[14] The American Legion Resolution No. 70 (2016): Improve Transition Assistance

Sec. 8. Comptroller General of the United States report on participation in transition assistance programs at small and remote military installations.

Section 8 requires the Comptroller General of the United States to submit a report on the participation in covered transition assistance programs of members of the Armed Forces assigned to small military installations and remote military installations.

All transitioning servicemembers should attend TAP without regard to command size or remoteness. According to the Transition Assistance Program Lead, there are 206 installations DOD-wide that conduct TAP.[15] The American Legion recommends that Commanders ensure that transitioning servicemembers be given temporary duty orders to the nearest military installation that offers TAP.

Through American Legion Resolution No. 81: Transition Assistance Program Employment Workshops for National Guard and Reserve Members, we support legislation that will provide every member of the Armed Forces (including those in the National Guard and Reserves) who are activated for 12 months or longer, an adequate amount of time to attend the TAP workshop in entirety, within 90 days of separation.[16]

The American Legion supports Section 8.

Sec. 9. Education of members of the Armed Forces on career readiness and professional development.

This section requires the DOD to carry out a program to provide education on career readiness and professional development.

The American Legion believes experience differences between separating servicemembers should be considered during their pre-separation counseling. There are notable differences between a transitioning servicemember who served one enlistment in contrast to one who is retiring after 20-plus years of service. Similarly, we recognize servicemembers who are being separated for medical reasons and/or other unexpected reasons may present different issues. Therefore, The American Legion believes pre-separation counseling should begin at the time of their first and subsequent duty stations with follow-on counseling conducted at different intervals of military careers.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive information regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[17]

The American Legion supports Section 9.

Sec. 10. Employment skills training—by amending striking "The Secretary of a military department may" and inserting "The Secretary of Defense shall." Expansion of Eligible Participants, such as a spouse of a member of the Armed Forces.

Section 10 states the DOD should now be responsible for ensuring that priority service training is provided to "covered individuals" and not just "eligible members" which includes spouses.

In a recent Chamber of Commerce survey over 44% of military spouses reported that they are living paycheck to paycheck or struggling financially, with 80% reporting that the employment search process created stress between them and their active duty spouses. The anxiety that this induces in families already struggling with the challenges of potential deployments and family responsibilities presents a clear threat to military readiness.

The American Legion supports legislation that will afford spouses the same level of job training and employment skills training that would otherwise have be given to only eligible members only. Spouses of an active-duty member are considered a "dislocated worker" and should be afforded the opportunity to receive priority service within the DOL, just as their military spouse.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive informa-

[15] The American Legion Resolution No. 12 (2016): Transition Assistance Program Employment Workshops for National Guard and Reserve Members

[17] The American Legion Resolution No. 70 (2016): Improve Transition Assistance

tion regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[18]

The American Legion supports Section 10.

Sec. 11. Identification of opportunities for Job training and employment skills training for employment with the Department of Veterans Affairs in SkillBridge programs of the Department of Defense.

Section 11 requires the Secretaries of the military departments to identify opportunities where the VA can provide training.

Since 2014, the DOD's "Skillbridge Initiative" has authorized transitioning servicemembers to participate in employer-driven job skills training, apprenticeships and internships that provide industry-recognized skills needed to move into high-demand jobs and careers. Since its inception, more than 5,500 servicemembers have graduated from 135 Skillbridge-authorized programs according to an August 2017 DOD report to Congress.[19] VA has utilized this authority to launch the "Warrior Training Advancement Course (WARTAC)," which trains transitioning servicemembers to become a Veterans Service Representatives (VSRs) at the VA.

The American Legion is encouraged by the success of the WARTAC program. Additionally, The American Legion believes that transitioning servicemembers can serve the VA in a myriad of capacities beyond processing veterans' claims. This section will mandate that the VA learn from the success of this inaugural program, and identify further internal employment needs that can be fulfilled utilizing DOD's Skillbridge authority.

Through American Legion Resolution No. 79: Expanding Department of Veterans Affairs Employment Pathways, we support innovative retention practices that provide education and training incentives for VA veteran employees to achieve credentials and licenses to fill critical vacancies.[20]

The American Legion supports Section 11.

Sec. 12. Evaluation of transition training and counseling relating to postsecondary education and use of educational assistance from the Department of Defense and Department of Veterans Affairs.

Section 12 would establish standardized assessment criterion for evaluating the quality of training and counseling provided through TAP that has a focus on post-secondary education or the use of VA educational assistance programs.

While The American Legion applauds efforts to increase quality assurance of education training, existing information on TAP education module participation indicates that significant restructuring is needed before proper evaluation can be applied. A 2017 Government Accountability Office study found that only 10.5 percent of all transitioning servicemembers receive any additional training on higher education.[21] This level of participation suggests the central structure of the two-day 'Accessing Higher Education' module has proven inimical to widespread adaptation. Before focusing on assessing the quality of the existing TAP education syllabus, The American Legion urges that its contents be reorganized to increase participation.

Through American Legion Resolution No. 12: Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers, we urge Congress to mandate Federal agencies to conduct a survey and assessment of the efficacy and efficiency of delivering "for life" support to veterans and transitioning servicemembers in the digital era; innovations responsive to the digital age warrior and digital era employer in the TAP.[22]

The American Legion opposes Section 12.

Sec. 13. Longitudinal Study on changes to Transition Assistance Program of Department of Defense.

Section 13 requires the secretaries of VA, DOL, and DOD along with the Small Business Administration Administrator to conduct a five-year study on TAP.

The American Legion believes the longitudinal study for the several different components would be valuable for the overall performance of TAP. This study would identify specific developments or changes in the characteristics of transitioning ser-

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[18] The American Legion Resolution No. 70 (2016): Improve Transition Assistance

[19] Report on job training, employment skills training, apprenticeships, and internships & skillbridge initiatives for members of the Armed Forces who are being separated

[20] The American Legion Resolution No. 79 (2017): Expanding Department of Veterans Affairs Employment Pathways

[21] https://www.gao.gov/assets/690/688203.pdf

[22] The American Legion Resolution No. 12 (2018): Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers

vicemembers. Further, the research should drive the design of TAP, while providing confidence in servicemembers as they transition into the civilian workforce.

Through American Legion Resolution No. 12: Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers, we urge Congress to mandate Federal agencies to conduct a survey and assessment of the efficacy and efficiency of delivering "for life" support to veterans and transitioning servicemembers in the digital era; innovations responsive to the digital age warrior and digital era employer in the TAP.[23]

The American Legion supports Section 13.

Sec. 14. Establishment of Governing Board to Support Prevention of Drug Overdoses, Death by Suicide, and Alcohol-Related Mortality.

Section 14 directs VA to establish a governing board to support VA's efforts to prevent suicide. The bill directs the board to exchange information and investigate impacts of financial insecurity, homelessness, and substance abuse contribute to suicide.

In 2015, The American Legion supported H.R. 271: The COVER Act, also known as the Jason Simcakowski PROMISE Act, which established a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses of veterans and the potential benefits of incorporating complementary alternative treatments available in non-VA medical facilities.

Through American Legion Resolution No. 377: Support for Veteran Quality of Life, The American Legion urges Congress and the VA to enact legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents.[24]

The American Legion supports Section 14.

Sec. 15. Review of economic risk factors in suicide prevention.

Section 15 calls for two reports to be developed within 90 days of this bill becoming law. The first report would include how economic risk factors affect suicide prevention efforts. The second report topic is about the predictive analytics program Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment (REACHVET) that utilizes economic risk factors in its algorithm to determine suicidality.

Through American Legion Resolution No. 132: Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research, The American Legion urges Congress and the Administration to encourage acceleration in the development and initiation of needed research on conditions that significantly affect veterans, as we firmly believe more research should be conducted on this very critical topic.[25]

The American Legion supports Section 15.

Sec. 16. Grants for provisions of Transition Assistance to members of the Armed Forces after separation, retirement, or discharge.

Section 16 requires DOL, in consultation with VA, to award grants to eligible organizations for TAP that include services like legal aid and financial services.

The American Legion supports DOL and VA awarding grants to organizations assisting in transition services to servicemembers and veterans. In our daily work with veterans, we find many of them having difficulties with writing résumés, interview skills and job searches. In addition, servicemembers need help with financial literacy and legal assistance. These grants would fill a need as servicemembers determine their next steps and career goals. We understand the value of these programs. In 2018, The American Legion has conducted more than 50 hiring events, résumé, interview workshops, education seminars, and small business development workshops. We've witnessed the positive impact of these activities on transitioning servicemembers and veterans in finding and maintaining suitable employment.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive informa-

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[23] The American Legion Resolution No. 12 (2018): Accountability and Enhancements of Transition Assistance Program; Outcomes and Delivery for Today's Digital Transitioning Servicemembers

[24] The American Legion Resolution No. 377 (2016): Support for Veteran Quality of Life

[25] The American Legion Resolution No. 132 (2016): Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research

tion regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[26]

The American Legion supports Section 16.

The American Legion supports this Draft Bill with the noted amendments and improvements.

DRAFT BILL: VA HIRING ENHANCEMENT ACT

To amend title 38, United States Code, to provide for the non-applicability of non-Department of Veterans Affairs covenants not to compete to the appointment of physicians in the Veterans Health Administration, and for other purposes.

The American Legion has long expressed concern about staffing shortages at Department of Veteran Affairs (VA) and the Veterans Health Administration (VHA) medical facilities to include physicians and medical specialist staffing.

The VA Hiring Enhancement Act will help address the shortcomings in recruitment and retention of highly qualified physicians. The bill allows VA to make binding job offers up to two years prior to completion of medical residency, eliminating much of the bureaucratic red tape that slows the hiring of newly recruited individuals. This legislation allows physicians to complete their education then immediately begin treating veterans. By allowing VA to make binding offers, veterans will receive treatment by qualified physicians that have completed their medical residency. This bill aligns the hiring practices of VA to those of the private sector ensuring top quality healthcare is provided to our veterans.

Further, this common-sense bill also releases physicians from "non-compete agreements" for the purpose of serving in the VHA. The American Legion believes enforcing non-compete agreements to VHA hires is overbroad and should be unenforceable under public policy. Traditional reasoning behind non-compete agreements is to bar competitive advantages or protect sensitive information, both of which simply do not exist in this context.

Through American Legion Resolution No. 115, Department of Veterans Affairs Recruitment and Retention, we support legislation addressing the recruitment and retention challenges of the VA.[27]

The American Legion supports this Draft Bill.

H.R. 5418

To direct the Secretary of Veterans Affairs to carry out the Medical Surgical Prime Vendor program using multiple prime vendors.

In terms of contracting, private sector hospitals use multiple Group Purchasing Organizations (GPOs) who bid down the price of manufactured medical equipment. This practice forces the GPOs to compete among themselves, yielding the lowest possible prices, which benefits hospitals and the general market place. In summary, competition drives down prices.

Utilizing Medical Surgical Prime Vendor (MSPV) Gen2, VA has proposed using only one large single vendor as opposed to the current model of using multiple vendors. When purchasing from only one vendor, prices may be inflated, simply because of the lack of competition. Ensuring there is competition, the VA, and the government as a whole, typically receives better pricing, which is ultimately a benefit to the U.S. taxpayer.

The American Legion understands the simplification of utilizing only one vendor; however, this practice does not yield the best result for the veteran, agency, or the Federal Government. Using a singular vendor may be easier, but this procurement shortcut undermines the competitive system, and can result in VA overpaying for equipment, or not being able to obtain quality materials necessary to supply the largest medical network that treats veterans.

In the current model that VA is employing, Service Disabled Veteran Owned Small Businesses (SDVOSBs), works with prime vendors, which not only assist and encourages veterans to work in this realm, but also allows for competition and to drives down costs. SDVOSBs add value to the procurement process by providing last mile delivery, customer care, and maintenance services for prime vendors.

In short, The American Legion opposes the VA switching to a system that allows them to simply use one vendor, and urges Congress to force VA to allow for competitive bidding.

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[26] The American Legion Resolution No. 70 (2016): Improve Transition Assistance

[27] The American Legion Resolution No. 115 (2016): Department of Veterans Affairs Recruitment and Retention

Through American Legion Resolution No. 154, Support Reasonable Set-Aside of Federal Procurements and Contracts for Businesses Owned and Operated by Veterans, we support reasonable set-asides of Federal procurements and contracts for businesses owned and operated by veterans. Allowing the VA to essentially encourage a monopoly on medical supplies and equipment is not only wrong, but it could also decrease SDVOSB participation, potentially harming the quality care that veterans receive at VA, all while overspending taxpayer funding.[28]

The American Legion supports H.R. 5418.

S. 1596

To amend title 38, United States Code, to increase certain funeral benefits for veterans, and for other purposes.

The American Legion believes all veterans who have honorably served our Nation should be provided adequate funeral benefits and that those benefits should be indexed for inflation. It is our Nation's responsibility to ensure the families and loved ones of our veterans are financially supported in their time of mourning. Further, our membership has, by resolution, committed to support increases to burial allowances for veterans who have died as a result of service-connected conditions and that those benefits be tied to the Consumer Pricing Index.[29]

According to the National Funeral Directors Association, the national median cost of a funeral in 2017 was $8,508.[30] Over the past decade, the median cost of an adult funeral in the United States has increased 28.6 percent and Department of Veterans Affairs (VA) benefits have not kept up with the pace of inflation.[31] For instance, in 1973, the benefit for a veteran with no next-of-kin and a non-service-connected death would have been 22 percent of the national average, versus the 2 percent it covers today.

Currently, VA burial benefit provides: $300 for non-service-connected deaths and for veterans who have passed without a next-of-kin; $749 if a veteran passes away in a VA facility, and; $2,000 if a veteran passes away from a service-connected disability. The Burial Rights for America's Veterans' Efforts (BRAVE) Act would update the current funeral and burial benefit system to ensure all non-service-connected deaths are treated equally, regardless of where the veteran passes away. Veterans with no next-of-kin that pass away in a VA facility are currently afforded greater funds to cover the costs of their funerals and burials than veterans who pass away in a private home or other facilities.

The BRAVE Act will increase the $300 for non-service-connected deaths to $749 to equal the benefit received if a veteran passes away in a VA facility. The BRAVE Act additionally indexes for inflation both the non-service and service-connected passing funeral benefits, thereby eliminating the need for Congress to make further readjustments. The American Legion supports these provisions recognizing existing non-service-connected and service-connected burial allowances benefits have been significantly eroded by inflation as they now only cover a small fraction of the actual cost of a burial.

Additionally, The American Legion urges The BRAVE Act be amended to reflect the resolution passed by our membership, consisting solely of wartime veterans, to increase the burial allowance for service-connected causes from the current $2,000 amount to $4,000. This will enhance the quality of life for veterans' survivors to increase the value of these benefits, especially during their greatest hour of need.

Through American Legion Resolutions No. 181: National Cemetery Administration[32] and No. 377: Support for Veteran Quality of Life, [33] we support legislation increasing burial allowances and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents.

The American Legion supports S. 1596 with the noted amendments and improvements.

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[28] The American Legion Resolution No. 154: Support Reasonable Set-Aside of Federal Procurements and Contracts for Businesses Owned and Operated by Veterans

[29] The American Legion Resolution No. 181 (2016): National Cemetery Administration

[30] National Funeral Directors Association: Statistics http://www.nfda.org/news/statistics

[31] National Funeral Directors Association: Statistics http://www.nfda.org/news/statistics

[32] The American Legion Resolution No. 181 (2016): National Cemetery Administration

[33] The American Legion Resolution No. 377 (2016): Support for Veteran Quality of Life

S. 2881

To direct the Secretary of Veterans Affairs to seek to enter into an agreement with the city of Vallejo, California, for the transfer of Mare Island Naval Cemetery in Vallejo, California, and for other purposes.

The American Legion's 100-year history is integrally intertwined with endeavors to preserve the legacy of this Nation's servicemembers. With the creation of the Graves Registration and Memorial Affairs Committee in 1962 to the current National Cemetery Committee, The American Legion has maintained professional staff dedicated to formulate and recommend to our National Executive Committee, through the Veterans Affairs & Rehabilitation Commission, polices, plans and programs as they relate to the Department of Veterans Affairs (VA) national cemeteries, and the interment of veterans, servicemembers, and their dependents. The American Legion through its National Cemetery Committee believes that all veterans and their eligible dependents are entitled a final resting place to commemorate their service to the country to include perpetual care of the gravesite.

Mare Island Naval Cemetery, the oldest military cemetery on the West Coast, was deeded to the city of Vallejo, California, under Base Realignment and Closure (BRAC) in 1996. Following BRAC, there was no mechanism to handle the financial responsibility for these hallowed grounds. Since then, the city of Vallejo has struggled financially and has not been able to provide for the maintenance and upkeep of the cemetery. Due to the lack of maintenance many of the headstones are broken, perimeter fences have collapsed, and the vegetation is overgrown. More than 800 military veterans who served our country, including three Medal of Honor recipients eternally rest in the cemetery. Now the lack of upkeep is presenting problems for proud veterans.

S. 2881, directs the Secretary of Veterans Affairs to seek out an agreement with the city of Vallejo, under which the city would transfer control of the Mare Island Naval Cemetery to the VA. The cemetery would specifically be placed under the purview of the National Cemetery Administration (NCA). The VA would pay no fee to acquire the land, but would assume the obligation of maintaining the cemetery in the future. The American Legion has full confidence that the NCA with its proven track record of maintaining over 135 cemeteries nationwide, will bring dignity and respect to the veterans buried at Mare Island Naval Cemetery. NCA's mission is simple: to honor veterans and their families with final resting places in national shrines and with lasting tributes that commemorate their services and sacrifice to our Nation.

Through American Legion Resolution No. 181, National Cemetery Administration, we support the establishment of additional national and state veterans cemeteries and columbaria wherever a need for them is apparent.[34]

The American Legion supports S. 2881.

S. 1952

To improve oversight and accountability of the financial processes of the Department of Veterans Affairs, and for other purposes.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no current position on S. 1952.

S. 1990

To amend title 38, United States Code, to increase amounts payable by the Department of Veterans Affairs for dependency and indemnity compensation, to modify the requirements for dependency and indemnity compensation for survivors of certain veterans rated totally disabled at the time of death, and for other purposes.

The Department of Veterans Affairs (VA) Death and Indemnity Compensation (DIC) Benefit supports surviving family members of servicemembers who died in the line of duty, Gold Star families, and survivors of disabled veterans who died from a service-connected condition. DIC is paid to the widows and widowers of service-

[34] The American Legion Resolution No. 181 (2016): National Cemetery Administration

connected disabled veterans who die as a result of their service-related condition or who at the time of death were rated 100% service-connected disabled for at least 10 years. Currently, survivors are denied any benefit if a veteran passes away before the arbitrary 10-year threshold.

Unfortunately and unfairly, many veterans do not reach the 100% level until they are much older because their condition has worsened with time. They often pass away before they have received their 100% rating for the required length of time. In many of these instances the spouse has been the primary caregiver and companion for these disabled veterans throughout their lifetime and the VA compensation has been their primary means of support. Consequently, the surviving spouse can no longer count on VA benefits for assistance due to a 100% rating for less than 10 years. This causes a dramatic change in the quality of life of the surviving spouse.

This detriment to their quality of life is something members of The American Legion recognized when we passed Resolution No. 255: Reducing Eligibility for Dependency Indemnity Compensation (DIC) Payments for 100% Disabled Veterans from 10 Years to 5 Years.[35] Through this resolution, we commit to sponsor and support legislation to reduce the number of years a veteran must be rated 100% from 10 years to 5 years for eligibility of DIC payments. Therefore, we support legislation reducing the eligibility requirement from 10 to 5 years, but OPPOSE the bill's prorated reduction of DIC benefits if the veteran was rated 100% service-connected for a period less than 10 years. The American Legion would support a modified bill that reduces the eligibility requirements from 10 to 5 years, with NO reduction of benefits if the 5-year requirement is met.

The American Legion supports S. 1990 with noted amendments and improvements.

S. 2485

To amend title 38, United States Code, to provide payment of Medal of Honor special pension under such title to the surviving spouse of a deceased Medal of Honor recipient, and for other purposes.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no current position on S. 2485.

S. 2748

To amend title 10, United States Code, to require members of the Armed Forces to receive additional training under the Transition Assistance Program, and for other purposes.

The Better Access to Technical Training, Learning, and Entrepreneurship Act (BATTLE Act) seeks to ensure that servicemembers who leave the military receive the specific training they need to successfully transition to civilian life, whether they choose to pursue higher education, a career in a technical field, or entrepreneurship.

An average of 200,000 servicemembers transition into the private sector annually. The American Legion's National Veterans Employment and Education Division's mission is to assist with the reintegration of all veterans returning to civilian life after service in the Armed Forces, to include when necessary, initiating actions concerning all matters affecting the economic well-being of veterans. We understand the value of additional training because through our programs we conduct hiring events, résumé workshops, interview workshops, education seminars, and small business development workshops. Additional training helps veterans find jobs.

Under current law, the Department of Defense (DOD) is required to ensure that eligible departing servicemembers participate in the Transition Assistance Program (TAP). In response to this statutory requirement, DOD has published regulations and issued instructions that require eligible servicemembers to complete TAP and require commanding officers to make certain that servicemembers complete TAP. Beyond the mandatory curriculum, departing servicemembers have the option to participate in a specialized two-day workshop in one of the following areas: higher education, conducted by DOD; technical and skills training, conducted by the De-

[35] The American Legion Resolution No. 255 (2016): Reducing Eligibility for Dependency Indemnity Compensation (DIC) Payments for 100% Disabled Veterans from 10 Years to 5 Years

partment of Veterans Affairs; or, entrepreneurship, conducted by the Small Business Administration.

While the core curriculum is mandatory (five days) for all servicemembers, the two-day workshops are less emphasized and therefore, sparsely attended. In a recent Government Accountability Office report, it was noted that less than 15 percent of transitioning servicemembers attend the two-day optional track for various reasons.[36] This information can be vital for a seamless transition for a servicemember separating or retiring from the military. Therefore, The American Legion believes DOD's TAP should require servicemembers to choose one of the specific career-oriented tracks that best suit their post-service plans and require servicemembers take part in one-on-one counseling a year prior to separation to evaluate which transition pathway suits them best.

Through American Legion Resolution No. 70: Improve Transition Assistance Program, we recommend that the DOD expand and standardize their existing pre-separation counseling policies to ensure that separating servicemembers receive information regarding Federal and private sector employment opportunities, GI Bill, and vocational rehabilitation and employment programs.[37]

The American Legion supports S. 2748.

DRAFT BILL: SUICIDE PREVENTION

To require the Secretary of Veterans Affairs to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families, and for other purposes.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no current position on this Draft Bill.

DRAFT BILL: MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT

To direct the Secretary of Veterans Affairs to carry out a pilot program establishing a secure, patient-centered, and portable medical records system that would allow veterans to have access to their personal health information.

The American Legion, through Resolution No. 83: Virtual Lifetime Electronic Record, has long endorsed and supported the Department of Veterans Affairs (VA) in creating a Lifetime Electronic Health Records (EHR) system.[38] Additionally, The American Legion has encouraged both the Department of Defense (DOD) and the VA to either use the same EHR system, or, at the very least, systems that were interoperable.

In 2009, The American Legion was pleased when the Obama administration announced that the DOD and the VA would finally create a path to integrate the flow of patients' information between DOD's Armed Forces Health Longitudinal Technology Application (AHLTA) and VA's Veterans Information System and Technology Architecture (VistA) EHR platforms.

In 2015, DOD announced that Cerner was awarded a $4.3 billion, 10-year contract to overhaul the Pentagon's electronic health records for millions of active military members and retirees. However, around the same time, VA announced it would maintain and modernize VistA.

On June 6, 2017, VA Secretary David Shulkin announced that the VA would adopt the same Cerner EHR system as the DOD during a news briefing at VA's headquarters in Washington, D.C.

On May 18, 2018, Acting VA secretary Robert Wilkie announced that VA signed a 10-year contract with Cerner.

This information sharing system will set the standard for record transferability and standardization in American medicine. This new national standard will increase patient access, decrease wait times, and enhance good medicine for all Americans,

[36] Transitioning Veterans: DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program GAO–18–23: Published: Nov 8, 2017. Publicly Released: Nov 8, 2017. Available at https://www.gao.gov/products/GAO–18–23

[37] The American Legion Resolution No. 70 (2016): Improve Transition Assistance

[38] The American Legion Resolution No. 83 (2016): Virtual Lifetime Electronic Record

not just veterans. Congress should refrain from advancing any recommendation or legislation that does not directly support implementation of the VA EHR modernization effort.

The American Legion opposes this Draft Bill.

S. 514

To direct the Secretary of Veterans Affairs to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans.

In the wake of serious concerns about over prescription of medications by Department of Veteran Affairs (VA) physicians, The American Legion believes that VA can do more to ensure veterans and servicemembers have the most dependable and precise treatment available to alleviate their combat-related illnesses and injuries with the least amount of negative side effects.

We have previously testified on the Veterans Health Administration (VHA) implementation of a pilot program at approximately 23 VA medical centers across the country using Electromagnetic Therapy to treat veterans with depression. VHA is using Repetitive Transcranial Magnetic Stimulation (RTMS) therapy, which involves up to 30 sessions over a six-week period. Recently we learned that VHA's Repetitive Transcranial Magnetic Stimulation pilot program fell short in VA trials. The American Legion was hopeful the pilot program would conclude that this non-pharmaceutical noninvasive therapy would prove successful and provide VA with another tool to help deal with depression and Post Traumatic Stress Disorder (PTSD).

The American Legion has long advocated for complementary and alternative medicines (CAM) to be further explored by VA and applauds this pilot. The American Legion's PTSD/TBI (Traumatic Brain Injury) Committee has reviewed several promising CAM treatments that include using electroencephalogram (EEG) technology to help better determine the efficacy of certain medications on patients with correlating quantitative EEG neuroethics. We believe the EEG/EKG (electrocardiogram) pilot program will provide VA with additional information to determine whether veterans can benefit from this therapy.

The American Legion has reservations due to VA's March 29, 2017 testimony before the House of Representatives Subcommittee on Health. During that testimony VA stated there is no medical device using MeRT technology that has been cleared or approved by the Food and Drug Administration (FDA) for the uses described in this legislation.[39] Providing non-approved FDA treatment to our Nation veterans is still a concern of The American Legion. With the assurance that the EEG/EKG pilot program meets FDA approval, The American Legion supports S. 514 and companion legislation in the House of Representatives, H.R. 1162.

Through American Legion Resolution No. 377: Support for Veteran Quality of Life, we support legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents.[40]

The American Legion supports S. 514 with amendments as noted above.

CONCLUSION

The American Legion thanks this Committee for the opportunity to elucidate the position of the 2 million veteran members of this organization. For additional information regarding this testimony, please contact the Assistant Director of the Legislative Division, Mr. Larry Lohmann Esq., at The American Legion's Legislative Division.

Chairman Isakson. Thank you for your testimony.

Mr. Manar.

STATEMENT OF GERALD T. MANAR, BLUE WATER NAVY VETERAN, FORMER DIRECTOR, NATIONAL VETERANS SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. MANAR. Chairman Isakson, Senator Sanders, Members of the Committee, on behalf of the men and women of the Veterans of Foreign Wars and its Auxiliary, thank you for the opportunity to testify today.

[39] What is MeRT: https://www.braintreatmentcenter.com/mert

[40] The American Legion Resolution No. 377 (2016): Support for Veteran Quality of Life

We talk in support of the Blue Water Navy Vietnam Veterans Act of 2017. I am a veteran of the Navy who served on a ship which participated in 11 campaigns during the Vietnam War. From 1964 through 1972, the USS Whitfield County (LST 1169) was sent to Vietnam at least 31 times. During those deployments it landed Marines and army units in Vietnam. It patrolled endless days off the coast, supported riverine patrol boats on the rivers of Vietnam, and went up the river to Saigon.

I served aboard from July 1971 until she was decommissioned in March 1973. During that time our ship went to Vietnam three times.

During the Vietnam War, many hundreds of U.S. Navy ships spent weeks or longer off the coast, many of them not just once or twice, but repeatedly.

On my first cruise to Vietnam in 1971, we patrolled up and down the coast. We were on the lookout for small boats trying to infiltrate supplies and personnel into South Vietnam—north and south, day after day, within sight of the shoreline. We were a floating warehouse, carrying hundreds of tons of supplies on our tank deck. We carried extra ammunition for patrol gunboats and other smaller ships which might need resupply. Whenever we went to Vietnam, we carried extra fuel for ships and JP–5 for helicopters.

We anchored off the coast several times to conduct shore bombardment with our 3-inch/50 guns. We spent Christmas Day in 1971 taking on supplies from a stores ship, then transferred some of those supplies and fuel to two patrol gunboats and a mine sweeper. We anchored off the coast 1 day, lowered the captain's gig into the water, and went swimming. We followed that with a barbecue on the main deck. We did this all within sight of the beaches of Vietnam.

I mention these events as an illustration of the kinds of activities we performed close to the shore of Vietnam. If there was dioxin in the water, we would have been exposed to it while swimming. Week after week, patrolling up and down the coast, we took in sea water and processed it through our fresh water evaporator system. We know from the Australian Navy study, validated by the National Academy of Medicine, that fresh water evaporator systems concentrated toxic material, including dioxin, which was then transmitted to sailors through drinking water.

Absent the cleaning and sanitation of the entire fresh water evaporator system, it is conceivable that every person who ever served on board my ship could have been exposed to dioxin after its first visit to Vietnam. Further, by the time we completed our last deployment to Vietnam in 1972, the evaporator system would have accumulated concentrated dioxin from dozens of visits to Vietnam, not simply the final three that I experienced while on board.

From 2015 through September 2017, I was a member of the Steering Committee for the Vietnam Era Health Retrospective Observational Study, abbreviated VE-HEROeS. The aim of the study was, in part, to obtain self-reported data on the health of Blue Water Navy veterans. Instead of the expected 200 respondents, a total of nearly 1,000 Blue Water Navy veterans answered the questionnaire. The raw data is currently under analysis and adjustment

to assure accurate comparisons between other Vietnam and Vietnam era veterans.

While the results of this study will be published over the next few years, there is more than sufficient data, in our view, to show that Blue Water Navy veterans suffer from a higher incidence of cancers, hypertension, and ischemic heart disease than other populations of similar size and similar age.

It has been 43 years since the war ended in 1975, and even the youngest of Blue Water Navy veterans are over 60 years old. Many thousands suffer from the same disabilities as do veterans who served in-country. Rather than continue studying the health of Blue Water Navy veterans for another 10 years while those veterans sicken and die from diseases related to exposure to herbicides, Congress must grant Agent Orange presumptions to the thousands of veterans who served their country off the shores of Vietnam.

In addition, the VFW supports expansion of benefits to Korean DMZ veterans who suffer from diseases directly linked to exposure to herbicides without forcing them to prove individual exposure.

We also support the expansion of benefits for children of Thailand veterans who were born with spina bifida.

Finally, we believe the elimination of the distinction between the National Guard, Reservists, and active-duty servicemembers in requirements to pay certain home loan fees is an appropriate recognition of their service to our country.

This concludes my testimony. I will be happy to answer any questions you may have for me.

[The prepared statement of Mr. Manar follows:]

PREPARED STATEMENT OF GERALD T. MANAR, BLUE WATER NAVY VETERAN, FORMER DIRECTOR, NATIONAL VETERANS SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND MEMBERS OF THE COMMITTEE, On behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to offer our views on legislation pending before the committee.

H.R. 299, BLUE WATER NAVY VIETNAM VETERANS ACT OF 2017

I am a veteran of the Navy who served on a ship that participated in 11 campaigns during the Vietnam War. From 1965 through 1972, the USS Whitfield County (LST 1169) was sent to Vietnam at least 31 times. During those deployments it patrolled endless days off the coast, supported riverine patrol boats on the rivers of Vietnam and went up the river to Saigon. I served aboard from July 1971 until she was decommissioned in March 1973. During that time our ship went to Vietnam three times.

When you think of navies, you think of aircraft carriers, destroyers, submarines. If you are older, or a fan of WWII movies, cruisers and battleships figure into the equation as well. However, over its history, the United States Navy has had thousands of ships, many of which were not the fastest, stealthiest or biggest. Our fleets cannot stay at sea for extended periods without oilers, ammunition, and stores ships to support them. They cannot land Marines on distant beaches without amphibious ships of all sizes and descriptions. The job of our Navy is to project power, wherever and whenever that power is needed. To do that, dozens of different types of ships are needed to make that happen.

The United States Navy was in Vietnam from start to finish. While the war did not start with the Gulf of Tonkin Incident in 1964, it was the catalyst for ramping up American participation to its peak in the late 1960s. It ended with the evacuation of American personnel and thousands of Vietnamese to ships off the coast in April 1975. In between, many hundreds of ships spent weeks or longer off the coast,

many of them not just once or twice, but over and over again. While many of those ships put into Vietnamese ports, many others did not.

Forty years after I last saw the coast of Vietnam from the deck of the USS Whitfield County, I spent two days at the National Achives pouring over the deck logs, trying to find entries that supported my recollection of tying up to a pier in Cam Ranh Bay, beaching the ship on the LST ramp at Vung Tao, putting into port at Qui Nhon and sailing off the coast of Da Nang. My search revealed much more than I recalled.

On my first cruise to Vietnam in 1971, we patrolled up and down the coast. We were on the lookout for small boats trying to infiltrate supplies and personnel into South Vietnam—north and south, day after day, within sight of the shoreline. This was not just a random assignment. Operation Market Time started in 1965 and continued through the end of American participation in 1973. We were a floating warehouse, carrying hundreds of tons of supplies on our tank deck. We carried extra ammunition for Patrol Gunboats and other smaller ships that might need resupply. Whenever we went to Vietnam, we carried extra fuel for ships and JP–5 for helicopters.

We put into port as needed. We once picked up the pieces of a patrol boat that had been blown in half by a mine attached to its hull, and carried them to another port in Vietnam. We never knew why. We anchored off the coast to conduct shore bombardment with our 3"/50 caliber guns. We spent Christmas Day in 1971 taking on supplies from a stores ship, then transferred some of those supplies and fuel to two Patrol Gunboats (USS Asheville and Tacoma) and a mine sweeper (USS Guide). We anchored off the coast one day, lowered the Captain's gig into the water and went swimming. We followed that with a barbeque on the main deck. We did this within sight of the beaches.

I mention these events as an illustration of the kinds of activities we performed close to the shore of Vietnam. If there was dioxin in the water, we would have been exposed to it while swimming. Week after week, patrolling up and down the coast, we took in sea water and processed it through our fresh water evaporator system. We know from the Australian Navy study, validated by the National Academy of Medicine (formerly the Institute of Medicine), that fresh water evaporator systems concentrated toxic material, including dioxin, which was then transmitted to sailors through drinking water.[1]

As a matter of observation, absent the cleaning and sanitation of the entire fresh water evaporator system, it is conceivable that every person who ever served on board my ship could have been exposed to dioxin after its first visit to Vietnam. Further, by the time we completed our last deployment to Vietnam in 1972, the evaporator system would have accumulated concentrated dioxin from dozens of visits to Vietnam, not simply the final three that I experienced while on board.

From 2015 through September 2017, I was a member of the Steering Committee for the Vietnam Era Health Retrospective Observational Study (VE-HEROeS). The Committee had input into the study design, the questionnaires, communications, and types of analyses and order of analyses. The aim of the study was, in part, to see whether Blue Water Navy veterans would respond to the survey and describe their health. Based on the sample size of all Vietnam and Vietnam Era veterans, the researchers estimated that 200 Blue Water Navy veterans would respond. In fact, 987 Blue Water Navy veterans answered the questionnaire. As a result, the data gathered is more extensive and richer than anticipated. The raw data is currently under analysis and adjustment to assure accurate comparisons between other Vietnam and Vietnam Era veterans.[2]

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[1] Blue Water Navy Vietnam Veterans and Agent Orange Exposure, Institute of Medicine, 2011, pg 13, https://www.nap.edu/read/13026/chapter/2#13

[2] Blue Water Navy Characteristics, Presentation to the Steering Committee Meeting, September 27, 2017.

Blue Water Navy – Health Conditions by Category

	n	%
Cancers	174	17.6
Circulatory System Diseases	702	71.1
Neurologic Diseases	132	13.4
Psychiatric Diseases	218	22.1
Other Chronic Diseases	517	52.4
Brain Injury/Concussion	111	11.3
Alcohol or Drug Dependence	114	11.6

VE-HEROeS | Vietnam Era Health Retrospective Observational Study

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While results of this study will be published over the next few years, there is more than sufficient data to show that Blue Water Navy veterans suffer from a higher incidence of cancers, hypertension, and ischemic heart disease than other populations of similar age.

It has been 43 years since the war ended in 1975. Even the youngest of Blue Water Navy veterans are over 60 years of age. Many thousands suffer from the same disabilities as do veterans who served in-country. Rather than continue studying the health of Blue Water Navy veterans for another 10 years while Blue Water Navy veterans sicken and die from diseases related to exposure to herbicides, Congress must grant Agent Orange presumptions to the thousands of sailors who served their country off the shores of Vietnam.

The VFW supports expansion of benefits for Korean DMZ veterans who suffer from diseases and illnesses directly linked to Agent Orange. While many of these veterans receive presumptive disability compensation for their service-connected disabilities, hundreds of them are unjustly required to prove individual exposure. This legislation would provide them the benefits they have been unjustly denied.

This legislation would also provide benefits to children suffering from spina bifida because of their parents' exposure to Agent Orange while serving in Thailand during the Vietnam War. Spina bifida is a debilitating birth defect, which has been found to be more prevalent among children of veterans exposed to Agent Orange. This expansion would make equal the level of benefits that other children receive due to their parents' exposure to Agent Orange.

The VFW also supports the reporting and outreach requirements in this legislation. Research related to Gulf War Illness is vital to ensuring veterans receive the care and benefits they have earned as a result of illnesses and injuries caused by their service. The outreach and reporting components related to the Blue Water Navy portion of this bill would ensure veterans receive the retroactive payments they have earned, and allow Congress to oversee proper implementation of the legislation. On their behalf, the VFW urges you to approve this legislation so these veterans can receive the treatment and compensation they have earned through their service to our country.

Ensuring equality between the active, Guard, and Reserve components of the military is a key goal of the VFW. For the past decade and a half, our country has been sending National Guardsmen and Reservists into harm's way at an unprecedented level, and some of them have been wounded in the line of duty. The VFW is pleased that H.R. 299, would end arbitrary differences in home loan fees and show that service in uniform earns equal opportunity to be a homeowner.

H.R. 5418, VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT

The VFW encourages the expansion of opportunities for veteran-owned small businesses to compete for Department of Veterans Affairs (VA) contracts, but we also see the value in having a single supplier if the situation is necessary. Mandating VA to use regional prime vendors could have a positive impact on competition in the market place, however, we would not want to see it negatively impact overall cost. The VFW does not have a position on this portion of this bill.

We do, however, support prohibiting a single prime vendor from developing the formulary for medical surgical supplies. Allowing a single vendor to tailor the formulary to fit specific needs that only they could provide can lead to unfair advantages in competitive bidding. Creating a comprehensive formulary that is designed solely with the patients in mind is how they should be developed, and not in favor of a particular vendor.

S. 514, NO HERO LEFT UNTREATED ACT

The VFW opposes this legislation, which would require VA to carry out a pilot program to provide veterans Magnetic eResonance Therapy (MeRT) to treat Post Traumatic Stress Disorder (PTSD) and other mental health conditions.

The VFW supports expanding access to integrated and complementary therapies that have proven to effectively treat veterans who have not responded to conventional or evidence-based mental health care. However, MeRT is not approved by the U.S. Food and Drug Administration (FDA) and has shown little to no evidence of effectiveness in treating PTSD or other behavioral health conditions. VA has a current pilot program studying Repetitive Transcranial Magnetic Stimulation, or rTMS. While this form of therapy is FDA approved, recent data from this research shows the therapy is successful on approximately 40 percent of patients, which is the same percentage of success in patients receiving sham treatments.

There is currently no evidence that MeRT would outperform treatment for any disorders. Additionally, this legislation would not provide VA additional funding to test the efficacy of MeRT. The VFW believes that VA must spend its already scarce health care resources on therapies that have shown promise or have a proven track record.

S. 1596, BRAVE ACT OF 2017

The VFW supports this important bill, which would increase the funeral and burial benefit for eligible veterans. Specifically, this important bill would also ensure all three benefits are indexed for inflation.

The cost of funeral expenses in the private sector has increased nearly sevenfold since 2001, but VA benefits to cover such costs have failed to keep pace with inflation. The VFW urges Congress to ensure the loved ones of veterans who do not have access to a state or national veterans cemetery within 75 miles are not required to accumulate debt to provide their loved ones a final resting place that honors their sacrifice to our nation.

S. 1952, DEPARTMENT OF VETERANS AFFAIRS FINANCIAL ACCOUNTABILITY ACT OF 2017

The VFW supports this bill, which would require a third-party review of VA's financial projections. VA's inability to accurately project its budgetary needs, or overestimating its medical collections, has impacted its ability to provide veterans timely access to high-quality care and benefits.

When evaluating VA's budget requests and financial projections, the VFW urges Congress to consider the impact outdated Budget Control Act discretionary budget caps have on the amount of resources VA is allowed to request. While VA budget requests should be based on need, they are often based on what VA is able to get approved by the Office of Management and Budget. For this reason, the VFW urges this Committee to include an analysis on the impact of sequestration on VA budget requests.

S. 2881, MARE ISLAND NAVAL CEMETERY TRANSFER ACT

The VFW strongly supports this bill, which would transfer the Mare Island Naval Cemetery to the National Cemetery Administration (NCA) for management. The United States Navy used this cemetery as the final resting place of more than 800 veterans. Concern that non-veterans had been buried there has been raised as a possible reason to prevent NCA from managing the cemetery. The VFW feels that the Navy made the decision to bury those people there, that the decision should be respected, and that this is not a reason to oppose the legislation. This cemetery is in disrepair and the VFW will never support allowing the final resting place of veterans to be forgotten.

The lasting legacy of those who have served our country is on display in cemeteries and is a testament to the cost of freedom. While our Nation remembers the service of veterans who are no longer with us on Memorial Day, NCA, and the American Battle Monuments Commission ensure that a daily reminder withstands the test of time.

S. 3184, TO MODIFY THE REQUIREMENTS FOR APPLICATIONS FOR CONSTRUCTION OF STATE HOME FACILITIES TO INCREASE THE MAXIMUM PERCENTAGE OF NONVETERANS ALLOWED TO BE TREATED AT SUCH FACILITIES.

The VFW supports this legislation which would allow a small increase in non-veteran care at State Home Facilities. If certain facilities are not operating at full capacity and have the ability to treat non-veteran spouses, the facilities should be allowed to do so. The VFW believes these decisions should be driven by compassion

and respect for the aging veterans and their loved ones. If there are open bed spaces in State Home Facilities that could be occupied by veterans' spouses, we should make that happen.

TRANSITION ASSISTANCE LEGISLATION

The period of moving from active duty to civilian life can be challenging for many transitioning servicemembers (TSMs). Leaving a structured life in the military and moving to an entirely different atmosphere brings with it many difficulties. Finding a new job, moving away from base, going to school, or leaving friends and comrades are just some of the issues servicemembers face with transition.

The Transition Assistance Program (TAP) is the Department of Defense's (DOD) program in cooperation with the Department of Labor, VA, and the Small Business Administration to ensure a seamless path for servicemembers to civilian life. TAP has improved drastically over the past few years, but there are still many changes that need to be made to this vital program.

The VFW supports the discussion legislation on transition assistance reform, which would consolidate and streamline the TAP overview process. This bill would provide insight and proper reporting of the entire TAP curriculum that would provide accurate information regarding which parts of TAP are working and which parts need improvement. However, there are items we feel should be included in any transition legislation in order to improve the entire process.

The VOW to Hire Heroes Act of 2011 requires TSMs to attend TAP class prior to 90 days before leaving active duty service. Currently, less than half are attending by the required date. Additionally, less than 15 percent are attending the supplemental classes for education, entrepreneurship, or career technical training. Late attendance can lead to TSMs not having certain VA benefits available as soon as they leave active duty service. The VFW supports early participation in TAP classes for all servicemembers. We feel beginning TAP 12 months before leaving the service will set up TSMs for success better than the current three month path.

The VFW supports S. 2748, BATTLE for Servicemembers Act, and the effort to make the supplemental TAP classes mandatory. More than half of TSMs utilize their GI Bill benefits after leaving the service, but nowhere nearly that many attend classes or briefings dedicated to education during their transition classes. Adding the supplemental classes to the main curriculum of TAP would expand the knowledge of TSMs and better prepare them for civilian life.

The VFW also recognizes the value in connecting TSMs with the communities where they seek to reside. Having the TSMs connect with community groups or resources prior to separation could help mitigate various hardships as they transition to the civilian sector. There are many different organizations that help with education, employment, and financial management in communities across the country. Providing a connection to local resources during TAP classes is another tool for servicemembers to further their success.

Expanding access for veterans to TAP-style information and resources after they leave military service is important for veterans. The VFW urges the Committee to revisit the pilot program to offer TAP in the community for veterans. Once veterans reintegrate into their communities, it is important for them to be able to access specific transition resources that apply strictly to their local communities. Veterans who participated in the original pilot program were able to access information and resources they may have missed during their initial TAP classes.

Another key element the VFW would like to see added to any transition legislation is the removal of the 12-year expiration date for the Vocational Rehabilitation and Employment (VR&E) Program. Education and training are continuous efforts that do not end after 12 years. Many veterans seek to reeducate and retrain themselves later on in life, and removing the expiration date will eliminate an unnecessary barrier to do so. There are exemptions that will allow veterans to utilize VR&E after the expiration date, however, if a veteran does not meet at least one of the exceptions, the veteran is denied due to the arbitrary expiration date. Last year, the expiration date on the GI Bill was removed so veterans could engage in education and training later on in life. The VFW feels Congress must do the same for VR&E.

VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018

The VFW supports this draft legislation which would improve dental care provided to veterans by VA through a pilot program, as well as increase the ability for VA to construct and lease dental clinics. Though the VFW would prefer to see legislation that would expand eligibility for VA dental care to all veterans who are eligible for VA health care, the VFW supports this bill.

Dental care is a vital aspect of general health care. According to the Mayo Clinic and a myriad of peer-reviewed medical studies, oral health has a direct impact on severe diseases and conditions, such as heart disease and adverse birth conditions. Conversely, several health conditions that are prevalent among veterans, such as diabetes and Alzheimer's disease, have been found to directly impact oral health. Until the VA Dental Insurance Program (DIP) was implemented in January 2014, veterans enrolled in VA health care had little to no options for receiving dental coverage.

Additionally, there is a large disparity between VA and DOD dental coverage, which can have a significant impact on the health care and quality of life for veterans. While in uniform, veterans were required to maintain a high level of dental readiness, to the extent that they would be placed on a non-deployable status if they failed to receive a dental evaluation every year. However, only veterans who were 100 percent service-connected disabled, certain homeless veterans, and those who had a service-connected dental condition were eligible for VA dental care. The majority of veterans enrolled in VA health care are unjustly denied access to VA dental care. Instead, they are offered the ability to purchase dental insurance through VA, which has high costs and poor coverage. VFW members who are asked for feedback on VADIP report that it is better than nothing. Those who have worn our Nation's uniform deserve the best, not "better than nothing."

This draft legislation would create a pilot program to expand dental care services and treatment to veterans who are enrolled in VA at 16 locations across the country. These 16 locations would include four VA medical centers with an established dental clinic, four VA medical centers with a contract for dental care, four community-based outpatient clinics with available space, and four facilities from federally qualified health centers and Indian Health Service clinics. These pilot sites would assess the feasibility to furnish dental services and treatment to no more than 100,000 veterans who volunteer to participate in the program.

This draft legislation would also provide the Secretary with the authority to construct or lease a dental clinic for any state that does not currently have a VA facility that offers dental services. The VFW finds this to be incredibly important, as veterans must have access to dental care and they should not have to cross state lines to obtain that care.

DRAFT LEGISLATION, MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT

This draft legislation would provide a portable "credit card sized" health record for veterans. The VFW understands the intent of this bill, but opposes its passage. Veterans already have easy access to their health care records. Veterans have the ability to get copies by using their My Health*e*Vet account. After logging into their account, the first page a veteran sees offers a selection of four large "buttons" and accessing their medical record is the fourth option. VFW staff tested the ability to download their records using this method, and in less than 90 seconds an electronic version had been downloaded. For those who do not use My Health*e*Vet, a compact disc copy can be obtained by veterans from their local VA medical centers.

To ensure that the veteran's medical record follows them after military service, VA has recently begun the process of adopting a commercial off-the-shelf system for the future electronic health record. The Electronic Health Record Modernization Program (EHRMP) will allow veterans to have more access to their medical records. This legislation allows the discharging servicemember to electronically "carry" their record to VA, and for various portions of VA to interact with itself and with community care providers while caring for the veteran. The VFW believes this bill could create a competing medical record that would prevent VA and the veteran from having all needed information on one platform, thus slowing the delivery of care. Because of a lack of vital information, this could lead to decisions being made that could harm the health of the veteran.

In looking at our first two concerns together, the VFW worries about interoperability between the device that would be created and other VA systems, and security of the information stored on it. There is no requirement for the device to ever be connected to, or even interoperable with, the electronic health record that will result from EHRMP. A lost device could also lead to compromised information, and this is a real threat in the modern day.

Finally, the VFW opposes this bill because it specifically bans new appropriations for implementation. Unfunded mandates harm other programs by forcing VA to take money from other parts of its IT budget. The VFW is already concerned about VA's IT budget funding levels. This legislation would cause VA to divert precious and limited resources from other programs, thus hindering modernization of IT capabilities and implementation of EHRMP.

DRAFT LEGISLATION, TO REQUIRE THE SECRETARY OF VETERANS AFFAIRS TO ESTABLISH A PROGRAM TO AWARD GRANTS TO PERSONS TO PROVIDE AND COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR VETERANS TRANSITIONING FROM SERVICE IN THE ARMED FORCES WHO ARE AT RISK OF SUICIDE AND FOR THEIR FAMILIES.

The VFW supports this draft legislation, but has concerns the current language could provide grants to organizations that compete with, rather than complement, VA mental health care.

This draft legislation would authorize VA to provide grants to organizations offering suicide prevention services ranging from outreach and education to peer support and referrals to care. While providing grants to organizations that complement the care being provided by VA is of benefit, Congress and VA must ensure grants will not be received by groups competing with VA's suicide prevention treatments, or providers who should be enrolled in VA's community care program.

This draft legislation would require the Secretary to consult with organizations such as veterans service organizations (VSO's) about recipients of these grants. The VFW is grateful to see this, as VSO's have extensive background and understanding in programs such as this. For example, the VFW has its own mental wellness campaign. Through this campaign we have partnered with VA and other groups such as Change Direction, One Mind, PatientsLikeMe, Give an Hour, and the Elizabeth Dole Foundation. While the VFW does not provide clinical care, members work with our partners to provide outreach at home-grown levels to educate veterans and their families about recognizing emotional distress, as well as what benefits and programs are locally available. PatientsLikeMe provides peer support and Give an Hour provides clinical care for veterans in need of emergency counseling.

The VFW also believes the reporting requirement stating the Secretary "may" require a grant recipient to report how the funding is used must be changed to "shall." There are many honest programs which can benefit from grants. Still, Congress must work with VA to ensure these grants are not used to bankroll bad actors.

I thank you for the opportunity to testify today and I will answer any questions you may have.

Chairman ISAKSON. Thank you very much, Mr. Manar.

Mr. Snee.

STATEMENT OF THOMAS J. SNEE, NATIONAL EXECUTIVE DIRECTOR, FLEET RESERVE ASSOCIATION

Mr. SNEE. Chairman Isakson, Senator Sanders, Committee Members, thank you and on behalf of the veterans for your leadership and caring spirit. I am Tom Snee, the national executive director for the Fleet Reserve Association, the oldest sea service association serving our men and women in the U.S. Navy, Marine Corps, and Coast Guard since 1924. We are most honored and pleased to have been asked to return again to express and share our viewpoints for the Senate's favorable vote of H.R. 299 on behalf of the Blue Water Navies.

I am also a retired Navy master chief petty officer, surface warfare, with over 30 years of active duty and a Vietnam veteran who probably served on a Blue Water Navy ship that was exposed to Agent Orange in the coastal waters off Vietnam. Like other ships, we, too, lost a great number of our crew due to Agent Orange. Today I am here to put a human face on Agent Orange victims and their families. Simply, H.R. 299 will protect and ensure the poignant care for all Blue Water Navy veterans and actions today.

Mr. Chairman, allow me to read a quote from President George Washington: "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportionate on how they perceive veterans of earlier wars and how they were treated and appreciated by our Nation."

Mr. Chairman, every day we delay the well-being of earned benefits, quality treatments, and life's sustainability for our Blue Water Navy veterans, we are losing their confidence and credibility as a Nation. Through despair, addictions, homelessness, and suicides, our aging Vietnam veteran population can only wonder and frequently ask, do they really care?

For me, as that young 19-year-old from northeast Ohio, I never knew that the war was going on, never heard of Vietnam. Instead, I took my oath of enlistment seriously. I swore to protect and to defend the Constitution of the United States. We can all agree on one thing: that the Vietnam era was a very unpopular and emotional time back then. I, however, chose to serve toward a more deliberate and positive course for our country and invest in its national interests and securities.

The House recently overwhelmingly voted 382–0 for H.R. 299. On that day veterans across the Nation lit up phone lines and social media that in hope and trust they were finally realized and valued for their service. Today this Committee and the Senate can further seal that confidence to secure those mandates for care and prevention. For those, we have been told no. For our Australian counterparts and allies, with the same at-sea lifestyles, experienced the same anguish, however, initiated the means to provide the needed care for their Vietnam sea service veterans. The VA Mission Act of 2018, sponsored appreciatively by Chairman Roe, will ensure a continuity of care and services for our Blue Water Navy veterans. Please consider these points:

- Measurable Blue Water Navy issues have been addressed to the House and to the Senate. An identifiable and affordable pay has been established.
- The VA Mission Act provides the needed assurances of hope and promise of care and sustainability in their own personal lives.
- The VA report of 2008 can be qualitatively referenced, "given the availability of evidence, the Committee recommends that members of the Blue Water Navy should not be excluded from the set of Vietnam era veterans with presumed herbicide exposures."
- A letter sent by 14 Senators in January 2016 stated, "There seems to be ample reason for you, the Secretary of VA, to make the policy decision in favor of many veterans who are suffering from painful and debilitating diseases for whom justice is long overdue."
- Even the statement on dioxin regarding Agent Orange brings the point home as requested. "Dioxins are in nature chemical residues from manufacturing processes and are often cancerous." Typically, the side effects of dioxins in human exposures include sarcoma, lymphoma, blood diseases, and various birth anomalies and defects of varying magnitudes of seriousness.
- And, recently, the VA established a qualitative framework to put into practice a positive stance and five courses of actions that would support and endorse and decrease in suicide instances to match the needs of our service.

Mr. Chairman, Committee Members, now is the time. We must act to forge an informative action for our Blue Water Navy veterans. Every day we suspend its passage again, we further continue the loss of confidence and psychological setbacks for our veterans, including death itself.

I quote another instance of a widow of a Navy master chief who is buried at Arlington Cemetery, who said, "It is cheaper for the VA to bury our veterans than to take them and give them the treatment that they need." She also said, "They should never have been excluded."

The making of fresh water is a universal process on every Navy ship. Admiral Zumwalt—I spoke with his daughter and his son, and the daughter said at a Navy memorial conference that if her Dad had known the following effects of Agent Orange, he would never have allowed it.

In closing, Mr. Chairman, these are the faces and stories of the Blue Water Navy vets. We took an oath, we served, we made a commitment to the sea—breathing, bathing, drinking, cleaning, even brushing our teeth while absorbing Agent Orange. Our caretakers are suffering patiently as well and wondering just when will that day be.

Sir, people are not science projects. We are the consequences of an era gone by. Vote for H.R. 299.

Please remember my earlier quote from George Washington, because this could have a future impact, as I recently had down in Charleston, SC, by a 19-year-old who said, "Sir, is the Government and VA going to take care of me if I should get ill?" just before he went to boot camp.

Remembering the Vietnam veteran, our resistance will long be painful. Sir, we have the means. Let us make sure it does not happen to us.

Mr. Chairman, I thank you and the Ranking Member and the Committee and all the members here today, and I respectfully request that my statement be placed in the record. I await your questions.

[The prepared statement of Mr. Snee follows:]

PREPARED STATEMENT OF THE THOMAS J. SNEE, USN (RET), M.ED, MCPOC (SW), NATIONAL EXECUTIVE DIRECTOR, FLEET RESERVE ASSOCIATION

INTRODUCTION

DISTINGUISH CHAIRMAN JOHNNY ISAKSON, RANKING MEMBER JON TESTER, AND MEMBERS OF THE VETERANS COMMITTEE, We thank you, for the opportunity to present the FRA's views on, The "Blue Water Navy Vietnam Veterans Act of 2018," sponsored by Rep. David Valadao (R-CA) and other legislation listed on the agenda. We would like to recognize and thank Rep Valadao for his leadership and direction in the recent House passage of this Bill, (382–0) on June 25, 2018. FRA also thanks Senator Kirsten Gillibrand (D-NY) for her companion legislation (S. 422), to (H.R. 299) as it was introduced in the House. The House bill has 330 co-sponsors and the Senate bill has 51 co-sponsors. FRA also thanks House Veterans' Affairs Committee Chairman Dr. Phil Roe (Tenn.) and Ranking Member Tim Walz (Minn.) for working in a bi-partisan manner to pass the legislation out of committee and that recently passed in the House.

AGENT ORANGE/BLUE WATER NAVY REFORM

The "Blue Water Navy Vietnam Veterans Act" (H.R. 299) not only clarifies, but further defines eligibilities for sea service personnel that served on ships in the coastal waters off the coast of the Republic of Vietnam. This bill also provides a presumptive eligibility statute for disability claims submission to the VA for disease

and ailments from the toxic exposures of the Agent Orange herbicide. FRA requests that Congress recognize all "Blue Water" veterans who were exposed to the Agent Orange herbicide and to authorize immediate and presumptive status for VA disability claims submissions. Current presumption of service connection only exists for Vietnam veterans who served in-country, on land and inland waterways, but limited to those who served off its coastal waters. Enactment of H.R. 299/S. 422 will ensure a well justified and earned treatments and benefits to the thousands of Navy/Marine Corps/Coast Guard personnel who may have been denied service-connected claims by the VA since 2002.

Upon passage of this bill, these servicemembers will no longer have to continually prove direct exposures from Agent Orange, and be eligible to receive the consideration from the VA for benefits associated from presumptive and known associated health conditions incurred from exposure from this defoliant while serving on these ships. From 1964–1975 more than 500,000 deployed servicemembers serving off the coastal waters of Vietnam may have likely been openly exposed to the chemical herbicide Agent Orange in the daily performance of their shipboard duties. In response to this concern, Congress passed the Agent Orange Act of 1991, (P.L. 102–4) under President George H.W. Bush.

Based upon the 1991 Agent Orange Act, the VA policy (1991–2001) only recognized servicemember file claims if they received the Vietnam Service Medal/Vietnam Campaign Medal with a "boots on the ground" status. These restrictions of service were not applicable to sea service personnel on ships in the coastal waters. Agent Orange presumption connections were never extended for those shipboard personnel in the performance of their daily duties. The herbicide's primary use was to destroy foliage on river banks and shores where the Viet Cong hid, in order to fire upon passing ships and small vessels. The chemical sprayed found in those rivers, eventually had a "natural" runoff into the coastal waters off Vietnam. As a result, shipboard desalination processing, as used daily for bathing, drinking, laundering, dish washing, and other onboard daily use were never considered from this contamination. It was later determined, that the onboard desalinization process for water intensified the toxicity in the amounts used in the daily use from these herbicide exposures. In addition, consideration must be taken into account from these same sprayings, the atmospheric surroundings that were affected on these ships.

FRA is grateful to the 14 Senators, who in joint 2016 letter to the Secretary of Veterans Affairs, requested that the VA reconsider its ban on presumption for those who served on ships off the coastal waters as well as to those who had "boots on the ground." The FRA strongly endorsed this letter with its reassurances in the lifting of those restrictions. This same letter referenced the recent *Gray v McDonald* decision by the Court of Appeals for Veterans Claims that found that VA's exclusion of Da Nang Harbor from the definition of "inland waterways" to be "arbitrary and capricious." FRA was disappointed that the VA issued a court-ordered and "clarified" definition of inland waterways for the purpose of determining presumption for coverage that still maintained its exclusion of the "Blue Water" Vietnam veterans. For the VA, to state with such confidence that the toxin, Agent Orange, could not cross from inland water ways and harbors into open coastal waters is a total 'rejection in itself to the laws of nature'. It was as if some imaginary line drawn across the mouth of any river or bay had the ability to stop the herbicide from entering into coast waters and currents from flowing.

HOUSE AMENDMENTS TO AGENT ORANGE LEGISLATION

This current legislation, as amended in the House Veterans' Affairs Committee, now extends the presumption of herbicide exposure for veterans who served on or near the Korean DMZ between September 1, 1967 and August 31, 1971. This legislation will now permit and allow extended health care, vocational training & rehabilitation and monetary allowances to children born with spina bifida, provided that at least one parent of the affected child served in Thailand between January 9, 1962 and May 7, 1975 as determined by the VA Secretary and had been exposed to the herbicide Agent Orange during that period.

This bill also will allow improvements to the VA's home loan program. Currently, VA-designated appraisers rely solely on information from approved third parties, who, for an example, would use a desktop appraisal, when determining a home's value for a VA home loan. This new method would combine traditional appraisal methods with modern data analytics and market data to expedite and improve VA's appraisal process. This bill also eliminates the current conforming loan limit on the price of a loan that VA can guarantee. This rate is set by Freddie Mac and the amount of the current cap varies depending on the cost of living in a particular area. Any veteran who chooses to their benefit to purchase a home above the cur-

rent cap would be required to pay a funding fee unless they were rated at the 100 percent service-connected level.

OTHER LEGISLATIONS

FRA would like to briefly indicate its position on the other legislative proposals being reviewed at this hearing. The FRA's position on the other legislative proposals is as follows:

- FRA supports the draft legislation sponsored by Senator Bernie Sanders (VT) to authorize a pilot program for expanded dental services for certain veterans;
- FRA has no position on Senator Michael Bennet's (CO) legislation (S. 3184);
- FRA supports the draft legislation sponsored by Senator Michael Crapo (ID) that addresses the streamlining the Transition Assistance Program (TAP).
- FRA has no position on Senator John Boozman's "VA Hiring Enhancement Act;"
- FRA has no position on Rep. Jack Bergman's (MI) "Veterans Affairs Medical-Surgical Purchasing Stabilization Act" (H.R. 5418);
- FRA strongly supports Senator Gary Peters (MI) the "BRAVE Act," (S. 1596) that increase benefits for burial, funeral and other death related expenses;
- FRA strongly supports Senator Diane Feinstein's (CA) "Mare Island Naval Cemetery Transfer Act," (S. 2881);
- FRA supports Senator Jon Tester's (MT) "VA Financial Accountability Act" (S. 1952);
- FRA strongly supports Senator Jon Tester's (MT) "Dependency and Indemnity Compensation Improvement Act" (S. 1990);
- FRA strongly supports Senator Dan Sullivan's (AK) "Medal of Honor Surviving Spouse Act" (S. 2185);
- FRA supports the draft legislation, sponsored by Senator Bill Cassidy (LA), to require the VA to create a program to provide grants for persons to provide and coordinate provisions of the suicide prevention services for certain veterans;
- FRA strongly supports Senator Bill Cassidy's draft bill "Modernization of Medical Records Access for Veterans Act;" and
- FRA supports Senator David Perdue's "No Hero Left Untreated Act" (S. 514).

CONCLUSION

In closing, please allow me again, to express our sincere appreciation on behalf of the Association in allowing FRA to express its views on legislation at this hearing.

Chairman Isakson. Your statement will be placed in the record, as will the statements of all the members of the panel. Thank you, Mr. Snee.

Mr. Weidman, you are recognized.

STATEMENT OF RICK WEIDMAN, EXECUTIVE DIRECTOR FOR POLICY AND GOVERNMENT AFFAIRS, VIETNAM VETERANS OF AMERICA

Mr. WEIDMAN. Thank you, Mr. Chairman. I appreciate it.

There are a number of bills that are really worthy bills and discussion drafts for consideration today, but I am not going to comment on all of them. I will just concentrate on two.

First, H.R. 299 with the amendments is a bill that deserves passage. One of the statements by the VA panel—the Under Secretary can certainly be forgiven because he is brand-new—but when that Blue Water Navy special study was released by the Institute of Medicine, I was there, one of Mr. Snee's colleagues who was also present in the room was there, and about six VSOs. It did not say that people were not exposed. What the report said was that, yes, it was biologically plausible and that probably some were exposed. We said, "So, why aren't you recommending upping among the categories that the National Academy of Medicine," as it is now called, "has the opportunity to do under the 1991 law?"

The response back to that was, "We do not know how much you were exposed." To which I said, "So what? You do not know how much I was exposed versus my friends who is down in I Corps who served on the ground?"

Then we asked a key question: "What is a safe dose of dioxin?" Of course, her eyes got as big as dinner plates, because there is no such thing as a safe dose of dioxin.

We believe that the report itself has been misinterpreted by the so-called public health and toxic exposure section of VA, because if you go back and read the actual report, it says that, in fact, people who served in the Blue Water Navy were exposed. How much makes no difference. You do not know how much different folks who served in the delta versus the central highlands where I served. Who knows? And, you cannot put it together 40 years later.

I do want to comment and save my remaining time for the Veterans Dental Eligibility Expansion and Enhancement Act of 2018. How in the world dental care and periodontal care got separated from the rest of physiological care in our society is one of those things that you really have to scratch your head about. What do we know about people who use VA? They are older, they are sicker, and they have multiple and complex interactions of physical conditions. Some of that is due to poor nutrition. Some of it is due to bad teeth and other dental diseases that make it hard for people to eat real food, and so they go for processed foods. It is way past time for the VA to do this pilot study. Frankly, we believe that there is enough evidence in the general literature about overall health in general in regard to dental care, good dental care, that you cannot do good overall care, physiological care, unless you have good dental care.

Because of the vagaries of the C&P system, there are a lot of people—if you served and applied in one regional office, you would have ended up 100 percent. If you apply at another regional office, you end up being 60 or 70 percent. Whether or not you have dental care, which is absolutely necessary to good health, should not depend on where you live and the vagaries of even adjudicator to adjudicator within the same office.

So, we urge early passage of both of these bills and that science and justice demand early passage of both, because you cannot take care of people's health if you ignore the dental, and because what the IOM report really said was that, yes, it was plausible that people were exposed. That was what we needed.

One last point about the VA. They were under pressure to make a definitive statement about who was in the river and who was in the harbor. If you were in the harbor, you, "were not exposed." But, if you sit where Senator Sanders and the Chairman are sitting and the people behind them, you were exposed. They literally drew a line on a map across the mouth of the river. I mean, you do not have to be an ocean hydrologist to know how stupid that is. The Tombigbee River and other rivers in Georgia empty into the ocean. How do you say whether if you threw orange dye upstream it is going to end up in the harbor? Same with the Lamoille River dumping into Lake Champlain. While you can say, "Yes, that is the mouth of the river," but anything that is in the water that is coming down is going to go out into the larger body of water.

So, I thank you for your indulgence. I know I am over time, Mr. Chairman, and thank you so much for this hearing. I look forward to discussing these issues, of each one of these discussion drafts and bills, with your staff. Thank you.

[The prepared statement of Mr. Weidman follows:]

PREPARED STATEMENT OF RICK WEIDMAN, EXECUTIVE DIRECTOR FOR POLICY & GOVERNMENT AFFAIRS, VIETNAM VETERANS OF AMERICA

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND YOUR DISTINGUISHED COLLEAGUES OF THE SENATE VETERANS' AFFAIRS COMMITTEE, Vietnam Veterans of America (VVA) wants to thank you for your stellar efforts on behalf of veterans of all eras. And we appreciate the opportunity to offer for your consideration our testimony regarding legislation pending before this distinguished committee.

H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018, introduced by Congressman David Valadao (R-CA). VVA, along with just about every other VSO and MSO, has pressed for the passage of legislation that will right a long-standing wrong for veterans of the so-called Blue Water Navy during the years of the Vietnam War. Its fate now rests in this Committee, at this time. We hope you will see the wisdom in bringing, at long last, a measure of justice to these worthy veterans, men who did the Nation's bidding during that difficult and turbulent time.

BACKGROUND

During the war in Vietnam, from the early 1960s through the first years of the 1970s, some 20 million gallons of Agent Orange and other toxic chemicals were sprayed to defoliate jungle flora for two important reasons: to kill foliage surrounding fire bases that would otherwise provide cover for enemy forces, and to deny the enemy the ability to grow crops. Toxic chemicals in the herbicide, have been associated with serious, life-threatening health conditions, e.g., non-Hodgkin's Lymphoma, various cancers, Type II diabetes, and Parkinson's disease.

Agent Orange was sprayed across the former South Vietnam, including coastal areas and along the banks of rivers and streams that empty into the South China Sea. The dioxin in this defoliant wound up in harbors and coastal byways heavily trafficked by military as well as civilian vessels. It is virtually certain that this contaminated seawater was taken in by ships to be desalinated into potable water for drinking, cooking, and showering. Today, too many of the sailors and Marines aboard these vessels are afflicted with the same maladies as are so-called boots-on-the-ground Vietnam vets.

We wonder how many in this hearing room remember the words of one veteran suffering from cancer who stated, "I died in Vietnam and didn't even know it." He was not alone. In 1991, Congress enacted the Agent Orange Act in an attempt to rectify what had become a persistent outcry from veterans suffering from diseases that peer-reviewed scientific studies have associated with exposure to dioxin, the toxic element in Agent Orange.

There was a time when the Veterans Benefits Administration treated claims from sailors in the same manner as they did for claims by in-country veterans. This was ended, abruptly, in March 2002. The former Secretary who made that decision in 2002, without any justification, scientifically or otherwise, published an Opinion piece last week urging that the Congress "not ignore science." Between 2002 and 2009, the VA denied some 32,880 claims, as the VA limited the scope of the Agent Orange Act to only those veterans who could provide proof of "boots on the ground" in Vietnam. Today, approximately 90,000 claims by "Blue Water" sailors are awaiting adjudication by the VBA.

(The Department of Veterans Affairs has published on its website a listing of "Navy and Coast Guard Ships Associated with Service in Vietnam and Exposure to Herbicide Agents." Most of these vessels, dubbed "Brown Water Navy," plied inland waterways in the former South Vietnam.)

H.R. 299

On June 25, 2018, the House passed an amended version of H.R. 299, 382–0. The original bill clarified that servicemembers aboard vessels in Vietnamese territorial waters (for the most part up to 12 miles from shore) during the Vietnam War can claim service connection for ailments associated with exposure to Agent Orange when filing a disability claim. The House bill was amended to include certain veterans who served near the demilitarized zone in Korea and in Thailand.

Congress, we believe, should recognize that it is as likely as not that these veterans were in fact exposed to Agent Orange and should be accorded presumptive status for their disability claims citing such exposure. When signed into law, this bipartisan legislation would reverse the VA's 2002 decision which prevented Blue Water Navy veterans—and those veterans who served near the DMZ in Korea and in bases in Thailand—from claiming presumptive status for the diseases associated with herbicide exposure.

VVA supports passage of H.R. 299 as amended, and urges swift action by you and your colleagues in the Senate.

S.____ THE VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018, *introduced by Senator Bernie Sanders (I-VT), calls for the VA to carry out a 3-year pilot program at no fewer than 16 VA healthcare facilities. The purpose of this program is to assess the feasibility and advisability of furnishing dental services and treatment, and related dental appliances, to enrolled veterans who are not deemed to be eligible for such services and treatment, who volunteer to participate in the program, and who agree to copayments for such treatment and services same as they would for medical care. This bill also calls for the VA to initiate a program to educate enrolled veterans on the importance of good dental health, a program that illustrates the association between dental health and overall health and well-being.*

VVA most definitely endorses and fully supports this pilot project, and Senator Sanders' initiative. As he has noted, "Untreated oral health conditions can lead to tooth loss, pain and infection, and contribute to an increased risk for serious medical conditions such as diabetes and poor birth outcomes." The bill requires, within a year and a half after this pilot program commences, that the VA submit a report to both SVAC and HVAC that describes the implementation and operation of the project and includes "an assessment of [its] impact on medical care, wellness, employability, and perceived quality of life."

VVA recommends that the VA be required, within six months of the date of enactment of this act, to submit an exhaustive study/literature review of all peer reviewed articles in reputable medical journals pertaining to the effect of dental/periodontal health on overall health of adult individuals. Further, that VA submit a complete and documented study of the effect of providing dental services to homeless veterans and other veterans who receive such services, by cohort group, at VA.

If this pilot project proves successful, as we believe it will, the introduction of full dental services for veterans who have a disability rating of less than 100 percent will have a salutary effect on their overall wellness.

The arbitrary division of health and dental health has never made any real sense to us at VVA, since the two are so inextricably intertwined.

S. 2881, THE MARE ISLAND NAVAL CEMETERY TRANSFER ACT, *introduced by Senator Diane Feinstein (D-CA), directs the VA to enter into an agreement with the city of Vallejo, California, for the transfer to the VA of the Mare Island Naval Cemetery in Vallejo, to be maintained as a national shrine.*

Because of persistent fiscal uncertainties, Vallejo has been, and will continue to be, unable to properly maintain this cemetery. It is certainly appropriate for the VA's National Cemetery Administration to add this to its roster of national shrines. To not do so would be an abdication of presumed responsibility, because to honor the memory of those buried there, this final resting place must be accorded proper maintenance. The Navy should have properly transferred it to the National Cemetery Administration (NCA) when the Navy pulled out of Mare Island.

VVA supports the passage of S. 2881 and would request that, if it cannot be enacted as a stand-alone bill, it should be added via amendment to the 2019 National Defense Authorization Act.

S. 1596, THE BURIAL RIGHTS FOR AMERICA'S VETERANS' EFFORTS ("BRAVE") ACT OF 2017, *introduced by Senators Gary Peters (D-MI) and Marco Rubio (R-FL). This bill would increase the maximum amount payable by the Department of Veterans Affairs for the burial and funeral expenses of certain veterans, an amount that would increase each fiscal year by the percentage increase in the Consumer Price Index.*

The demise of thousands of veterans can be connected to health conditions connected to their military service. Just as the CPI fluctuates (usually upward) year to year, recompense for burial expenses also ought to be aligned with changes in the CPI. S. 1596 should achieve this. It makes sense, is logical, and we can see no reason not to urge Congress to embrace it.

S. 3184, *introduced by Senator Michael Bennet (D-CO), would modify the requirements for applications for construction of State home facilities to increase the maximum percentage of non-veterans allowed to be treated at such facilities.*

The intent of this legislation is righteous. It would provide "care to spouses of veterans, during a period in which a facility is operating with a bed occupancy rate of 90 percent or less, not more than 40 percent of the bed occupancy at any one time will consist of patients who are not receiving such level of care as veterans."

While we have no qualms about the spouses of veterans to be admitted to these homes, the language of S. 3194 is ambiguous. It seems to us that with the aging of the Vietnam veteran cohort, more and more of us will need to avail ourselves of what State homes can provide. Just as VA healthcare facilities are for veterans of the Armed Forces, so too, we believe, should homes for veterans be just that: homes for veterans who can live in dignity at a place where they can bond with other veterans. This also avoids having different levels of care, which can result in conflict when non-vets feel discriminated against. S. 3184 needs to go back to the drawing board.

DISCUSSION DRAFT ON TRANSITION ASSISTANCE REFORM*, to be introduced by Senators Mike Crapo (R-ID), Jon Tester (D-MT), Bill Cassidy (R-LA), and Dan Sullivan (R-AK).*

This is an ambitious bill, one that seeks to improve DOD's Transition Assistance Program, including pre-separation counseling and services on such areas as financial planning, transition and relocation, and programs and such benefits as health care; educational assistance; preparation and requirements for employment; small business ownership and entrepreneurship programs; employment and reemployment rights; veterans preference; vocational rehabilitation; home loan and housing assistance; support services for family caregivers; and survivor benefits. This is commendable, and an attempt to bring organization and context to an often haphazard conclusion of a servicemember's time on a deployment overseas and/or an end to his/her active duty.

Of particular importance is that section of this bill that calls for establishing a governing board to support prevention of drug overdoses, deaths by suicide, and alcohol-related mortality. This is timely and necessary, and should lead to a more sensible allocation of resources Vis a Vis prevention activities involving overdoses, alcohol dependence, and suicides. Over the past several years, for instance, hundreds of millions of dollars have been appropriated in an attempt to better understand and hence be able to prevent active-duty troops and veterans from taking their life; very little seems to have been achieved that can be ascribed as having made a positive impact on cutting the numbers of suicides and overdoses.

Of particular interest and relevance to VVA and other VSOs and MSOs is "a course of instruction, of at least one day, on the benefits and services available under the law administered by the Secretary of Veterans Affairs." There is far too much ignorance by far too many veterans on the benefits and services which they have earned by virtue of their service in uniform. For this alone we would endorse this legislation.

There are, however, elements of this extremely prescriptive bill that ought to be rethought, e.g., the requirement that while all members eligible for assistance must participate, no servicemember "shall be required to attend more than one class or counseling session in any one-year period." This seems self-defeating. And the sheer amount of analysis and paperwork that this bill would mandate will provide reams of statistics that, we fear, accomplishes little.

S. 2748, THE BETTER ACCESS TO TECHNICAL TRAINING, LEARNING, AND ENTREPRENEURSHIP FOR SERVICEMEMBERS—OR BATTLE—ACT*, introduced by Senators Sherrod Brown (D-OH) and Mike Rounds (R-SD), would require members of the Armed Forces receive additional training under the Transition Assistance Program.*

It is a far more modest piece of legislation that attempts to improve DOD's Transition Assistance Program.

VVA has no objection to the enactment of this bill.

S.____*, to be introduced by Senator Bill Cassidy (R-LA), would require the Secretary of Veterans Affairs to establish a program to award grants to organizations (not "persons") to provide and coordinate the provision of suicide prevention services for eligible veterans transitioning from the Armed Forces who are at risk of suicide, and for their families.*

Suicide, it has been said, is a permanent solution to a temporary problem. Still, despite all manner of attempts by Congress, DOD, the VA, and communities to research the reasons why servicemembers and veterans attempt or succeed at suicide, and hence to devise initiatives and programs to steer them to sources of comfort and assistance, suicide still claims far too many of those who have served the Nation in uniform.

Despite the panoply of suicide prevention efforts, especially the VA's well- disseminated call-in number which connects those contemplating taking their life with well-trained professionals who can help them, the VA still does not do consistent evaluations of all potential psycho-social, economic, and other material factors in suicides, both attempted and completed, in each and every instance. This gross failure on the part of VA after 15 plus years of this being a major public concern is simply inexcusable, and must be corrected prospectively as well as retrospectively before any more funding is just thrown at this problem.

S.____, THE MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT, *also to be introduced by Senator Cassidy, would direct the Secretary of Veterans Affairs to initiate a pilot program to establish "a secure, patient-centered, and portable medical records system that would allow veterans to have access to their personal health information."*

It seems to us at VVA that any VA patient can request his/her medical records simply by asking, because of the VA's pioneering electronic health record system, which should be made even more efficient as the $16 billion IT modernization effort gets online. Certainly, the kernel of this bill can, and should, be incorporated into this effort. And implementation of the pilot program called for in this bill ought to help in the re-design of the VA's IT. However, this needs to be coordinated with DOD's upgrade of its IT system. With this caveat, VVA supports enactment of this legislation.

S.____, THE VA HIRING ENHANCEMENT ACT, *introduced by Senator John Boozman (R-AR), would "provide for the non-applicability of non-Department of Veterans Affairs covenants not to compete to the appointment of physicians in the Veterans Health Administration."*

It appears that the goal of this bill is to make it somewhat easier for the VHA to hire medical professionals, to unencumber them from a covenant they may have entered into that could conceivably be used by a soon-to-be ex-employer to thwart their hiring by the VA. Inasmuch as there is a crying need in the VHA for more clinicians, so long as this bill is on solid legal footing, VVA fully supports its enactment, and thanks Senator Boozman for his leadership.

H.R. 5418, THE VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT, *introduced by Congressman Jack Bergman (R-MI), would require the VA, in procuring medical, surgical, dental, or laboratory items for its medical facilities through the Medical Surgical Prime Vendor (MSPV) program, to award contracts to multiple regional prime vendors instead of a single nationwide prime vendor. It would prohibit a prime vendor from solely designing the formulary of items available for MSPV purchase. And it would mandate that the VA ensure that each employee who conducts formulary analyses or makes decisions about including items on the formulary has relevant medical expertise; and that the VA provide Congress, on a quarterly basis, with periodic lists of these individuals and their medical expertise listed by categories of formulary items.*

VVA endorses the intent of this bill, but we balk at the requirement of naming individual employees as a matter of course, unless said individual is a SES or other senior VA manager. Certainly, if there is a question about a particular action by a specific employee, said employee needs to be named and called to task. The Accountability Act was supposed to make it easier to hold these senior managers accountable, not make it easier to scapegoat and fire those they manage. With this caveat, we endorse enactment of H.R. 5418.

S. 1952, THE VA FINANCIAL ACCOUNTABILITY ACT OF 2017, *introduced by Senators Jon Tester (D-MT), John McCain (R-AZ), Joe Manchin (D-WV), and Tim Kaine (D-VA), would improve oversight and accountability of the financial processes of the Department of Veterans Affairs.*

We have no dispute with the statement that "the normal budget process for the VA should be grounded in sound actuarial analysis based on accurate demand forecasting," or that "supplemental requests for appropriations should be used sparingly and for unforeseen demand or natural occurrences." We do question, however, the underpinnings of this legislation. Certainly, the VA does not come up with its budgetary needs in a void, although VVA has long contended that the so-called "Millman formula" always underestimates the needs of every generation. And then . . . the Office of Management & Budget (OMB) gets ahold of the VA request, and shrinks an already underestimated set of figures. Ultimately it is up to Congress to determine how much is to be appropriated.

The concern, however, seems to be the unanticipated costs of fulfilling Congress' promise to give veterans Choice. And going to private doctors and hospitals is only going to cost more and more—with which both the VA and you in Congress have

to come to grips. If some "independent third party" can be contracted with to review and audit the financial processes, and actuarial and estimation models of the VA, and make recommendations for improving the reporting structures, fine.

Perhaps, however, Congress might first want to review the Final Report of the Commission on Care, which you created while initiating the Choice program back in 2014. Its estimates and forecasts seem pretty clear; the only issue is how much "Choice" do you want to fund—without further undermining the current already inadequate organizational capacity at the service delivery point of VA medical centers.

S. 1990, THE DEPENDENCY AND INDEMNITY COMPENSATION IMPROVEMENT ACT OF 2017*, introduced by Senators Jon Tester (D-MT), Richard Blumenthal (D-CT), and Mazie Hirono (D-HI). This bill would increase amounts payable by the VA to modify the requirements for Dependency and Indemnity Compensation (DIC) for survivors of certain veterans who had been rated totally disabled at the time of their death.*

Although this bill does not attempt to correct the inequities inherent in the SBP-DIC issue, it does seek to increase the amount of DIC compensation payable to surviving spouses. This is commendable. It should be of significant help to spouses in financial need. And we support its enactment into law.

However, VVA must again state unequivocally that the gross injustice done to the widows "of those who have borne the battle" by deducting what is essentially an insurance program payout on which the soldier's family paid into for years (SBP payments) from Death & Indemnity Compensation (DIC) is just wrong, both morally and in every other way. And all to save the Federal Government a few bucks on a dead GI, ignoring the survivors.

S. 514, THE NO HERO LEFT UNTREATED ACT*, introduced by Senators David Perdue (R-GA) and Gary Peters (D-MI), would require the VA to carry out a one-year pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to treat veterans suffering from PTSD, TBI, MST, chronic pain, or opiate addiction.*

"Congress recognizes the importance of initiating innovative pilot programs," this bill asserts, "that demonstrate the use and effectiveness of new treatment options for Post Traumatic Stress Disorder, Traumatic Brain Injury, military sexual trauma, chronic pain, and opiate addiction." If in a pilot project this therapy proves to be promising or effective, initiating the pilot will be well worth whatever it might cost. This program should be funded from Deployment Health and other virtually useless programs, including Research & Development programs that do not in any way contribute to understanding toxic or other wounds of servicemembers and veterans, or improving veteran health treatments.

S. 2485, THE MEDAL OF HONOR SURVIVING SPOUSES RECOGNITION ACT OF 2018 *, introduced by Senator Dan Sullivan (R-AK), would provide payment of the Medal of Honor special pension to the surviving spouse of a deceased Medal of Honor recipient.*

Bearing in mind that those who have been awarded the Medal of Honor are true heroes and not the "hero" appellation that so many in Congress feel compelled to honor all those who serve in uniform. To provide a modest—$1,329.58 a month—special pension to the surviving spouse of one of this Nation's heroes should be a no-brainer, and VVA is on board for the swift passage of this bill.

VVA thanks you for the opportunity to present our views on legislation pending before this Committee, and we look forward to passage of H.R. 499, the Blue Water Navy Vietnam Veterans Act, and will be happy to answer any question the Committee may have.

Chairman ISAKSON. You may be over time, but you are always informative, and we appreciate it. [Laughter.]

Mr. WEIDMAN. Thank you very much, Mr. Chairman.

Chairman ISAKSON. Do you have a question, Senator Sanders?

Senator SANDERS. I do. Let me start off by thanking The American Legion, the VFW, the Fleet Reserve Association, and the Vietnam Veterans for all supporting the dental legislation that we have. I appreciate that very much, and I think the time is long overdue, as Rick just mentioned, for us to pass that.

I would appreciate from Mr. Weidman or any of the other distinguished panelists their thoughts about the need for the VA to begin a pilot project to take a look at the dental care needs of veterans. Rick, do you want to begin it?

Mr. WEIDMAN. I come back to what we know about the demographics of who uses VA, and the demographics are generally veterans who are poor. And what do we know about poor people? They do not eat as well as upper-middle-class or middle-class people. Some of that is because they cannot access it in the inner cities, but even in the countryside, what you have easy access to in a place like Vermont or rural Georgia or rural North Carolina is the little stores that are nearest you, which generally do not carry fresh produce. So, people eat stuff out of a can or they hit the fast-food joint. When you have got a number of kids, the easiest thing, if you are poor, is to take them to a fast-food joint because that will fill them up. It is not the right thing, and for the person to eat it, the veteran to eat it, they know very well it is not the right thing, but it is cheap and they are hungry. So, that is what poor people eat.

Senator SANDERS. All right. Let me just jump in and ask anybody, are you aware of veterans who have serious dental needs?

Mr. WEIDMAN. Yes.

Senator SANDERS. OK. Mr. Manar?

Mr. MANAR. Well, certainly, and it is really frustrating for veterans when they come to seek dental treatment at the VA and they are told they need to file a claim. Then, it can take months while they are suffering from their dental conditions. And, more often than not, they are going to get denied for treatment because the evidence is lacking that their condition started in service or whatever the reason may be.

I think that if we looked hard enough at the history of why dental treatment got separated from health care, it is the same reason vision was separated. First, they are very common and, second, they are very expensive over the long run. And, they decided to save money, your predecessors decided to save money and focus on other things.

I am really thankful, we are really thankful that you have presented this legislation, you are supporting it, and we hope that the Senate will move on it and grant the veterans this opportunity to participate in a test.

Senator SANDERS. Good. Does The American Legion want to comment on that?

Mr. NUNTAVONG. Senator, The American Legion believes in timely and quality dental care for veterans. I am a retired Marine, 22 years. I was required to go to medical once a year, but I was required to go to dental twice a year. It is very important that our veterans receive the health care they need in the form of dental care.

Senator SANDERS. Thank you. Fleet Reserve, Mr. Snee?

Mr. SNEE. Yes, sir, the same. I agree with The American Legion's statement. You have got to remember that when these individuals come out of the service, they are given their final dental care, their final check. Then, it comes down to where do they go when they get out? It is where they are settling down, then access to that dental care. And, of course, the availability of socioeconomics that plays on the family. That is very important. They have never had to do that, to go out to a civilian dentist, not because of disgust or anything else, but where do we go next? That is a factor also. Hav-

ing that availability as a total medical picture for the entire body being taken care of, it is very important, yes, sir.

Senator SANDERS. Well, let me thank all of the organizations here for their support. What we are proposing is nothing terribly radical. It is a pilot project to see what kind of need is out there, to see how the VA can best address that need. I suspect the pilot project will prove positive, and we will go from there. I do appreciate all of your support and will look forward to passing this legislation.

Chairman, thank you very much.

Chairman ISAKSON. Thank you, Senator Sanders.

Senator Tillis?

Senator TILLIS. Thank you, Mr. Chair. I will be very brief.

First, I want to thank Matt sitting in the front row. Because you are in the office a lot, I have mistaken you for staff once or twice, so we really appreciate your advocacy on behalf of The American Legion.

My wife's uncle died of Agent Orange exposure, very personally important. I have worked on toxic burn pits to try and get ahead of what I think could be the next Agent Orange. I worked on the Camp Lejeune toxic substances. I want you to know that I am very sympathetic to what we are trying to do with the Blue Water Navy, and I would like to meet in my office so that we can have a more fulsome discussion than we can have here. I want to see how we can really move on track to where we can bring people together, address some of the concerns I have about the pay-for. I think when it was previously proposed, you all had some—or some of the VSOs, I will not speak for you, had concerns with the pay-for. So, it is important to get it right. I think we do need to get it right.

With respect to science, I think on dental health—I have done a lot of work in State public policy; dental health and physical health are inextricably linked. We need to make progress on that.

I just wanted to thank you all for your service and let you know that our office is willing to work with you. We all know that the hearings are important, but what happens in the offices every day in meetings where we can drill down and talk about how you take positive steps and gain support for the measures is the way we get things done.

Thank you all for your past service and your continued service.

Chairman ISAKSON. I am glad Senator Tillis wants to work on this Blue Water Navy because I had the privilege of working with him on the Camp Lejeune issues here a couple years ago. Many of those questions leading up to that were not any more difficult than the ones we are talking about trying to solve with the Blue Water Navy. So, I look forward to working with him on that and the others.

I thank all the Members for being here. I ask unanimous consent that the testimony of Dianne Feinstein—which was to have been made orally at the first panel, but she could not be here. She later submitted it in writing to be submitted for the record of today's hearing. Is there any objection?

[No response.]

Chairman ISAKSON. Hearing none, so ordered.

[The prepared statement of Senator Feinstein can be found in the Appendix.]

Chairman ISAKSON. Second, we received testimony for a February 7, 2018, legislative hearing which we had to postpone at the last minute due to inclement weather. I ask unanimous consent that the testimony received for that hearing be added to today's record for the purpose of making it public information. Any objection?

[No response.]

Chairman ISAKSON. Hearing none, so ordered.

[The testimony submitted for February 7, 2018, for which an updated version was not received, is found in the Appendix.]

Chairman ISAKSON. We thank you for your participation. We have more to do on these issues. This is not the end. This is the beginning. I appreciate you all being here very much.

We stand adjourned.

[Whereupon, at 4:19 p.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT SUBMITTED BY HON. MARIA CANTWELL, U.S. SENATOR FROM WASHINGTON

(brought forward from February 7, 2018, postponed hearing)

Thank you Chairman Isakson and Ranking Member Tester for moving this bill through your committee.

I would also like to thank Senator Fischer for her co-sponsorship and support of servicemembers on this very important issue.

Currently, the SCRA provides servicemembers the ability to get out of term contracts for wireline and wireless telephone service—without penalty—upon the servicemember's deployment.

This bill would extend the same relief for servicemembers that need to terminate term cable and Internet service contracts because of a deployment. By creating parity with other types of technology that servicemembers and their families regularly use we are protecting them from unfair termination fees and penalties that may arise when duty requires that they, and in some cases their families, move, in order to fulfill their duties.

The text conforms to technical assistance we received from the FCC. We vetted with industry, veteran and armed services stakeholder groups. The broad support that the bill enjoys speaks to how timely and necessary these proposed changes are to bring the SCRA up to date so that servicemembers and their families can access the internet and cable services we all rely on to stay in touch with their friends and loved ones, stay informed about the news and remain connected around the world, no matter where they are deployed.

PREPARED STATEMENT BY HON. DIANNE FEINSTEIN, U.S. SENATOR FROM CALIFORNIA

S. 2881—THE MARE ISLAND NAVAL CEMETERY TRANSFER ACT

CHAIRMAN ISAKSON, RANKING MEMBER TESTER AND MEMBERS OF THE COMMITTEE, Thank you very much for inviting me here today to discuss my legislation.

S. 2881, the bill I have introduced with several of my colleagues, is straightforward and would transfer control of the Mare Island Naval Cemetery from the city of Vallejo to the Department of Veterans Affairs.

I'd like to briefly provide some background on the history of this cemetery. The Mare Island Naval Cemetery is the oldest military cemetery on the West Coast. The cemetery was part of a U.S. Navy base that closed down in 1993. After the base closed, the nearby city of Vallejo assumed control of the property including the cemetery.

The cemetery has over 900 graves, including over 800 veterans and three Medal of Honor Recipients. There are approximately 80 nonmilitary graves, the majority of which belong to military family members.

Unfortunately, the city of Vallejo didn't have the necessary funds to care for the cemetery, which has only been maintained by volunteers with limited resources. The cemetery is very damaged: gravestones are toppled over, broken or sinking into the ground, serious drainage issues exist, and plants and weeds are overgrown. The current state of the cemetery requires urgent action to restore these graves and the grounds to a respectable condition.

The bill is a simple transfer of the cemetery from the city to the Department of Veterans Affairs. This means that the VA would have the responsibility to restore the cemetery and maintain the grounds in a respectable condition.

I want to thank you all for considering this bill and I want to thank Senators Harris, Markey, Menendez, Warren, Cardin and Booker for cosponsoring this legislation.

We owe our veterans a great deal. By passing this bill we can ensure that the Mare Island Naval Cemetery is restored and maintained to honor our veterans who are buried there. For those veterans and their family members who sacrificed so much for our Nation, it is fitting that we do so.

Thank you.

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PREPARED STATEMENT FROM THE ADVANCED MEDICAL TECHNOLOGY ASSOCIATION (ADVAMED)

AdvaMed is the leading trade association representing medical technology manufacturers and suppliers that operate in the United States. Our members range from the largest to the smallest medical technology innovators and companies. Collectively, we are committed to ensuring patient access to life-saving and life-enhancing devices and other advanced medical technologies.

The sacrifice our Nation's veterans and their families make on our behalf cannot be overstated. We all have an obligation to ensure they receive the highest quality care and have access to the best medical technology available. AdvaMed and its member companies believe strongly in our collective relationship with the U.S. Department of Veterans' Affairs (VA) and share the Department's goal of providing our veterans with the highest quality health care possible.

There are approximately 8 million U.S. veterans of the armed services accessing the VA health care system, with another nearly 2.3 million currently serving in the military on active duty that may do so in the future. Through earlier diagnosis and intervention, less invasive procedures and more effective treatments, medical technology is revolutionizing health care across the continuum of service and enhancing the lives of America's troops in the field and beyond. Technologies include: spinal cord stimulation; joint/limb replacements; wound care products; neurological devices; cardiac technologies; and many others. Through these technologies, our companies can help provide the standard of care reflective of the respect and commitment we owe to our Nation's veterans.

One person's experience exemplifies our industry's mission when it comes to our Nation's veterans. Justin Minyard's story reflects the kind of people we are working every day to help—a combat veteran injured at the Pentagon while lifting and moving rubble in the search for survivors, who has found relief from his chronic back pain thanks to Boston Scientific's spinal cord stimulator.

However, recent changes in VA's procurement of these critical medical technologies have created new barriers within the veteran health care system. These changes have resulted in significant inefficiencies in veterans obtaining access to care and reductions in the quality of health care accessible to veterans. In the long term, these changes risk pushing high caliber providers and suppliers of innovative products out of the VA system.

Our overarching concern is that, collectively, these problems will severely restrict timely patient access to critical technologies and quality care, delay access to the right product at the right time and in the right setting for veterans and their providers, and possibly impact the ability of VA to attract and retain medical professionals.

Thankfully, Congress has begun to address some of these issues and work with both the VA and industry on constructive solutions. H.R. 5418, the Veterans Affairs Medical-Surgical Purchasing Stabilization Act authored by Rep. Bergman, is an important step in improving one component of the VA's procurement process. This legislation would place procurement decisionmaking for the Medical-Surgical Prime Vendor (MSPV) in the hands of clinical experts who are best equipped to advise the VA on the most appropriate medical technology to meet the health care needs of our Nation's veterans. At the same time, it would preserve the ability of the VA to obtain a range of products at a competitive price from multiple suppliers. AdvaMed supports the Committee's review of this legislation today and looks forward to working further with Congress on its adoption into law.

A well-managed MSPV program would have significant benefits, make the VA a more efficient medical system, and reduce overall costs. More specifically, a well-run MSPV will give the VA: 1) a full spectrum of critical medical products for clinicians

to be able to meet every veteran's needs that does not exist in today's MSPV program, 2) reduce the instances of procedure delays and cancellations at Veterans' Affairs Medical Centers (VAMCs) due to lack of needed devices in the current MSPV program, 3) reduce excessive and costly medical supply inventory levels that currently exist at VAMCs, 4) reduce costs to procure products, especially the rampant government purchase card use that exists today in VA medical centers due to a poorly run MSPV program, 5) reduces the time that VHA physicians and nurses are now required to spend away from veteran medical care in order to perform medical logistics functions, and 6) reduce the risk of gray market medical devices being procured by VA when products re not available in the MSPV.

It is important for the VA to have an efficient procurement system across the board that allows for faster adoption of new medical technologies and standards of care, while also ensuring appropriate reimbursement times for those critical products. Improvements to the MSPV program are just one aspect of ensuring veterans have access to these life-saving and life-enhancing technologies. It is just as important to consider similar improvements to the implant procurement program, which includes permanently implantable products not available through the MSPV program, like joint replacement technologies, stents, etc.

We welcome today's hearing as another opportunity to understand on how the VA, Congress, and industry can take a solutions-oriented approach to these issues and work together on the most effective resolution. We support efforts to ensure the VA, Congress, and industry to work together to review and seek ways to better implement processes and to ensure that all procurement policies evaluate technologies based on the value to patients. Ultimately, the most important measure of the success of the VA's new procurement policies is whether the veterans that they serve are getting access to the best medical care in a cost-effective manner.

Again, we are grateful for the Committee's leadership on this issue and especially appreciate the work of Chairman Isakson, Ranking Member Tester, and their staff.

August 1, 2018

The Honorable Johnny Isakson
Chairman
United States Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
Washington, DC 20510

The Honorable Jon Tester
Ranking Member
United States Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Isakson and Ranking Member Tester,

On behalf of more than 19,000 members of the largest organization of professional real property appraisers, thank you for the opportunity to provide written testimony for the August 1st Senate Veterans' Affairs Committee hearing on pending legislation, and more specifically our thoughts on H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2017" ("Blue Water Act"). The Appraisal Institute supports the overall aim of the legislation to aid Vietnam Veterans who had their disability eligibility taken away due to regulatory changes, but believes Section 7, which makes changes to how appraisals are procured for the VA home loan program, is unnecessary and ultimately could put veterans at risk.

The intent of the appraisal provision was to address a problem with slow turnaround times for VA loan appraisals in some rural markets due to a shortage of appraisers, by allowing VA appraisers to engage a third party to perform property inspections on their behalf. Some are referring to this as a "hybrid" appraisal. In the end, The Appraisal Institute believes the issues relating to VA appraisal turnaround times have already largely resolved themselves. Since the introduction of H.R. 3561, the original legislation containing this provision, the VA has become more competitive with the conventional market in terms of appraisal fees. ; and have added more than 1,000 appraisers to the VA Fee Panel. As a result, the number of outstanding appraisal requests has declined dramatically over the past 18 months.

We share Congress' desire to help veterans wherever we can, but the Appraisal Institute feels the best way to protect a veteran in their home buying process is through the preparation of a robust appraisal. Bifurcating the appraisal process by allowing for a third-party inspection decreases the reliability and credibility of the appraisal and increases risk to the VA loan program. Our nation's Veterans deserve a robust appraisal completed by highly qualified individuals.

There are ways to improve and/or create more efficiencies within the VA appraisal process than by bifurcating the appraisal process. Specifically, with the concerns of the rural shortage of 2016 in mind, it would behoove the VA to develop a "stand-by" list of approved VA appraisers to serve as a "buffer" against surges in loan demand. The VA recruits appraisers on an ongoing basis to the Fee Panel, and the Appraisal Institute even has assisted the agency in marketing the opportunity to the appraisal community. But some of our members report an uneven response from the VA regarding their applications. While those appraisers who currently are on the VA Fee Panel generally give it high marks, those who are not

on the Fee Panel and are interested in doing so have expressed some frustration about the length of approval time or their outright rejection. The VA has made improvements in this area – as evidenced by the uptick in the number of approved VA Fee Appraisers. In the end, we believe it would be far better for Veterans to have a wider pool of qualified appraisers than to have a watered down, or less reliable, appraisal process.

Further, the VA has rigorous inspection requirements that can be difficult for appraisers to complete. Some believe they track too far into the area of home inspection. Similar complaints were once made of the FHA appraisal requirements, but recent changes to the FHA Handbook 4000.1 have resolve many of those concerns. They require the appraiser to 1. Observe, 2. Analyze, and 3. Report such features, placing underwriting decisions appropriately in the hands of Direct Endorsement lenders. We recommend the VA follow suit with the establishment of a similar or comparable policy relative to appraisal observations.

Additionally, should the Senate feel compelled to act in this area, Regarding, we urge that Section 7 of the Blue Water Act be amended to address two concerns –

1. For Congress to support the use of a third party to perform a property inspection, we strongly encourage for the third party to be an appraiser or an appraiser trainee. Our members report that tests being done on hybrid appraisals involve a wide variety of inspectors – from insurance inspectors, to lay individuals and those with limited real estate training. This can actually serve to complicate the appraisal process. The inspections should not only be performed by someone contracted with the appraiser, but someone registered as a trainee within the profession.

2. Additionally, considering the earlier problem of long turnaround times in some rural markets, we believe the language should be limited to dealing with *rural* appraisal situations. H.R. 299 authorizes a much wider application than what was anticipated by the agency, potentially debasing the VA appraisal process. This is important considering likely unintended or unforeseen issues that might develop as the program evolves. For instance, issues relating to liability around the use of third party inspections will need to be clearly addressed by the VA for lenders, borrowers and appraisers. The liability impacts to appraisers utilizing non-appraiser inspections could be significant depending on how this issue is addressed by the VA. Clarifying the limitations of the allowance or explicitly authorizing the development of a pilot program would be preferable to the general language contained in the bill.

Thank you in advance for your consideration. The Appraisal Institute is happy to continue to work with your Committee to assist our Veterans. Should you have any questions, please contact Bill Garber, Director of Government and External Relations at 202-298-5586, bgarber@appraisalinstitute.org or Brian Rodgers, Manager of Federal Affairs, 202-298-5597, brodgers@appraisalinstitute.org if you have any questions or require additional information.

Sincerely,

Appraisal Institute

Prepared Statement of Amy Webb, National Legislative Policy Advisor, AMVETS

Executive Summary

H.R. 299—Blue Water Navy Vietnam Veterans Act of 2018	Support
S. 514—No Hero Left Untreated Act	Support
S. 1596—BRAVE Act of 2017	Support
S. 1952—VA Financial Accountability Act of 2017	Support
S. 1990—Dependency and Indemnity Compensation Improvement Act of 2017	Support
S. 2485—Medal of Honor Surviving Spouses Recognition Act of 2018	Support
S. 2748—BATTLE for Servicemembers Act	Support

Executive Summary—Continued

S. 2881—Mare Island Naval Cemetery Transfer Act	Support
H.R. 5418—Veterans Affairs Medical-Surgical Purchasing Stabilization Act	Support
DISCUSSION DRAFT on Transition Assistances Reform	Support
DRAFT Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018	Support
DRAFT VA Hiring Enhancement Act	Support
DRAFT bill to require the Secretary of Veterans Affairs to establish a program to award grants to person to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families and other purposes	Support
DRAFT Modernization of Medical Records Access for Veterans Act	Oppose

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND ALL MEMBERS OF THE COMMITTEE; Thank you for the opportunity to provide a statement for the record on behalf of AMVETS' 250,000 members. We are particularly thankful for your efforts to address some of the most challenging and longstanding veteran policy issues and appreciate the dedication of your staff members who listen to us and work tirelessly to formulate policies intended to ensure our Nation's veterans and their families are properly cared for.

H.R. 299—BLUE WATER NAVY VIETNAM VETERANS ACT OF 2018

AMVETS supports H.R. 299

This bill proposes to slightly raise Department of Veterans Affairs (VA) home loan fees to fund Agent Orange benefits for the estimated 90,000 Blue Water Veterans who served during the Vietnam War. AMVETS supports this as the fees are minimally raised, and there hasn't been an increase in some time. Blue Water Veterans have advocated staunchly for this measure, and it is time that they are finally made whole after suffering the toxic wounds they incurred during their service to this Nation.

AMVETS is also pleased that this bill allows for a presumption of herbicide exposure to certain veterans who served in or near the Korean Demilitarized Zone any time from September 1, 1967 to August 31, 1971 who have conditions covered under section 1116 of title 38.

Additionally, this measure recognizes the children of veterans who served in Thailand between January 9, 1962 and May 7, 1975 who were born with spina bifida. Those now adult children will be provided benefits including health care, vocational training and rehabilitation and a monetary allowance matching the same benefits provided to children of Vietnam Veterans who were born with spina bifida.

AMVETS looks forward to the reporting requirement in this measure requiring the Secretary of Veterans Affairs to provide an update report on the most recent findings of the Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans to the House and Senate Committees on Veterans Affairs.

While slightly increasing VA home loan fees as a source of revenue, we are pleased that Purple Heart recipients and those veterans with a service-connected disability rated as permanent and total will have said fees waived.

S. 514—NO HERO LEFT UNTREATED ACT

AMVETS supports S. 514

AMVETS is pleased to support the No Hero Left Untreated Act, which seeks to establish a pilot program for two Department of Veterans Affairs (VA) medical centers to treat fifty veterans using magnetic EEG/EKG-guided resonance therapy.

Magnetic EEG/EKG-guided resonance therapy has successfully treated more than 400 veterans with Post Traumatic Stress Disorder, Traumatic Brain Injury, military sexual trauma, chronic pain, and opiate addiction. This small pilot would be instructive to VA in understanding the benefits and deciding whether to offer this promising therapy to those receiving VA health care.

AMVETS is encouraged by the initial results of those treated with magnetic EEG/EKG-guided resonance therapy and supports the pilot which would allow VA to see the results first-hand, with the eventual goal of supporting this alternative therapy.

If it were fully understood how to treat these nuanced disorders and health issues, VA would already be doing so—and suffice it to say—the veteran suicide rate would most assuredly be lower than it is now. It is imperative that we study new ways to help those who have stood up and walked the walk and suffer the consequences day after day.

S. 1596—BURIAL RIGHTS FOR AMERICA'S VETERANS EFFORTS (BRAVE) ACT OF 2017

AMVETS supports S. 1596

AMVETS has a National Resolution, voted on by our membership, which advocates for the Department of Veterans Affairs to increase burial benefits. This measure seeks modest increases with built-in future increases related to the Consumer Price Index for funeral expenses for veterans receiving, or eligible to receive compensation who have no next of kin or other person claiming the body of the deceased veteran, and when there are not available sufficient resources to cover burial and funeral expenses. It also increases funeral expenses for those veterans who died as a result of a service-connected disability, which we wholly support.

S. 1952—DEPARTMENT OF VETERANS AFFAIRS FINANCIAL ACCOUNTABILITY ACT OF 2017

AMVETS supports S. 1952

This bill cuts to the heart of what seems to have become regular emergency appropriations requests from the Department of Veterans Affairs (VA) to Congress. Often, this includes an appeal that if Congress fails to act then veterans will suffer. The processes put in place with the passage of this bill would indeed create VA financial accountability, and a system of checks and balances that can prevent needless emergency appropriation requests. The end result of implementation would be a more fiscally sound Department, that would have knowledge of every avenue of spending, how to forecast needed funds in advance, and how to stop "living paycheck to paycheck" where one emergency, or the inability to forecast necessary funding, cleans out the account. Our veterans and taxpayers deserve better, and we applaud the bipartisan leadership that introduced this bill.

S. 1990—DEPENDENCY AND INDEMNITY COMPENSATION IMPROVEMENT ACT OF 2017

AMVETS supports S. 1990

AMVETS supports the long overdue increase in dependency and indemnity payments made to survivors of eligible servicemembers or veterans, and the modifications in the measure which eliminates the 10-year rule for veterans rated at 100 percent disability and creates a five-year rule where eligible survivors can receive a payment prorated relative to a percentage of the full 10-year amount of compensation.

S. 2485—MEDAL OF HONOR SURVIVING SPOUSES RECOGNITION ACT OF 2018

AMVETS supports S. 2485

AMVETS supports honoring Medal of Honor survivors with this modest increase to their special pension.

S. 2748—BETTER ACCESS TO TECHNICAL TRAINING, LEARNING AND ENTREPRENEURSHIP (BATTLE) FOR SERVICEMEMBERS ACT

AMVETS supports S. 2748

This measure takes a common-sense approach by allowing groups or classifications of those under the purview of the Secretaries of Defense or Homeland Security to obtain a waiver to opt out of additional training. This would be permitted after consultation with the Secretaries of Labor and Veterans Affairs who would need to agree that the members in question would not benefit from additional training and present a strong reason to believe that they are unlikely to face major readjustment, health care, employment and other transition challenges that some face. The member may also elect not to receive additional training by requesting so in writing, or because they are needed to support the imminent deployment of a unit. AMVETS believes this could be a cost and time-saving policy, while recognizing that many do benefit from such training.

S. 2881—MARE ISLAND NAVAL CEMETERY TRANSFER ACT

AMVETS supports S. 2881

S. 2881 directs the Secretary of Veterans Affairs to seek out an agreement with the city of Vallejo in California, under which the city would transfer control of the

Mare Island Naval Cemetery to the Department of Veterans Affairs (VA) National Cemetery Administration. The VA would pay nothing to acquire the land, and would assume the obligation of maintaining the cemetery in the future.

The cemetery, which dates back 160 years as part of the oldest West Coast military base, is the final resting place of 800 veterans, including three Medal of Honor recipients. The Federal Government closed the Mare Island Naval Base in 1996 without allotting funds for the care and maintenance of the cemetery. After more than twenty years of neglect, the state of disrepair at the Mare Island Naval Cemetery is a national embarrassment, and a disgrace.

Congress must move swiftly to enact this measure to repair and maintain the Mare Island Naval Cemetery.

H.R. 5418—VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT

AMVETS supports H.R. 5418

This measure adds a needed level of accountability to the Department of Veterans Affairs (VA) Medical Surgical Prime Vendor-Next Generation (MSPV-NG) program. One vendor should not be permitted to be the sole, uncontested provider of medical surgical supplies in a certain region, and this would require that multiple contracts be awarded while prohibiting a prime vendor from solely designing the formulary of supplies.

It also ensures that VA employees in charge of formulary analyses or who makes decisions regarding to including items on the formulary have relevant medical expertise. GAO issued a report at the end of 2017 outlining the improvements needed in purchasing medical and surgical supplies and noted how implementing the improvements could yield cost savings and efficiency. AMVETS agrees with the GAO recommendations and believes passage of this bill can assist in implementing needed change.

DISCUSSION DRAFT ON TRANSITION ASSISTANCES REFORM

AMVETS supports this Discussion Draft

AMVETS supports this Discussion Draft which consolidates sections 1142 and 1144 of Chapter 58 of title 10 into one cohesive section, with large expansions geared toward improving the Transition Assistance Program for members of the Armed Forces.

Some highlights from the draft include that it allows the natiSecretary of Defense to not require attendance in more than one class or counseling session per year, yet strengthens the accountability of reporting attendance for covered counseling, information, and services and rates of attendance in-person, online, and the number of waivers granted when the mission prevented attendance by a member of the Armed Forces. This is information will be part of a new reporting requirement to Congress.

The discussion draft also would require surveys of those in the Armed Forces to assess their experiences with the TAP counseling, information and services provided to include quality of instruction and courses and their opinion on if their transition needs were adequately met. The survey will also seek to identify barriers or obstacles of members in accessing the services or counseling. There will be a second survey undertaken after transition has fully taken place which will ask about their employment history since separation or retirement, if they have been in receipt of unemployment benefits, if they pursued further education, have joined a Veterans Service Organization or other veterans support group, and will seek details on the satisfaction of their separation, and any challenges they may have faced. If married during separation some of the survey questions would include the spouse experiences. The survey will also request recommendations for improvement in the counseling and assistance provided in connection with transition.

AMVETS is excited about the provisions which focus on career readiness and professional development to include resume assistance, interview and job recruitment training, behavioral, educational and financial services, legal and benefits assistance, and non-clinical case management.

We are also pleased that the measure would establish a governing board to support prevention of drug overdoses, suicides, alcohol-related deaths and homelessness among veterans through strategic partnerships with a vast array of established Federal and community entities. The board would also track substance abuse and suicide rates in addition to its outreach and support. Economic risk factors which may affect suicide prevention efforts will also be reported on.

AMVETS believes this is a strong discussion draft, and that if the new measures are added to enhance the current Transition Assistance Program are implemented correctly, that it will go a long way toward not only encouraging post-transition employment but will address risk factors that can lead to feelings of desperation and

sometimes suicide. We applaud the work of the Senators Crapo, Tester, Cassidy and Sullivan on this in-depth, well thought out reform plan.

DRAFT VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018

AMVETS supports this Draft measure

AMVETS supports Section 2 of this measure and amending Section 1710(c) of title 38 to ensure that eligible veterans may be provided dental services and treatment and dental applications needed to restore functioning that was lost due to the hospital care, medical services or nursing home care the veteran received under Section 1710.

Section 3 would initiate a three-year pilot program that would provide dental services and treatments to veterans currently enrolled as a patient in the Department of Veterans Affairs (VA) who are not eligible for dental services, treatment and related appliances. The services provided would be consistent with those currently provided to veterans who are 100% service-connected, and applicable co-pays would be collected commensurate to current copays authorized for medical care under chapter 17 of title 38.

The pilot would take place in at least 16 locations and serve up to 100,000 veterans and there would be a reporting requirement to include assessments and cost analysis of the pilot.

Sections 4 and 5 would allow the VA to lease a dental clinic in states where VA does not have a facility that offers onsite dental services along with an appropriation of $10,000,000 to carry this out; and would develop a dental health education program for enrolled veterans.

Section 6 expands the dental insurance pilot established by section 17.169 of title 38 to allow private sector dental care providers information to VA on dental care furnished to veterans within the pilot and extend the pilot for two years.

Section 7 would establish a VA demonstration program to establish programs to train and employ alternative dental health care providers to increase access to dental care for veterans who are eligible to receive dental services from VA.

The full amount of appropriations for this Act, if implemented is $500,000,000, over a five-year period not including section 4.

AMVETS understands that dental care is vital to the overall health of an individual, and a common complaint we hear from our members is their inability to either access affordable dentistry or that a dental procedure was delayed to the point that something small turned into an incredibly expensive procedure. Sometimes due to delays they have to have teeth pulled. AMVETS supports the proposed pilot and the positive health outcomes it can provide veterans.

DRAFT VA HIRING ENHANCEMENT ACT

AMVETS supports this Draft measure

AMVETS supports the intention of this draft, which seeks to allow the Department of Veterans Affairs the ability to waive non-compete covenants made with a non-VA facility when aiming to hire a VA physician. This step can assist in widening the pool of those eligible to apply to become a physician at the VA, and lead to filling vacancies in a more effective manner.

DRAFT BILL TO REQUIRE THE SECRETARY OF VETERANS AFFAIRS TO ESTABLISH A PROGRAM TO AWARD GRANTS TO PERSON TO PROVIDE AND COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR VETERANS TRANSITIONING FROM SERVICE IN THE ARMED FORCES WHO ARE AT RISK OF SUICIDE AND FOR THEIR FAMILIES AND OTHER PURPOSES

AMVETS supports this Draft measure

AMVETS strongly supports this draft, and is pleased that it seeks to reach our most vulnerable transitioning veterans at the highest risk of suicide by not only working with people who are trained in understanding when someone is at high risk, but who have developed strategies to meet them where they are an assist in multiple levels including mental health, peer support, financial planning, temporary transportation if needed, and child care.

We think the establishment of a VA Program that offers grants to persons/groups to coordinate suicide prevention services to veterans who would be eligible for 3 years after separating. It gives priority to veterans who are currently not being seen within VHA, but the veteran must be notified that the Department is funding the care. It also prioritizes rural areas, those areas that have experienced a high rate of veteran suicide, and places where no health care is furnished by VA.

DRAFT MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT

AMVETS opposes this Draft measure

We owe it to our veterans to protect them and sensitive information regarding their health care. HIPPA laws exist for a reason and we are concerned that, encrypted or not, a portable credit card device could easily be lost, or tampered with, or could put sensitive information in the wrong hands. We also owe it to our veterans, as more and more are being seen in the private sector, to have the Department of Veterans Affairs devise a secure information sharing framework where a patient's information can be shared with private sector medical providers with the approval of the patient. This bill relieves VA of that responsibility and at what cost? At some point, we have faith that CERNER will have developed just this capability, but in the meantime this type of measure can easily go down a dangerous road, especially with no authorization of appropriations. We have seen all too much recently, the proposals to cut one form of veterans' benefits in order to fund another. In this situation we have faith that record sharing can be made amenable for the veterans of all populations, some of whom are homeless, and that the burden will not be placed on them to protect their own information, but that the system designed to care for them will figure out a way to do just that. The private sector has figured it out and there is no reason to complicate this.

Thank you for the opportunity to provide a statement for the record for this legislative hearing.

Please do not hesitate to reach out to AMVETS with any follow up questions or concerns.

JOINT WRITTEN TESTIMONY OF HON. TIM S. MCCLAIN, CHAIRMAN, BOARD OF DIRECTORS AND MR. JAMES LORRAINE, PRESIDENT & CEO, AMERICA'S WARRIOR PARTNERSHIP, AUGUSTA, GA

Testimony in Support of:

- "Discussion Draft on Transition Assistance reform"
- S._____(Cassidy), An Act to establish a program to award grants to coordinate the provision of suicide prevention
- S. 1990 (Tester/Blumenthal/Hirono), Dependency and Indemnity Compensation Improvement Action of 2017
- S. 2485 (Sullivan), Medal of Honor Surviving Spouses Recognition Act of 2018

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND MEMBERS OF THE COMMITTEE: Thank you for the opportunity to provide testimony today on several pieces of proposed legislation that offer the potential to have tremendous impact on our Nation's veterans. I am Tim McClain and have had the honor of serving our country on active duty for more than 20 years as a Navy Surface Warfare Officer and JAG Corps Officer, and the privilege of serving as a former General Counsel for the U.S. Department of Veterans Affairs (VA).

I am currently the Chairman of the Board of Directors of America's Warrior Partnership, a nonprofit organization serving veterans and their families. Our mission at America's Warrior Partnership is to empower communities to empower veterans. Our approach to the mission takes many forms, but it starts with connecting community organizations with local veterans to understand their unique needs and situations. After gaining this knowledge, we connect local veteran-serving organizations with the appropriate resources, services and partners that the veteran requires. Our ultimate goal is to create a better quality of life for all veterans.

Our Community Integration model provides the framework for organizations to conduct proactive outreach to veterans and holistically serve all of their needs. We have seen incredible results from this model, which has established relationships with more than 42,000 veterans since February 2014 in our eight Affiliate Communities across the country. Proactive outreach is having a tremendous impact on these veterans. More than 90% of our veterans self-report that America's Warrior Partnership's proactive engagement and support give them a greater level of overall

satisfaction, and they believe their community really cares about their well-being. America's Warrior Partnership's Community Integration model works.

Providing testimony with me today is the president and CEO of America's Warrior Partnership, Mr. Jim Lorraine, who is also a veteran of our great country having served for 22 years as an Air Force Officer and Flight Nurse. Prior to founding America's Warrior Partnership, Mr. Lorraine served as the founding director of the United States Special Operations Command Care Coalition, a wounded warrior advocacy organization recognized as the gold standard in supporting more than 4,000 special operations force wounded, ill, or injured and their families. He has also served as Special Assistant for Warrior and Family Support to the Chairman, Joint Chiefs of Staff, during which time he transformed the Chairman's "Sea of Goodwill" concept into a strategy. Mr. Lorraine will provide America's Warrior Partnership's testimony regarding four pieces of proposed legislation.

MR. LORRAINE. Thank you, Mr. McClain. In my testimony today, I will first address the draft of the proposed legislation on Transition Assistance Program reform.

We believe this reform establishes a very important goal for improving services to our Nation's warriors and that, in theory, it could have a very positive impact on veterans and the community. We fully support and embrace a holistic approach to serving veterans' needs, as evidenced by our mission and work at America's Warrior Partnership. We have seen first-hand the positive effects that proactive outreach has on veterans, and we are pleased that this reform both acknowledges this fact and empowers organizations to conduct this outreach. Specifically, including communities in the Transition Assistance Program reform through the proposed grant program will be revolutionary in the ability to locally transition veterans and measure long-term outcomes. The draft legislation is the first comprehensive legislative approach to assisting military members in their transition to civilian life. All of the requirements in the draft are sorely needed. However, we would like to state how important collaboration among the Department of Defense (DOD), Department of Labor (DoL) and the VA is to the success of this reform. Each department brings their strength to transition, but we strongly feel DoL is in the best position to administer the community interface since the path to success is employment. With greater DoL emphasis during pre-transition training, the end result will prove measurable and impactful.

Additionally, the notion of these departments working together to implement the Transition Assistance Program has been the mission for many years, but it has not proven as effective as intended. Strong engagement and support from the DOD, DoL and the VA collectively is essential to achieving the goal of real and lasting reform in warrior transition. I want to reiterate that we at America's Warrior Partnership fully support the goal of this reform, and respectfully offer our constructive input based on experience in order to make this reform even stronger by stressing the importance of collaboration, a principle that also forms the foundation of our own organization's work.

The second piece of legislation I would like to comment on concerns the establishment of a grant program to support suicide prevention services. The VA reported earlier this year that, on average, 20 veterans die by suicide every day. This is an alarming public health concern that affects every community in the country, and this legislation is a step in the right direction of ensuring veteran-serving professionals have the means to proactively help at-risk veterans. The financial support offered by this program will bolster the work of researchers who are currently studying the indicators and risk factors of suicide and self-harm among veterans. Our team at America's Warrior Partnership is collaborating on one such study with University of Alabama researchers through funding from the Bristol-Myers Squibb Foundation. This project, called Operation Deep Dive, is the first of its kind to evaluate the role that community environments and less-than-honorable discharges may have in suicide among veterans, among other factors. The goal of the study is to provide actionable insights that can guide the development of effective programs for reducing self-harm among veterans. The findings provided by projects such as Operation Deep Dive, combined with the support of this grant program, are critical elements that will empower communities to help veterans live and thrive long after their service is complete.

My third testimony addresses Senate Bill 1990, which would increase dependency and indemnity compensation to surviving family members of veterans who were rated totally disabled at time of death. Military families serve in their own way by supporting their loved ones both during active duty and in their transition to civilian life. The service and sacrifice of our veterans may at times result in a disability that puts significant strain on the veteran and their family members who care for them. Our team at America's Warrior Partnership and the affiliate communities that we collaborate with understand these sacrifices, which is why our holistic ap-

proach to serving veterans is always inclusive of their families as well. This bill has the potential to offer a lifeline to the families of disabled veterans who need it most.

Finally, I would like to comment on Senate Bill 2485, which would provide payment of a special pension to the surviving spouse of a deceased Medal of Honor recipient. Our Nation's Medal of Honor recipients go above and beyond the call of duty, and we as a nation owe them nothing less in return. America's Warrior Partnership is honored to have two Medal of Honor recipients serve on our board of directors. Their integrity and example continue to guide our mission of empowering communities to empower veterans, and the support provided by this legislation can help the families of Medal of Honor recipients continue their legacy long after their service is complete.

I appreciate the opportunity to comment on these critical areas and will now let Mr. McClain conclude our testimony.

MR. MCCLAIN. Thank you, Mr. Lorraine.

Chairman Isakson, thank you for inviting us to provide testimony today. We are both honored and pleased to have this opportunity. Our mission is the same as the mission of this Committee: to ensure that all veterans are taken care of and provided the benefits that they have rightfully earned through their service to our country. There is much work to be done, and we look forward to continue collaborating with the Department of Veterans Affairs and our partners across the country to empower veterans from all walks of life as they transition to civilian life.

Thank you again for the invitation to share our testimony today.

PREPARED STATEMENT SUBMITTED BY CINTHIA JOHNSON, INTERIM EXECUTIVE DIRECTOR, CONNECTICUT VETERANS LEGAL CENTER

Chairman Isakson, Ranking Member Tester, and other distinguished members of the Committee on Veterans' Affairs:

On behalf of the Connecticut Veterans Legal Center (CVLC), thank you for the opportunity to provide a statement in support of S. 1072, the Homeless Veterans Prevention Act of 2017, as part of today's hearing. CVLC strongly supports passage of S. 1072, which includes critical provisions to address the urgent nature of veterans' legal needs in Section 3 of the bill ("PARTNERSHIPS WITH PUBLIC AND PRIVATE ENTITIES TO PROVIDE LEGAL SERVICES TO HOMELESS VETERANS AND VETERANS AT RISK OF HOMELESSNESS").

CVLC is a civil legal aid organization that provides free legal services to low-income veterans recovering from homelessness, mental illness and substance abuse. In 2009, CVLC started the first medical-legal partnership in the country to integrate free legal help into care for veterans. This model creates interdisciplinary teams of medical providers and lawyers working shoulder-to-shoulder to resolve legal issues that destabilize veterans' housing, health care, income and family relationships.

To date, CVLC has helped over 3,012 veterans across Connecticut achieve their legal goals. The Department of Veterans' Affairs (VA) recognized this path-breaking partnership with its National Community Partnership Award in 2015.

According to the VA's annual CHALENG survey, homeless veterans clamor for legal help. In the 2017 CHALENG report, legal assistance in five areas (eviction/foreclosure, child support, restore driver's license, outstanding warrants/fines, and discharge upgrades) were five of the top eleven unmet needs of homeless veterans. Homeless veterans rank these legal needs as less likely to be met than their needs for permanent, transitional, or emergency housing. Legal needs similarly dominated the CHALENG survey in other recent years.

CVLC's client Mr. LaPointe provides a powerful example of how addressing these unmet needs helps end veteran homelessness. Mr. LaPointe, who had suffered for decades from schizophrenia, got a notice of eviction after the social security checks that paid his rent stopped coming. He tried to solve the problem himself by driving a cab, but couldn't make ends meet. Homeless and desperate he looked for help. Connecticut VA helped him get into housing he could afford and referred him to CVLC to help him improve the stability and security of his income so he could stay housed. CVLC argued successfully to get his Social Security reinstated, *and* got him 100% service connection after thirty years of unsuccessful applications. "All my anxiety left. My depression left. They gave me hope again," Mr. LaPointe says of his medical-legal team.

As Mr. LaPointe experienced, resolving legal needs improves veterans' mental health and reduces homelessness. According to research recently published in *Health Affairs* by CVLC and its research partners, veterans who received legal representation integrated with VA care showed significant reductions in homelessness, substance abuse, and symptoms of posttraumatic stress

disorder and other mental health issues, along with increased income. The study, which was funded by Bristol Myers-Squibb Foundation, enrolled 950 veterans between 2014 and 2016 across two states. The typical legal intervention studied only cost between $207 and $405 – a small amount relative to the annual costs of providing medical care for the chronically homeless and mentally ill.

The legal community has responded to the legal needs of veterans by opening over 140 clinics in VA facilities. VA leadership nationally and locally has embraced the mission of these clinics resulting in continued demand and growth. VA visibility and interest in these innovative, public/private strategies have led to the establishment of a VA working group focused on building medical-legal partnerships, as well as an internal blog post by the VA Secretary in support of this work.

Unfortunately, the capacity of existing legal aid programs, including CVLC, pales in comparison to the scope of the problem. Many legal programs serving veterans are volunteer-only, providing advice once a month on a limited number of legal topics. Most importantly, few if any veterans in rural areas have any access to legal help at all. Given that the number of homeless veterans has recently increased after years of significant decline, Section 3 of the Homeless Veterans Prevention Act of 2017 provides an urgently needed, cost-effective way to reduce homelessness and improve mental health for veterans everywhere.

CVLC applauds the Committee's leadership in considering this important legislation to address the legal needs of our nation's veterans. Again, thank you for the opportunity to share our views in support of S. 1072, and please do not hesitate to contact us if we may provide any additional information or assistance.

Sincerely,

Cinthia Johnson
Interim Executive Director
Connecticut Veterans Legal Center
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West Haven, CT 06516
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July 23, 2018

The Honorable Johnny Isakson
Chairman
U.S. Senate Committee on Veterans Affairs

The Honorable Jon Tester
Ranking Member
U.S. Senate Committee on Veterans Affairs

Dear Chairman Isakson and Ranking Member Tester,

We write collectively on behalf of the undersigned non-profit veterans legal clinics, including law school clinics, medical-legal partnerships, and others who provide legal aid to veterans on a wide range of matters. We respectfully urge you to ensure the VA provision of funding for veterans' legal services through the Homeless Veterans Prevention Act of 2017.

There is no question that the existing resources to support veteran access to legal resources are insufficient and leaves vulnerable veterans without critical legal resources to ensure their well-being. Indeed, the VA's annual survey of homeless veterans and service providers cites legal problems as a key factor in persistent homelessness for veterans. Public interest and pro bono attorneys assist veterans in a variety of ways to improve their mental and physical health and quality of life. We act to prevent unnecessary evictions that contribute to the crisis of veteran homelessness, and stabilize veterans' incomes through representation in VA benefits and other legal matters. Compared to the civilian population, veterans are at increased risk of homelessness and are more likely to experience disabilities and poor health, and thousands of veterans have been victims of sexual assault. These complex challenges create legal problems that can be resolved with the help of a skilled attorney. A recent study published in Health Affairs in December 2017 found that veterans who received legal representation showed significant reductions in homelessness, substance abuse, and symptoms of posttraumatic stress disorder and other mental health issues, along with increased income. Veterans, particularly those who face homelessness and challenges posed by service-connected disabilities, deserve high-quality, free legal representation that can improve their lives, and this committee is best equipped to ensure access to that critical resource.

There could be no greater way to care for our veterans than enabling them access to legal services through the provision of VA funding for those services. We commend the bipartisan efforts made in the creation of this Act, and urge you to ensure that the provision of quality care to veterans in crisis includes helping with their legal problems.

We respectfully urge you to ensure the VA provision of funding for veterans' legal services through passage of S. 1072, the Homeless Veterans Prevention Act of 2017.

Sincerely,

SIGN-ON LIST FOR VETERANS HOMELESSNESS PREVENTION ACT
ALPHABETIZED BY SIGNATORY'S LAST NAME
As of 7/23/2018

Antoinette Balta, Esq., LLM
President and Co-Founder
Veterans Legal Institute

Debora J. Bell, PhD
Director
University of Missouri Psychological Services Clinic

Steven Berenson
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Barbara Buckley, Esq.
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Angela K. Drake*
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University of Missouri School of Law Veterans Clinic
**in her individual capacity only*

Bruce F. Fain
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PREPARED STATEMENT OF JEREMY M. VILLANUEVA, ASSOCIATE NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE: Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of this legislative hearing of the Senate Veterans' Affairs Committee. As you know, DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the bills under consideration by the Committee.

H.R. 299, BLUE WATER NAVY VIETNAM VETERANS ACT OF 2018

H.R. 299 was passed by the House of Representatives with a vote of 382 to 0 on June 25, 2018.

Section 2 (Clarification of Presumptions of Exposure for Veterans Who Served in Vicinity of Republic of Vietnam) would provide presumption of service connection for herbicide exposure for Vietnam era veterans with service in the waters offshore. The bill defines a location as being offshore of Vietnam if the location is not more than 12 nautical miles seaward of a line commencing on the southwestern demarcation line of the waters of Vietnam and Cambodia and intersecting specific points as noted.

The Agent Orange Act of 1991 required the Department of Veterans Affairs (VA) to provide presumptive service connection to Vietnam veterans with illnesses that the National Academy of Sciences directly linked to Agent Orange exposure. Yet, in 2002, the VA decided to cover only veterans who could prove that they had "boots on the ground" during the Vietnam War. Because of this decision, thousands of Vietnam veterans were excluded from receiving benefits although these "Blue Water" Navy veterans had significant Agent Orange exposure from drinking and bathing in contaminated water just offshore. It is simply inequitable that veterans who served on ships no more distant from the spraying of herbicides than many who served on land have been arbitrarily and unjustly denied benefits because they are excluded from the presumption of service connection for herbicide-related disabilities.

DAV strongly supports Section 2 (Clarification of Presumptions of Exposure for Veterans Who Served in Vicinity of Republic of Vietnam) based on DAV Resolution No. 033, which calls for legislation to expressly provide that the phrase "served in the Republic of Vietnam" include service in the territorial waters offshore.

Enactment of this legislation would provide "Blue Water" Navy Vietnam veterans the disability and health care benefits they earned as a result of exposure to Agent Orange. Eligibility for VA benefits under this legislation would be retroactive to September 25, 1985, the date VA began providing disability compensation to veterans with medical disorders related to Agent Orange providing long overdue justice to thousands of veterans who were excluded by the VA in 2002.

Section 3 (Presumption of Herbicide Exposure for Certain Veterans who served in Korea) would recognize September 1, 1967 as the earliest date for exposure to herbicides on the Korean demilitarized zone (DMZ).

Currently, VA regulations provide that any veteran who, during active military, naval, or air service, served between April 1, 1968, and August 31, 1971, in a unit that, as determined by the Department of Defense, operated in or near the Korean DMZ in an area in which herbicides are known to have been applied during that period, shall be presumed to have been exposed during such service to an herbicide agent. Section 2 would define the exposure to herbicides as a veteran who, during active military, naval, or air service, served in or near the Korean DMZ, during the period beginning on September 1, 1967, and ending on August 31, 1971.

In accordance with DAV Resolution No. 090, we also support Section 3, to recognize September 1, 1967, as the earliest date for exposure to herbicides on the Korean DMZ. This change will provide veterans exposed to herbicides on the Korean DMZ with greater equity with respect to herbicide exposure and the presumptive diseases associated therein.

Section 4 (Benefits for Children of Certain Thailand Service Veterans born with spina bifida) would provide children of veterans exposed to herbicides in Thailand, who are suffering from spina bifida, the health care, vocational training and rehabilitation, and monetary allowance required to be paid to the children of Vietnam veterans who are suffering from spina bifida.

VA provides spina bifida-related benefits for the children of Vietnam veterans exposed to herbicides in Vietnam and on the DMZ in Korea. This bill would provide the same entitlements to the children of Vietnam era veterans exposed to herbicides while serving in Thailand. In accordance with DAV Resolution No. 090, we support Section 4, as it provides relief and equity to veterans' children suffering from the devastating effects of spina bifida.

Section 5 (Updated Report on certain Gulf War Illness study) would require the VA to submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate an updated report on the findings, as of the date of the updated report, of the Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans under the epidemiology program of the VA.

The VA has recognized certain illnesses associated with Gulf War service in the Southwest Asia theater of military operations from August 2, 1990 to the present. These medically unexplained illnesses are long-term health problems with significant impairments.

DAV has significant concern regarding the multitude of ailments reported by a growing number of Persian Gulf War veterans who were exposed to both identified and unknown health hazards. In accordance with DAV Resolution No. 261, we support Section 5, the requirement for the updated report of the Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans under the epidemiology program of the VA.

Section 6 (Loans Guaranteed Under Home Loan Programs of Department of Veterans Affairs) would make several changes to the VA Home Loan Guaranty program. First, it would remove the current limit on maximum loan guaranties to align it with other Federal home loan programs that allow nonconforming, or "jumbo" loans. Second, it would increase the fees charged to veterans using the program by approximately .25 percent for nine years, thereafter reverting to the fee schedule as it currently exists. It is important to note that veterans with a service-connected disability are currently exempt from paying any home loan guaranty fees. Third, it would require that veterans with less than a total disability rating be required to pay fees for loan guaranties if they require a jumbo loan guaranty above the conforming limits. These fees would apply to the entire loan guaranty, not just the portion above the limit.

DAV Resolution No. 002, adopted at our most recent National Convention this July in Reno, Nevada, "...vigorously opposes any recommendations made for the purpose of reducing, adding limitations on or eliminating benefits for service-connected disabled veterans and their families." By imposing fees for the first time on VA home loan guaranties for service-disabled veterans, this Section would effectively reduce the value of benefits that have already been paid for through their service and sacrifice. DAV opposes Section 6 of the bill.

DAV does not have a resolution specific to Section 7 (Information Gathering for Department of Veterans Affairs Home Loan Appraisals) and takes no position on this section.

H.R. 5418, VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT

This measure would require the VA to use multiple vendors in procuring medical supplies and ensure that the employees responsible for selecting the supplies have medical expertise regarding those items. VA currently uses four vendors to purchase its medical supplies and employs clinicians on its integrated product teams to select those supplies. VA would also be required to submit quarterly reports to the Congress identifying the individual employees at VA who determine which items to purchase for VA's formulary and describing their medical expertise.

We urge the Committee ensure this bill requires VA support businesses controlled by service-disabled veterans in its medical surgical prime vendor program. DAV Resolution No. 306 calls for legislation requiring the Federal Government make mandatory set-asides of not less than 3 percent of the total value of all prime and subcontract awards to businesses controlled by service-disabled veterans each fiscal year. Additionally, it calls for effective monitoring and accountability for Federal agencies that are not meeting the set-aside goal of not less than three percent, and a mandate to list in their annual reports their prior fiscal year's actual percentage of meeting this goal, the results of which would serve as an annual report card of

which agencies need the most assistance in the development and implementation of stronger contracting compliance.

In addition, DAV Resolution No. 277 calls for the provision of all supplies, prosthetic devices and medications, including over-the-counter medication, necessary for the proper treatment of service-connected disabled veterans. This recognizes VA's more recent efforts to aggressively standardize durable/disposable equipment, including prosthetics and similar items, to realize greater savings by buying fewer distinct items in greater quantity from fewer suppliers while minimizing the volume of government purchase card usage to the detriment to the veteran patient. We support the provision in this measure that would require clinically driven sourcing to ensure adequate input from frontline clinical providers with the expertise on the specific items within the formulary to ensure veterans receive the prosthetics and similar items that promote, preserve, and restore the veteran's whole health and not merely for medical necessity.

S. 514, NO HERO LEFT UNTREATED ACT

S. 514 would require the VA secretary to carry out a pilot program to provide veterans access to magnetic EEG/EKG-guided resonance therapy (also known as transcranial magnetic stimulation or TMS). The year-long pilot program would take place at not more than two VA facilities for not more than 50 veterans. VA would be required to submit a report about the pilot 90 days after the termination of the pilot.

In 2008, the Food and Drug Administration (FDA) approved TMS for drug resistant major depression. Other applications of TMS to such conditions as to Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury, chronic pain, and opiate addiction (conditions targeted by this bill) are considered "off-label" meaning that doctors may employ them, but the therapy has not been approved for these purposes.

Emerging research has shown that TMS does reduce symptoms of PTSD and helps with some other issues such as autism and Alzheimer's although many questions remain about the duration of symptom relief, how to most appropriately administer the treatment and whether TMS is more effective for all conditions than more conventional treatments.

As we understand it, VA does own a significant number of these machines. Some are being used in studies, but some are beginning to offer treatment for depression under the accepted FDA protocol.

DAV Resolution No. 277 calls for VA to provide access to complementary and integrative medicine. Likewise, we have consistently called on VA to develop innovative approaches to manage and treat mental health conditions (Resolution No. 293).

While the empirical evidence for TMS applications continue to emerge, DAV believes that veterans deserve access to the promising results of treatment claimed by veterans who have used TMS and hopes that additional studies using this technology will yield more information in support of the treatment for other conditions. For these reasons, DAV supports S. 514.

S. 1596, THE BURIAL RIGHTS FOR AMERICAN VETERANS' EFFORTS (BRAVE) ACT OF 2017

S. 1596 would increase the burial allowance payable to the veteran's beneficiary regardless of whether the death occurs in a VA facility and provides for automatic annual adjustments to keep up with future inflation.

The passage of Public Law 111–275, the Veterans Benefits Act of 2010, resulted in an increase in both plot and burial allowance from $300 to $700 for nonservice-connected deaths in VA facilities. It is indexed to the Consumer Price Index for annual adjustments and currently pays $762. However, it did not address nonservice-connected deaths that did not occur in VA facilities nor did it address service-connected death burial payments currently at $2000.

The current $300 burial allowance for nonservice-connected deaths not in VA facilities was last increased in April 1988 and the current $2000 burial allowance for service-connected death was last increased in December 2001.

In 1973, the burial allowance for veterans with no next of kin and non-service-connected death was 22 percent of funeral and burial costs. The current $300 burial allowance for nonservice-connected deaths not in VA facilities in comparison to the average cost of a funeral is about $9,000, decreasing the value of this allowance significantly to approximately 3 percent.

Service-connected death burial allowance in December 2001 was $2,000 and the average funeral cost at that time was $6,000. The payment value was 33 percent of the cost. Today, the average funeral cost has increased to $9,000, decreasing the value down to 22 percent of the burial allowance benefit, a decrease of 11 percent.

We note that the median cost of funerals and burials is rising higher than the Consumer Price Index for all urban consumers (CPI-U). S. 1596 would tie the benefit to the CPI-U, providing some needed adjustment; however, in the long-term, the benefit will erode if this discrepancy continues.

Notwithstanding, DAV strongly supports S. 1596, in accordance with DAV Resolution No. 054, adopted at our most recent national convention. Our resolution calls on Congress to support legislation to increase the burial allowance payable in the case of death due to service-connected disability regardless of whether the death occurs in a VA facility and provide for automatic annual adjustments indexed to the cost-of-living increases.

S. 1952, VA FINANCIAL ACCOUNTABILITY ACT OF 2017

This bill would require VA to contract with a third-party to review and audit its financial processes and models for estimating veterans' demand for services that inform its budget request. It would further require the contractor to make recommendations about improving such models within 180 days of being awarded the contract. VA would then be required to submit a plan for implementing these recommendations within 60 days of completion of the review. VA would appoint an individual to ensure that the third party recommendations are implemented along with those pertinent recommendations of the Government Accountability Office, the Special Counsel and VA's Inspector General. The Secretary would have to justify, within 45 days, any requests for supplemental appropriations. The bill would also require VA's Chief Financial Officer (CFO) to certify that the budget request is sufficient to provide benefits and services for veterans required by law, and that the CFO has made consultations with budget officers throughout the Department to estimate budgets.

DAV has a long history of supporting predictability and transparency in VA's budget process under DAV Resolution No. 112. We strongly advocated for the passage of Public Law 111–81 which required advanced appropriations for VA's Medical Care account and has subsequently protected veterans from delayed or denied care due to government shutdowns. This same law required that GAO submit an analysis of VA's actuarial models versus its actual obligations in fiscal years 2011, 2012, and 2013. We note that in recent years VHA has been compelled to deal with a series of major transitions in health care delivery such as the Veterans Choice Program, and now the VA MISSION Act of 2018 that have drastically changed how the Department estimates demand for services. These changes likely account for much of the lack of precision in recent budget requests and the subsequent need for supplemental funding. Yet it is important to ensure transparency in these efforts, which is why DAV opposed the proposal to consolidate Medical Services and Medical Community Care accounts.

We believe as VA continues to evolve its practices such as recording community care obligations at the date of payment rather than at the date of authorization and gains experience with its new contracting authorities, its estimations will likely become more accurate. Nonetheless, DAV understands the importance of accurate budget models and processes and therefore are pleased to support S. 1952.

S. 1990, DEPENDENCY AND INDEMNITY COMPENSATION IMPROVEMENT ACT OF 2017

S. 1990 would increase dependency and indemnity compensation (DIC) for surviving dependents and would lower the threshold of eligibility to allow certain survivors to receive this benefit who currently do not meet the requirements.

Under title 38, United States Code, § 1318(b)(1), a survivor, is eligible for DIC if the veteran was 100 percent permanently and totally disabled for ten years prior to death. S. 1990 would ease the 10-year rule for eligibility and replace it with a graduated scale of benefits that begins after five years. If a veteran is rated as totally disabled for five years and dies as a result of a non-service-connected cause, a survivor would be entitled to 50 percent of total DIC benefits. This concept of the percentage of benefits payable based the number of years is applicable for payments at 60, 70, 80, 90, and then 100 percent of the DIC amount.

This bill would increase the DIC base rate as equal to 55 percent of the rate of compensation paid to a totally disabled veteran, making it more equitable with rates provided to Federal civilian employee survivors, and it would reduce the age allowed for a surviving spouse to remarry and maintain their benefits from 57 to 55, consistent with other Federal survivor benefit programs.

DAV's Resolution No. 036, which was approved by our members during our most recent National Convention, supports legislation to reduce the 10-year rule for DIC qualification.

DAV strongly supports S. 1990. Not only would this bill reduce the threshold of eligibility for certain survivors, it would also create equitable relief in increasing the compensation rates paid, and reduce the age allowed for the surviving spouse to remarry and retain their benefits.

S. 2485, MEDAL OF HONOR SURVIVING SPOUSES RECOGNITION ACT OF 2018

S. 2485 would increase the monthly special pension for Medal of Honor recipients and extend eligibility to surviving spouses.

The bill would codify the increase in the monthly special payment from $1,000 to $1,329.58 under title 38, United States Code, § 1562. The bill would allow the special pension to be paid to a surviving spouse upon the veteran's death.

DAV does not have a resolution calling for an increase of the monthly special pension for Medal of Honor recipients or expanding eligibility to the pension benefit to the surviving spouse upon the death of the veteran. While we have no formal position on S. 2485, we have no objection to its favorable consideration by the Committee.

S. 2748, BATTLE FOR SERVICEMEMBERS ACT

S. 2748 would encourage greater participation in the additional two day training program that occurs after the three day required portion of the Transition Assistance Program (TAP). Specifically, a servicemember could choose a two day training session on either higher education, technical training, or entrepreneurship. Instead of continuing with an opt-in option, the bill would make the training opt-out so that more transitioning servicemembers would utilize this important training. According to a 2017 GAO report (GAO–18–23), only 14 percent of separating servicemembers completed at least one additional two-day training program after completing the three day required portion of TAP.

Mr. Chairman, DAV has no resolution on this particular issue, but believes the intent of this legislation is in keeping with the goal of ensuring that all servicemembers have the tools and information needed to successfully transition into civilian life. We therefore have no objection to this legislation's favorable consideration.

S. 2881, MARE ISLAND NAVAL CEMETERY TRANSFER ACT

S. 2881 would direct the Secretary of Veterans Affairs to seek to enter into an agreement with the city of Vallejo, California, to hand over ownership and care of the Mare Island Naval Cemetery to the National Cemetery Administration (NCA). Mare Island Naval Shipyard (MINS) was the first United States Navy base established on the Pacific Ocean in 1853. During its time of service, it served as the main shipyard for naval operations in the Pacific and housed the United States Marine Corps' Recruit Depot from 1911 to 1923. The shipyard was identified for closure during the Base Realignment and Closure (BRAC) process of 1993 and was decommissioned in 1996. Since that time the city of Vallejo has owned the property.

The Mare Island Naval Cemetery was established in 1854 and continued interments until 1921. Notable internments are the daughter of Star Spangled Banner composer Francis Scott Key and three Medal of Honor recipients. It currently is the final resting place for more than 800 individuals, most of them veterans. It was included in the National Register of Historic Places in 1975.

After the closure in 1996, the cemetery fell into disrepair. Multiple structural issues have been noted—tombstones are crumbling, and most of the maintenance is done through volunteer efforts. The estimated cost for repairing the cemetery and future upkeep is currently at $15 million.

DAV does not have a resolution that addresses this issue and takes no position on this bill; however, we understand that there are local options that could be pursued to resolve this issue that would not divert resources and funding from National Cemeteries that are still accepting new internments.

S. 3184, TO MODIFY THE REQUIREMENTS FOR APPLICATIONS FOR CONSTRUCTION OF STATE HOME FACILITIES TO INCREASE THE MAXIMUM PERCENTAGE OF NON-VETERANS ALLOWED TO BE TREATED AT SUCH FACILITIES

State Veterans Homes are long term care facilities operated by states in partnership with the Federal Government. States receive matching grants from VA to construct, expand, rehabilitate and repair State Veterans Homes, with VA providing up to 65 percent and states providing at least 35 percent of the cost of the project. State Veterans Homes are constructed and operated principally to care for veterans, and current law requires that no more than 25 percent of occupied beds can be filled by non-veterans, such as spouses or parents as determined by individual states.

State Veterans Homes offer three levels of care: Nursing Home Care; Domiciliary Care; and Adult Day Health Care (ADHC), with VA providing per diem payments to states for the care of eligible veterans for each level of care. For nursing home care, the State Veterans Home receives a basic per diem payment for each eligible veteran, equal to approximately 30 percent of the total daily cost of care, with states required to cover the balance through other sources, including payments from veterans. Some veterans qualify for a higher per diem rate due to their service-connected disabilities, which is intended to cover the full cost of their care, and constitutes payment in full to the State Veterans Home.

This bill would amend current law to allow spouses or parents of veterans to occupy up to 40 percent of the total occupied beds in a State Veteran Home if its occupancy rate is less than 90 percent. This legislation is intended to allow additional spouses or parents to occupy open beds, often joining their veteran spouse or child, when there are no eligible veterans seeking admission to the State Veterans Home.

DAV is a strong supporter of State Veterans Homes. This bill intends to assist State Homes utilize available capacity, thereby increasing cost-effectiveness and financial viability, while also improving the quality of life for certain veterans and spouse by keeping couples together. DAV has no resolution on this specific issue and takes no formal position on the bill. Because we do not know how this proposed policy will affect State Veterans Homes across the country, we want to ensure service-connected veterans are not disadvantaged or otherwise delayed or denied placement. Accordingly, we recommend the Committee consider other reasonable options, such as adding reporting requirements to the bill to assess how it affects service-connected veterans' admission to State Veterans Homes, using a waiver authority to the current occupancy rule, or a starting a pilot program in select locations.

DRAFT BILL, VA HIRING ENHANCEMENT ACT

This draft bill would render "non-compete" agreements between an applicant for VA employment and a previous employer non-applicable with regard to VA employment. Employees appointed with this understanding would be required to serve out the length of their non-compete agreement within their VA position or serve in that position for at least one year (whichever is longer). The bill intends to allow VA, on a contingent basis, to begin recruiting and hiring physicians up to two years before they complete their residency, as well as physicians who have completed their residencies leading to board certification. These contingent appointed physicians must satisfy VA's requirements to receive a permanent appointment.

We appreciate the goal of this legislation aimed at creating as large an applicant pool for qualified medical professionals to treat our service-disabled veterans as possible in VA. DAV Resolution No. 129 calls for effective recruitment, retention and development of the VA health care workforce. Because this measure attempts to reduce barriers for employment at VA for physicians; we are pleased to support the bill's passage.

DRAFT BILL, VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018

The "Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018" would require VA to offer restorative dental services to those who lose functioning as a result of dental services or treatment rendered by VA. It would also require the Secretary to develop a pilot program to assess the feasibility and advisability of offering dental care to all enrolled veterans.

The pilot program would begin 540 days after enactment and take place in at least 16 medical centers including: four centers with established dental clinics; four centers with a contract for dental services; four community-based outpatient clinics with space available to furnish care; and, four federally qualified health centers of which at least one must be a facility the Indian Health Service with established dental clinics. Not more than 100,000 veterans would participate in the program on a voluntary basis. Services would include those available to veterans with service-related disabilities rated by VA at 100 percent. Veterans must contribute to the cost of their dental care in a manner consistent with the copayments required of them for VA medical care and services.

Site selection for the selected participating medical centers would consider rural facilities; facilities distant from military installations and would represent the various geographic locations (or census tracts) identified by the Bureau of the Census. VA would determine the appropriate performance standards and metrics for each contract entered under the pilot, as well as specifying how compliance is to be measured.

VA would be required to report 540 days after enactment and 3 years after the date the program commences about the implementation and operation of the pilot program in addition to the number of veterans receiving services, an analysis of the costs and benefits associated with the program as well as findings and conclusions.

The bill would also require the Secretary to construct or lease dental clinics in states in which the Department does not have onsite dental services and would appropriate $10 million in emergency funding to support construction or lease of such facilities.

The legislation further specifies an educational program VA would be required to operate. The program would promote dental health and include information about common dental conditions, treatment options and options for obtaining access to dental care including defining eligibility for VA services, options available through State or local governments or nonprofit agencies; purchasing private dental insurance or obtaining free or low cost care through federally qualified health centers or dental schools. It would also require VA to develop written material with this information, including for blind or visually impaired veterans.

The bill would further require VA to develop a mechanism for private sector providers working with veterans under the dental insurance pilot program (established under § 17.169 of title 38, Code of Federal Regulations) to share information in VA electronic medical records. The bill would give the Secretary the discretion to continue the pilot for an additional two years after the termination date in order to assess the mechanism for sharing this information. Individual veterans would be given the option of participating in this part of the pilot.

The draft legislation contains a demonstration program to train and employ alternative dental health care providers in rural and underserved areas to increase veterans' access to dental care.

Finally, the bill would authorize an additional $500 million in fiscal year 2020, to be available for five years, for the provisions of this act excluding the construction or major lease funding.

DAV recognizes that oral health is integral to the general health and well-being of a patient and is part of comprehensive health care. According to a 2000 report by the Surgeon General of the United States, Oral Health in America, individuals who are medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health. Likewise, such diseases are progressive, cumulative and become more complex over time, and can affect economic productivity and compromise the ability of someone to work, and often significantly diminish their quality of life.

Irrespective of service-connected disability, section 1701(9), title 38, United States Code, defines "preventive health services" as a broad collection of VA health services that improve, protect and sustain the general health and well-being of veterans enrolled in VA health care, to include "such other health care services as the Secretary may determine to be necessary to provide effective and economical preventive health care"

For these reasons, DAV supports a dental benefit for all enrolled service-connected veterans in accordance with DAV Resolution No. 018.

DRAFT BILL, TO REQUIRE THE SECRETARY OF VETERANS AFFAIRS TO ESTABLISH A PROGRAM TO AWARD GRANTS TO PERSONS TO PROVIDE AND COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR VETERANS TRANSITIONING FROM SERVICE IN THE ARMED FORCES WHO ARE AT RISK OF SUICIDE AND FOR THEIR FAMILIES

This draft bill would authorize grants to individuals for the purpose of providing and coordinating suicide prevention services for eligible veterans or a family member of a veteran who is within 3 years of being discharged from military service and may be at risk of suicide.

The grant applicant would be required to identify how they would deliver suicide prevention services and any previous experience with providing or coordinating such services with veterans and their family members including outreach to at risk veterans, screening, education about veterans at risk for families and communities, case management, peer support, and assistance with obtaining benefits, temporary assistance with transportation, personal financial planning, legal services, and other services, such as family support and child care.

The Secretary would be required to give priority to applicants serving areas of the country that have experienced a high burden of veteran suicide, areas where no health care is furnished by the Department or rural and tribal areas of the country.

DAV is extremely sensitive to the post-deployment mental health and readjustment needs of veterans and the challenges they often face during transition from military to civilian life. The intent of this draft legislation and its apparent goal of

utilizing individuals to help prevent veteran suicides in locations where services are limited or non-existent is notable.

While we appreciate the intent of the bill, DAV is concerned about the quality of care that may be delivered by applicants and the difficulty in providing oversight for such an award program and individual grant recipients. DAV believes that the range and intensity of mental health programs VA and VA's Readjustment Counseling Service offers and delivers—from peer-to-peer support, outpatient, in-patient and a compliment of specialized services for PTSD, substance use disorder and homelessness provide the depth, breath and quality of care necessary to meet the mental health care needs of veterans during their initial transition period.

In addition, as VA grapples with establishing the new contract program combining existing contracting policies and programs into one under the VA MISSION Act of 2018, DAV has concerns about embracing a new grant program that would require VA to fund and monitor the provision of additional care in the private sector to individual persons. We also believe that, under the auspices of the VA MISSION Act, many of the goals of promoting access and availability to remote vulnerable veterans can be achieved with knowledgeable vetted providers. We, therefore, do not support this discussion draft bill.

DRAFT BILL, MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT

VA is in the process of a sea change in managing its medical information. Last June, VA announced it would contract with Cerner to create a new platform for managing electronic health records. The goal of this contract is for VA to have information that is more interoperable with the Department of Defense, academic affiliates, and other community providers. This is a critical tool enabling providers to transfer information within the VA and with its partners—done correctly, it could assist in coordinating care, timely scheduling of appointments, eliminating duplicative services, ensuring patient safety, assessing organizational performance and easing administrative burdens, including quality assurance and billing. It is a massive undertaking that will likely take billions of dollars and staff and contractor hours to implement.

This draft bill would require VA to develop a pilot program to assess the use of a portable medical records storage system to store patient information in order to share timely information between VA and community providers. The pilot program would run in one VISN for at least one year using a competitively awarded contract to develop a portable device no bigger than a credit card to allow veterans to carry at least 4 gigabytes of medical information between VA and non-VA providers. While some of the goals of this pilot may be similar to those being considered by Cerner, it is difficult to understand whether this undertaking would add or detract from the larger effort underway. Because the bill appears to approach personal storage of medical information using external hard drives and limits the use of cloud storage, we urge the Committee consider including provisions that require tracking and mitigation when the security of the portable device is compromised. DAV does not have a resolution on VA medical records management and therefore takes no position on this draft bill.

TRANSITION ASSISTANCE REFORM (DISCUSSION DRAFT)

The discussion draft bill on Transition Assistance Reform would provide changes to the Transition Assistance Program (TAP) and specific requirements on the Departments of Defense (DOD) and Homeland Security (DHS), to include training requirements, reports to Congress, creation of a five year longitudinal study, inclusion of veteran service organizations in TAP, and establishment of a governing board to support suicide prevention and substance abuse prevention efforts.

Section 2 (Recodification, Consolidation, And Improvement of Certain Transition-Related Counseling and Assistance Authorities) would eliminate the existing title 10, United States Code, §§ 1142 and 1144 and provide a new statue defining the Transition Assistance Program. The proposed new statute would incorporate all of the current language from both statutes and continue to address information on civilian employment including labor market information, instruction on resume preparation, job interview techniques and certification and licensure requirements in civilian occupations that correspond to military occupational specialties.

DAV Resolution No. 298 urges Congress to establish a clear process for military training to meet civilian certification and licensure requirements. It is vital to break down employment barriers for transitioning servicemembers to successfully adapt to civilian life by obtaining the required certification and licensure based on their military occupational specialties.

The proposed statue would add very specific training requirements for conducting TAP. Those requirements would include at least a full day course on general professional development and employment assistance and a full day on the benefits and services available under the laws administered by the VA. TAP would also be required to include at least two consecutive days of training on post-service pathways. The servicemember would be able to choose from topics such as, employment, higher education, entrepreneurship, and career and technical training.

Another major addition in the proposed new statute is a requirement of reports and notices from the Secretaries of Defense and Homeland Security to the Secretaries of Labor and Veterans Affairs, and the heads of any other departments and agencies of the Federal Government involved in the furnishing of counseling and other assistance under the program. The Secretaries of Defense and Homeland Security would be required to provide an annual report to Congress. The reporting would require information regarding the timeliness of receipt of covered counseling, information, and services, and rates of participation on an in-person basis and an online or other electronic basis.

DOD has publicly reported 92 to 97 percent compliance rates with mandated TAP elements. However, a 2017 GAO report (GAO–18–23) found that actual TAP participation rates based on DOD internal monitoring reports for eligible servicemembers are lower, particularly for Reserve Component members (approximately 47 percent compliance). In the 2017 report, top reasons affecting TAP participation included instances where members were separated on short notice, and mission- or duty-related requirements that interfered with ability to attend the course.

DAV Resolution No. 304 calls for expansion of the required training of TAP, standardization of all provided training, tracking of member participation, and monitoring and oversight of TAP. As noted in the above GAO report, there are inaccuracies in the current reporting mechanisms of the DOD, therefore, we support the additional requirements of training for TAP and the inclusion of reporting by the Secretary of Defense and Secretary of Homeland Security to the Secretary of Labor, the Secretary of Veterans Affairs, and the annual report to Congress. Reporting and oversight will lead to closer evaluations and determinations of the effectiveness of TAP for transitioning servicemembers. DAV strongly supports the provisions in Section 2 (Recodification, Consolidation, and Improvement of Certain Transition-Related Counseling and Assistance Authorities) based on DAV Resolutions No. 298 and 304.

Section 3 (Personnel Matters in Connection with Transition Assistance Program) provides the minimum number of DOD personnel dedicated to TAP, the designation of transition coordinators and an annual report to Congress.

This provision notes the Secretary of Defense shall take appropriate actions to ensure that the minimum number of full-time personnel of the DOD dedicated to counseling and other activities under TAP at each military installation is not less than one for every 250 members of the Armed Forces currently eligible for participation in the TAP at such military installation. It further provides that the requirement for full-time personnel cannot be satisfied through the use of contractor personnel.

Section 3 would further require the Secretary to designate at least one member of the Armed Forces in each field grade unit of the Armed Forces as a transition coordinator to support the transition of members in each such field grade unit to civilian life and to support completion of the requirements of the Transition Assistance Program. Included is a requirement to report annually to Congress on the action to implement Section 3.

DAV Resolution No. 304 notes that it is essential for servicemembers to gain full understanding of entitlements and free assistance available to them. Mandatory TAP personnel requirements, at all grades, provide assurance of dedicated resources and manpower for TAP success. Reporting and oversight will lead to closer evaluations and determinations of the effectiveness of TAP for transitioning servicemembers. In accord with DAV Resolution No. 304, we support Section 3 (Personnel Matters in Connection with Transition Assistance Program).

Section 4 (Tracking of Participation in Transition Assistance Program and Related Programs) would require the Secretary of Defense to establish and maintain and electronic database and tracking system. Section 5 (Information on Members of the Armed Forces Participating in Pre-separation Counseling and Surveys on Member Experiences with Transition Assistance Program Counseling and Services and in Transition to Civilian Life) would provide for tracking of members TAP experiences and TAP surveys.

The database would track information on individual member participation in TAP, track member surveys and experiences, and notes form counselors in connection with TAP. This information would be available to the Secretaries of Labor, Veterans Affairs, and the heads of any other departments and agencies of the Federal Gov-

ernment involved in the furnishing of counseling and other assistance under the program. Members of the Armed Forces and commanders will have access to the information as well.

DAV Resolution No. 304 urges Congress to monitor and review TAP, its classes, training methodology, delivery of services, and collection and analysis of surveys and comments. As noted in the 2017 GAO study (GAO–18–23), it was determined that many servicemembers were not able to attend TAP or had experiences they felt were not effectively preparatory for a successful transition to civilian life.

Our mission includes the principle that this Nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled. This principle envisions assisting disabled veterans to prepare for and obtain gainful employment and enhanced opportunities for employment and job placement. This includes providing servicemembers with the right resources and oversight to ensure successful transitions into civilian life. Based on DAV Resolution No. 304, we support Section 4 and Section 5.

DAV does not have a position on Sections 6 through 12 of the discussion draft.

Section 13 directs the Secretary of Veterans Affairs, in consultation with the Secretaries of Defense and Labor, and the Administrator of the Small Business Administration, to conduct a five-year longitudinal study regarding TAP that includes those servicemembers who have attended the program before the enactment of this bill, those who have attended after the implementation of the proposed changes, and those who have not attended the program. This study would note the percentage of those studied that received unemployment benefits, the number of months each member was employed, annual starting and ending salaries, suicide rates (to include attempts and substance abuse issues), and other pertinent info that occurred during the time studied. After the five year period, and every year thereafter, the Secretaries of Veterans Affairs, Defense and Labor, and the Administrator of the Small Business Administration shall report the findings to the House and Senate Veterans' Affairs Committees.

DAV supports the provisions of this section to monitor and report on the effectiveness of TAP. This coincides with the intent of DAV Resolution No. 304, which supports monitoring the success rates of TAP to ensure the program is meeting its objective and to follow up with participants to determine if they found gainful employment following training. According to a March 2016 RAND Corporation article, "merely placing veterans in jobs is not enough: veteran employment efforts should also enable veterans to build successful careers over the long term. To reach this goal, research must provide evidence to inform these efforts and ensure their effectiveness."

Section 14 directs the Secretary of Veterans Affairs to establish a governing board within the Veterans Benefits Administration (VBA) that would partner with community and Federal entities whose mission would be to support the prevention of suicides, substance abuse, and homelessness amongst veterans. This board would consist of representatives from the Departments of Labor, Homeland Security, Defense, and various representatives from within the VA. The duties of this board would be to track suicide rates for each business line, dissemination of educational products to veterans participating in programs of the VBA, supporting communication between the Veterans Health Administration and the VBA to support suicide and substance abuse prevention efforts, and management of the VA's Gun Safety Lock program in support of suicide prevention efforts.

DAV Resolution No. 293 supports program improvements, data collection and reporting on suicide rates among servicemembers and veterans, improving outreach through general media for stigma reduction and suicide prevention, and enhanced resources for VA mental health programs. DAV appreciates the goal of this section of the bill, which would enhance the support between the various Federal entities to lower the rate of veteran suicides. This section of the draft measure coincides with the intent of our resolution.

Section 17 states, in part, that the Departments of Defense, Labor, and Veterans Affairs should work together with veteran service organizations, such as the DAV, to establish points of contacts for relocating members of the Armed Forces and provide them employment, education, and other appropriate information about the State or locale to assist in relocation.

The transition from military service to civilian life is very difficult for many veterans who must overcome obstacles to successful employments, such as relocation. TAP was created to help our separating servicemembers successfully transition to the civilian workforce, start a business, or pursue training or higher education. DAV Resolution No. 304 states, in part, that participation by DAV and other veterans service organizations in TAP is essential to servicemembers to gain a full understanding of the entitlements and free assistance available upon discharge from military service and the inclusion of DAV and other veterans service organizations in

the process. We are pleased to support this section of the draft bill aimed at addressing this need.

This concludes my testimony, Mr. Chairman. DAV would be pleased to respond for the record to any questions from you or the Committee Members concerning our views on these bills.

PREPARED STATEMENT OF THE DEPARTMENT OF DEFENSE

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND MEMBERS OF THE COMMITTEE, The Department of Defense (DOD) appreciates the opportunity to provide this statement for the record addressing legislation pending before the Committee. This statement focuses on the S. 2748, "Better Access to Technical Training, Learning, and Entrepreneurship for Servicemember Act" or the "BATTLE for Servicemember Act," and the Discussion Draft on Transition Assistance Reform. We defer to the Department of Veterans Affairs and the Department of Labor to provide responses on those bills and sections of pending legislation with no significant DOD impacts.

S. 2748, "BETTER ACCESS TO TECHNICAL TRAINING, LEARNING AND ENTREPRENEURSHIP FOR SERVICEMEMBER ACT" OR THE BATTLE FOR SERVICEMEMBERS ACT

DOD has no objections to H.R. 2748. This bill amends title 10, U.S.C., which requires members of the Armed Forces to receive additional training under the Transition Assistance Program (TAP), and for other purposes. In addition to ensuring members of the Armed Forces eligible for the TAP receive additional training in any of the supplemental subjects prescribed in section 1144(f) of title 10, U.S.C., the Secretary of Defense and the Secretary of Homeland Security will have the authority to waive the training for certain groups or classifications of members as the Secretaries determine, in consultation with the Secretaries of Labor and Veterans Affairs. A member may also elect in writing to not receive such additional training.

S.____, DISCUSSION DRAFT REGARDING TRANSITION ASSISTANCE REFORM

This draft bill "amends title 10, U.S. Code to improve the Transition Assistance Program for members of the Armed Forces and for other purposes." This draft legislation directs the Secretaries of Defense, the Department of Veterans Affairs, Department of Labor, and the Department for Homeland Security to take certain actions to improve transition assistance to members of the Armed Forces who separate, retire, or are discharged from the Armed Forces, and for other purposes. DOD objects to this proposed legislation due to significant concerns identified by our review.

Servicemember feedback, as well as outside of government research indicate the Transition Assistance Program works well to meet the needs of our transitioning Servicemembers. Despite anecdotal comments, DOD has yet to see strong data or evidence that would indicate the need to revamp TAP with remedial legislation. Additionally, when Veterans Service Organizations were briefed on the updated TAP curriculum in June 2018, DOD received overwhelmingly favorable responses. Several interagency evaluation efforts currently underway will provide more robust evidence to determine what improvements should be made to the TAP. For example, a study led by the Department of Labor, a longitudinal study led by the Army, and a Post-Separation Assessment led by the Department of Veterans Affairs will help DOD identify and develop sound improvements. DOD assesses the proposed legislation as premature for improving Servicemember transition outcomes. While refinements and improvements can always be made to programs (we continue to update TAP annually), changes are most effective when made based on evidence-based program evaluations and best practices.

DOD and its partners are extremely careful when implementing changes that impact approximately 308,000 transitioning Servicemembers and spouses each year. When changes are to be made to TAP, we prefer to experimentally evaluate such changes and their outcomes via a pilot study to closely analyze the impact of these changes on a smaller group of Servicemembers rather than proceeding immediately to full-scale implementation. If the pilot confirms that the proposed changes would result in a more positive outcome for transitioning Servicemembers, we would then implement the changes more broadly. We urge Congress to allow time for the TAP interagency governance team to continue to collect and analyze the data from our evaluation efforts in progress before legislating mandated changes to TAP. Each section of this draft bill is discussed in detail below.

Section 2. Recodification, Consolidation, and Improvement of Certain Transition-Related Counseling and Assistance Authorities

The statute should align organizational authorities and responsibilities based on the missions, roles, and responsibilities of the Federal agencies and departments; thus, DOD has serious concerns about the elimination of section 1144, title 10, U.S.C. By striking section 1144, and consolidating it with section 1142, the proposed legislation assigns the authority and responsibilities from the Secretary of Labor to the Secretary of Defense for employment assistance, job training assistance, assistance in identifying employment, and training opportunities, and other information and services. As the Secretary of Labor is responsible for employment-related programs and services for transitioning Servicemembers and veterans, DOD requests that section 1144 remain.

DOD supports eligible transitioning Servicemembers (including National Guard and Reserves) to receive resources, counseling, information, and services they need for their transition from the military to civilian life. The proposed legislation, however, lacks clarity about its applicability to members of the National Guard and Reserves. National Guard and Reserve Servicemembers eligible for TAP do not retire or separate upon demobilization or deactivation. They are *"released from active duty"* (REFRAD). Therefore, DOD recommends the phrase, *"release from active duty"* be inserted in paragraph (a) (1) to read as follows: "The Secretary of Defense and the Secretary of Homeland Security with respect to the Coast Guard when it is not operating as a service in the Navy shall, in cooperation with the Secretary of Labor and the Secretary of Veterans Affairs, carry out a program to furnish individual counseling, information, and services described in paragraph (2) to members of the Armed Forces under the jurisdiction of the Secretary of Defense or the Secretary of Homeland Security, as applicable, whose retirement, separation, or *release from active duty* is anticipated as of a specific date, and to the spouses of such members." This recommended change will clarify in statute the applicability of TAP to the National Guard and Reserve members.

DOD is also concerned about the lack of clarification as to when eligible members of the National Guard and Reserves shall commence and complete TAP. While the proposed legislation addresses when members of the National Guard and Reserves shall commence TAP, the proposed legislation falls short of addressing the completion date for TAP (to include all covered counseling, information, and services). The legislation does not state how and when members of the National Guard and Reserves will receive transition assistance. Given the unique operational requirements for demobilizing and deactivating Reserve Component Servicemembers and short notice separations, DOD recommends the proposed legislation provide the Secretary of Defense waiver authority to allow National Guard and Reserve members to complete any TAP requirements not accomplished prior to release from active duty, not later than 120 days from the date of release from active duty.

DOD does not support the requirement for "Preliminary Assistance." Not all Military Occupational Codes align with a credential. Not all Servicemembers wish to pursue employment in their same military occupation. Evidence-based research shows that more than half of our transitioning Servicemembers want to pursue a civilian occupation that is different from their military career. DOD effectively utilizes existing GAP Analysis Career Readiness Standard to accomplish the objective of "Preliminary Assistance." We recommend the requirement for "Preliminary Assistance" be deleted from the proposed legislation.

Practices for hiring counselors, vetting and establishing contracts, developing training curriculum, and testing information technology data fields do not allow DOD to meet the deadlines as written in the section of the proposed legislation titled "Commencement of Certain Instructions." DOD requests the deadline be at least 18 but not later than 24 months after enactment. Additionally, DOD requests the Secretary of Defense be given two-year funding authority to implement requirements for this proposed legislation.

Section 3. Personnel Matters in Connection with Transition Assistance Program

DOD recommends synchronizing the staffing ratios to support approximately 308,000 eligible Servicemembers and spouses transitioning annually because the language specified in § 1142, paragraph (a) (1) requires the Secretary of Defense to carry out a program to members of the Armed Forces and to the spouses of such members. The proposed legislation bases its ratio on military members at installations and does not take into account their spouses. We believe the Military Services are best positioned to determine the requirements for transition counselors.

Section 4. Tracking of Participation in Transition Assistance Program and Related Programs

DOD's primary concern is to protect Servicemember privacy, including each member's Personally Identifiable Information (PII). The Military Services capture most, but not all of the data requirements as outlined in Section 4 (case work and other services). DOD's existing system tracks transitioning Servicemembers. We support enhancing our existing TAP web service; however, the cost to develop the enhancements necessary to capture all the new data and information prescribed in the proposed legislation will require further review and study. DOD supports sharing specific data through approved data-sharing agreements that preserve the integrity of each individual's PII.

Section 5. Information on Members of the Armed Forces Participating in Pre-separation Counseling and Surveys on Member Experiences With Transition Assistance Program Counseling and Services and In Transition to Civilian Life

DOD supports sections 5(a) and (b). We defer to the Department of Veterans Affairs regarding the provisions in section 5(c).

Section 6. E-mailing Transition Assistance Materials to Supporters of Members of the Armed Forces Transitioning to Civilian Life

DOD does not support this provision of the proposed legislation. Departmental policy gives Servicemembers the option to include their email address in the Remarks section of the DD Form 214, "Certificate of Release or Discharge from Active Duty." Members may elect a State/Locality Veterans Affairs office to receive information. In addition, transition assistance materials, to include the Transition GPS (Goals, Plans, Success) curriculum, described in the proposed legislation, can be obtained through public web sites as presented during TAP. Transitioning Services members and their spouses can avail themselves of the websites and the materials at any time before, during and after transition. DOD does not support obtaining a third party email address to provide information readily available online. TAP materials, to include all TAP curricula, can be accessed free of charge through public web sites.

Section 7. Command Matters in Connection with Transition Assistance Programs

DOD accomplishes the requirements of section 7(a) through DOD policy, which requires the Inspectors General to assess TAP at military installations. The Military Services provide professional military education to inform Commanders, at all levels, about all aspects of command, including TAP. Therefore, DOD recommends Section (b) be deleted.

Section 8. Comptroller General of the United States Report on Participation in Transition Assistance Programs at Small and remote Military Installations

DOD supports Section 8 of the proposed legislation.

Section 9. Education of Members of the Armed Forces on Career Readiness and Professional Development

DOD recognizes the important role career readiness and professional development pursuits can play in professionalizing the Force and in enhancing the Servicemember's ability to transition to the civilian workforce upon completion of military service. Providing opportunities, whether academic-or certification-related, is an investment in our people. Whether an individual is acquiring knowledge, skills, or abilities needed to perform mission functions or make a seamless transition to an industry profession, DOD supports education, certification, training, and employment assistance that maximize opportunities both in and out of service. DOD collaborates with the Departments of Labor and Veterans Affairs on a Servicemember outcomes initiative that aligns career readiness and professional development opportunities to better ensure Servicemembers are prepared to successfully enter the civilian workforce upon completion of service, and that veterans are able to capitalize on their Service training, education, and experiences in pursuit of civilian career opportunities.

Although DOD is generally supportive of the proposed provisions of section 9, and has already aligned and coordinated appropriate assets to support Servicemember lifecycle development opportunities and career pathway programs, we recommend removal of the below listed provisions.

Remove section 9(b)(1) as DOD already informs the transition plan required by section 1142(g)(1)(C) through various established tools including the Joint Services Transcript, the Community College of the Air Force Transcript, and the Verification of Military Experience & Training document.

Remove section 9(b)(2)(B), as DOD has no capability to collect, store, and update information provided by hundreds of local communities across the Nation. However, DOD is postured to support a trusted external data source that provides centralized insight into such civic programs and resources.

Remove section 9(d), as DOD does not support mandating an Alumni Network Program. DOD would support language that encourages the Military Services to establish a Network Program; however, we recommend the decision be left to each Military Service's discretion. Further, DOD recommends consideration of alternative terminology such as "Professional" or "Veteran" to describe the Network Program vice "Alumni." Alumni historically refers to graduates or formal students of a particular school, college, or university, and such a naming convention might not properly convey the intent of Congress to focus on career mentoring, networking, and advice and not higher education solely.

Last, DOD has significant concerns with section 9(c) as there is potential duplication between this effort, those under section 2 of this proposal, and numerous other personal and professional development authorities of DOD. Additionally, this provision mandates the provision of information beyond that available, yet provides no additional manpower or financial resources. DOD's Voluntary Education enterprise employs approximately 500 professional guidance counselors. Each year, this workforce counsels more than 256K Tuition Assistance beneficiaries, as well as another 350K Servicemembers participating in other Voluntary Education programs such as college-level examination and academic skills improvement. Increasing the requirement to provide information, without appropriate resources, would jeopardize the impact of such legislation.

Section 10. Employment Skills Training

DOD supports an expansion of eligible participants under the DOD SkillBridge authority with the below comments. Further clarify section 10(2)(A)(ii). Eligibility does not appear to be limited to spouses of transitioning Servicemembers for which 10 U.S.C. 1143(e) was enacted. Recent statistics indicate that 54 percent of Servicemembers are married. This potential pool of participants far exceeds the roughly 200K transitioning Servicemembers for which the program was intended each year. DOD is concerned that the new eligibility parameters drastically change the scope of the program and may have significant implications for program implementation.

Further clarify section 10(2)(A)(iii). Eligibility does not appear to be limited to recently transitioned Servicemembers for which 10 U.S.C. 1143(e) was enacted. With roughly 200K transitioning Servicemembers each year becoming eligible in perpetuity, DOD is concerned that the new eligibility parameters drastically change the scope of the program and may have significant implications for program implementation. Additionally, DOD is concerned about the authority to expend its operations and maintenance appropriation in support of separated Servicemember participation. There is some precedent for this in the form of stipends and bonuses paid to veterans participating in the Troops-to-Teachers program. However, in this example, eligibility for the program expires 3 years after separation.

The proposed legislation is unclear about whether spouses and Veterans may utilize base housing, receive compensation-type benefits, etc. For example, spouses and veterans would not be eligible for compensation while participating, to include housing and allowances funded by DOD. A policy review would need to be accomplished to determine whether unemployment compensation paid by DOD would be permissible in conjunction with participation in SkillBridge programs.

Further clarify the intent of the $10M identified in section 4. The DOD SkillBridge is intended to be a low/no cost program whereby providers fund the necessary job training and employment skills training opportunities.

Section 11. Identification of Opportunities for Job Training and Employment Skills Training for Members of the Armed Forces for Employment with the Department of Veterans Affairs in SkillBridge Programs of the Department of Defense

DOD supports the proposed change of section 11 with two comments: (1) Replace "the Secretaries of the military departments shall . . . " with "the Secretary of Defense shall . . . ;" (2) Consider broadening the language, including authority to work with all Federal agencies in support of critically understaffed and high-skilled positions. While DOD is already working with the Department of Veterans Affairs to establish such opportunities, we have been approached by other Federal agencies requesting consideration as well (e.g., Department of Homeland Security for cybersecurity professionals).

Section 12. Evaluation of Transition Training and Counseling Relating to Post-secondary Education and Use of Educational Assistance from Department of Defense and Department of Veterans Affairs

DOD supports the proposed evaluation of section 12, with one recommendation. Remove Section (d), contract organization. In accordance with the Code of Federal Regulations, DOD may leverage federally Funded Research and Development Centers (FFRDC) for the purpose of the proposed analysis.

Section 13. Longitudinal Study on Changes to Transition Assistance Program of Department of Defense

DOD defers to the Department of Veterans Affairs for comments on section 13.

Section 14. Establishment of Governing Board to Support Prevention of Drug Overdoses, Deaths by Suicide, and Alcohol-related Mortality

DOD defers to the Department of Veterans Affairs for comments on section 14.

Section 15. Review of Economic Risk Factors in Suicide Prevention

DOD defers to the Department of Veterans Affairs for comments on section 15.

Section 16. Grants for Provision of Transition Assistance to Members of the Armed Forces After Separation, Retirement, or Discharge

The DOD defers to the Department of Labor for comments on section 16.

Section 17. Sense of Congress on Transition Assistance Program and Other Transition-related Assistance for Members of the Armed Forces

DOD concurs with the provisions of section 17.

This large and complex piece of proposed legislation brings potentially huge resource implications in the form of more counselors, Information Technology enhancements, veterans' surveys, the creation of professional networks, opening counselor notes to other Federal agencies, and adding TAP to command climate assessments, with unintended consequences. This proposed legislation would move DOD to a TAP case management system and would require more resources to fulfill all the mandates outlined. Additionally, requirements that span the gap from Servicemember to veteran will require additional attention to data privacy, collection, and storage requirements, as well as increased public disclosures and opportunity for comment through the *Federal Register* process.

The Department of Defense thanks the Committee for its outstanding and continuing support of our Servicemembers, veterans, and their families.

PREPARED STATEMENT FROM IVAN DENTON, DIRECTOR, OFFICE OF NATIONAL PROGRAMS, VETERANS' EMPLOYMENT AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

INTRODUCTION

Chairman Isakson, Ranking Member Tester, and Members of the Committee, thank you for the opportunity to submit a statement for the record of today's hearing. I thank you all for your tireless efforts to ensure that America fulfills its obligations to our servicemembers, veterans, and their families. As the Director of the Office of National Programs in the Veterans' Employment and Training Service (VETS) at the Department of Labor (DOL, or Department), my office is responsible for managing DOL's Employment Workshop (DOLEW, or Workshop) and Career Technical Training Track (CTTT) courses, as part of the Transition Assistance Program (TAP). The move to a civilian career is critical for transitioning servicemembers (TSMs) and their entire families as they conclude their military service, and it can also prove to be stressful. More broadly speaking, successful career transition is vital to attracting an All-Volunteer Force, and to building the American economy. I appreciate the opportunity to discuss DOL's collaborative work with the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to administer the TAP and improvements that can be made to better assist servicemembers with employment preparation as they transition to civilian life.

The Department stands firmly behind our Nation's servicemembers, veterans, and their families. The Secretary has set several clear priorities to assist our veterans and military spouses. They include: (1) supporting America's veterans by helping veterans, servicemembers, and their spouses find family-sustaining jobs; (2) expanding apprenticeships in America; and, (3) removing barriers to employment through occupational licensing reform.

DOL is the Federal Government's focal point for workforce development, employment services, and information related to the economic health of all Americans. The Department maintains the expertise and a nationwide network of American Job Centers (AJCs) to provide workforce education and employment opportunities for all Americans. Within this network, veterans receive priority of service. This integrated network and the programs DOL administers are best suited to continue generating positive employment outcomes for the men and women who serve our country. I am pleased to report the employment situation for veterans continues to improve. The unemployment rate for veterans was down to 3.7 percent in 2017, which is the lowest since 2001, and I continue to hear from employers who are hiring veterans because veterans provide the technical and leadership skills that businesses need. There are 6.6 million job openings in the United States.[1] Transitioning servicemembers and veterans can help to fill these jobs, and employers are eager to hire them.

While this hearing is focused on several bills under consideration by the Committee, I will focus my remarks on the two pieces of legislation that would directly impact the programs administered by DOL, specifically S.____, "Improving Preparation and Resources for Occupational, Vocational, and Educational Transition," or the "IMPROVE Transition for Servicemembers Act, and S. 2748, "Better Access to Technical Training, Learning, and Entrepreneurship for Servicemembers Act," or the "BATTLE for Servicemembers Act."

S._____, "IMPROVING PREPARATION AND RESOURCES FOR OCCUPATIONAL, VOCATIONAL, AND EDUCATIONAL TRANSITION," OR THE "IMPROVE TRANSITION FOR SERVICEMEMBERS ACT"

As a retired Infantry Officer with 35 years of total service, I was blessed with the opportunity to command both a battalion and a brigade in Iraq on two separate mobilizations. Sadly, I found these deployments to be, in total, less stressful than my transition off of active duty in 2016. I trained all of my adult life to lead soldiers; however, I only had a fraction of that time to make the transition to civilian life. I know firsthand the importance of TAP and fully understand the necessity of getting TAP right.

The IMPROVE Transition for Servicemembers Act would amend title 10, U.S. Code, by striking sections 1142 and 1144 and inserting a new section 1142, which directs the Secretary of Defense and the Secretary of Homeland Security, with respect to the Coast Guard, in cooperation with the Secretaries of Labor and VA, to take certain actions intended to improve the transition assistance provided to members of the Armed Forces who separate, retire, or are discharged from military service.

The Department opposes this bill as currently drafted, as we believe it would negatively impact the transition to civilian employment and successful careers for many transitioning servicemembers.

The draft bill removes the Secretary of Labor's statutory authority to establish and maintain an employment assistance program for transitioning servicemembers and their spouses. This authority and responsibility is rightly, and most appropriately, entrusted to DOL; however, this bill would place that authority, and concomitant burden, on the Secretary of Defense, whose essential and fundamental mission is to lead DOD in the defense of our Nation. This bill would unnecessarily disrupt an effective interagency Federal program that DOL has supported, without fail, for over 25 years.

The bill would reduce the five-day combined employment-related curriculum that is currently available to TSMs to a three-day mandatory combined curriculum. For the majority of TSMs, it would also reduce the existing three-day mandatory employment workshop, administered by DOL/VETS, to a mandatory one-day workshop. This significant reduction may decrease the likelihood that our transitioning servicemembers will be able to secure meaningful, gainful employment that can lead to a successful family-sustaining career. Employment is arguably the most important factor in a successful transition, impacting all areas of the servicemember's life. We owe it to our servicemembers and their spouses to thoroughly prepare them for a smooth transition into the next phase of their career.

To inform any future discussion and collaboration with regard to TAP reform, I offer several observations on the contents of the draft bill for the Committee's consideration and defer to our partners at DOD and VA to discuss other sections which are specific to their TAP responsibilities.

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[1] BLS. (2018, July 10). Job Openings and Labor Turnover Summary. Retrieved from https://www.bls.gov/news.release/jolts.nr0.htm.

Sec. 2. Recodification, Consolidation, and Improvement of Certain Transition-Related Counseling and Assistance Authorities

Section 2 of the bill would amend title 10 of the U.S. Code to make a number of changes to the structure and content of the existing TAP. In particular, section 2 would require the Secretary of Defense, and the Secretary of Homeland Security with respect to the Coast Guard, in cooperation with the Secretary of Labor and the Secretary of VA, to carry out a program to furnish individual counseling, information, and services to retiring and separating servicemembers. Section 2 further requires the Secretaries to work together to: develop and revise necessary training documents, resources, and curriculum; use experience gained from implementation of the pilot program under section 408 of Pub. L. No. 101–237 in providing the pre-separation counseling required under section (f)(4) of the bill; work with Military Service Organizations (MSOs), Veterans Service Organizations (VSOs), and other appropriate organizations to promote and publicize job fairs for TSMs; and, furnish covered counseling, information, and services to TSM spouses, when appropriate and at the discretion of the servicemember and the spouse, as well as job placement counseling for the spouse in connection with the transition of the servicemember to civilian life. Section 2 of the draft bill also: makes participation in TAP mandatory, unless the Secretary of Defense or Homeland Security waives the requirement, based upon delineated criteria; requires a servicemember to attend TAP no later than 120 days before retirement or 90 days prior to separation; establishes the parameters for pre-separation counseling, preliminary assistance, introduction of specific post-service pathways, instruction on professional development and employment assistance, and introduction to VA benefits; and, outlines the use of personnel and organizations. This section would also reduce the mandatory three-day employment workshop to only one day.

The Administration believes that the three-day employment workshop conducted by the Department is contributing to reduced unemployment among TSMs and should continue to be mandatory.

As the Department interprets this draft bill, the delivery of DOLEW and CTTT would no longer be the responsibility of DOL, but would instead become the responsibility of DOD and DHS. DOL has significant concerns with this fundamental programmatic change, as it fails to recognize the Department's expertise and experience in employment and training. The draft bill states, "It is the sense of Congress to acknowledge that the Armed Forces face significant and often competing pressures in carrying out its essential and fundamental mission to defend the Nation." However, this bill further adds to these competing pressures by dismantling an effective interagency program and placing the full responsibility for transition onto the DOD and DHS. Providing employment assistance to transitioning servicemembers and veterans is an integral program function that the Department has unfailingly supported for over 25 years. DOD and DHS should be assisting servicemembers in developing and documenting the skills that will make them successful both inside and outside of the military, and DOL is best equipped to assist them in transitioning to a civilian career.

Since the Department began providing the Employment Workshop more than 25 years ago, the number of workshops, participants, and locations has grown considerably and the quality and relevance of the course material improves each year. In 2011, the VOW to Hire Heroes Act of 2011, Title II, Pub. L. No. 112—56 (the VOW Act) made participation in the DOLEW mandatory for most transitioning servicemembers, including those demobilizing from the National Guard and Reserve Components. Last year, DOL conducted more than 6,000 Workshops for over 164,000 participants at 187 sites worldwide. Of the over 164,000 participants, more than 4,800 were National Guard and Reserve. The three-day DOLEW is standardized so that all attending servicemembers and their spouses can receive the same high level of instruction. The current three-day employment workshop has contributed to:

- The unemployment rate for veterans aged 18–24 decreasing from a high of 30.2 percent in 2011 to 7.9 percent (2017);
- Overall veteran unemployment being at its lowest rate of 3.7 percent (2017) since 2001; and
- Unemployment Compensation paid to ex-servicemembers (UCX) being reduced by over 72 percent from $944 million to $258 million, lower than pre-recession levels.

Employment is arguably the most important element of a successful transition to civilian life, and the existing DOLEW and CTTT are key elements of TAP. Removing the requirement for participation in the current DOLEW, or reducing by two-thirds the required employment preparation instruction, would have a negative impact on a TSM's readiness for civilian employment and career success. The vast ma-

jority of the courageous men and women who serve our country will enter the workforce, whether immediately following their transition, or after pursuing additional education or training. The DOLEW provides them with employment preparation that is vital for a positive transition and a successful future.

Moving forward, and as discussed in our November 2017 written testimony before the House Veterans' Affairs Committee's Subcommittee on Economic Opportunity, DOL is working to advance two primary goals for TAP. First, DOL will continue to work with our interagency partners to improve TAP's timeliness of completion rates. Second, we will also work with interagency partners to increase the percentage of TSMs that participate in the two-day supplemental career tracks.

All TSMs are eligible to begin TAP activities, which start with pre-separation counseling, as soon as 24 months prior to retirement or 12 months prior to separation. By law, TSMs are also required to complete TAP within 90 days of transition. However, based on statistics contained in the November 2017 U.S. Government Accountability Office report (GAO–18–23), *Transitioning Veterans, DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program*,[2] fewer than half of all TSMs actually complete TAP on time. DOL's first goal is important because survey data from the November 2016 Hiring Our Heroes report from the U.S. Chamber of Commerce Foundation,[3] indicates veterans continue to face challenges as they transition from the military, but the survey results show a clear relationship between a successful transition and when transitioning servicemembers start their job search. Those who begin to plan for transition early (more than six months before separation) fare better than those who wait.

The GAO report also noted that only 22,468 (14.1%) of active duty TSMs, out of the 160,000 who were eligible, participated in the two-day supplemental career tracks. DOL believes that this number is far too low and that greater participation in these tracks would allow TSMs to identify career opportunities that could increase their long term earnings.

According to the Bureau of Labor Statistics (BLS), the median wage for a U.S. worker with only a high school degree was about $37,000 per year in 2017. However, four-year degree wages are $60,000 per year.[4] Graduates of Apprenticeship programs earn an average of $60,000 per year, and more than 8 in 10 graduates retain their employment nine months after exiting their apprenticeships. Although participation in the supplemental two-day tracks does not guarantee higher wages, our assessment shows that attendance metrics for each of the career tracks provide an indication of whether or not a TSM is selecting a career path that increases the chances of obtaining a meaningful career.

Sec. 3. Personnel Matters in Connection with Transition Assistance Program

Section 3 of the draft bill requires the Secretary of Defense to employ full-time DOD personnel dedicated to counseling and other TAP activities at each military installation (no less than one for every 250 members eligible for transition services in the Armed Forces), and prohibits the use of contractor personnel to satisfy this requirement. Section 3 also requires the Secretary of Defense to submit a report to Congress on the actions taken to implement this section.

The Department is concerned with the long-term ramifications of administering TAP with Federal employees, when contract facilitators offer a flexible and cost effective way to provide workforce development services to transitioning servicemembers to meet the ever-changing needs of the civilian employment sector. The DOLEW and CTTT are currently administered by contract facilitators, as directed by the VOW Act. The use of contractors allows the Department to ensure that the instruction for DOLEW and CTTT is consistently of high quality. The use of contractor personnel also made the program more nimble to manage as we are able to rapidly schedule or reschedule classes as required by the military services.

Sec. 4. Tracking of Participation in Transition Assistance Program and Related Programs

Section 4 requires the Secretary of Defense to establish and maintain an electronic tracking system and database, applicable across the Armed Forces, to collect, assemble, and make available information on: the participation and progress of indi-

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[2] U.S. Government Accountability Office (2017, November). Transitioning Veterans: DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program. (GAO–18–23). Retrieved from https://www.gao.gov/assets/690/688203.pdf.

[3] Chamber of Commerce. (2016, November 02). Veterans in the Workplace: Understanding the Challenges and Creating Long-Term Opportunities for Veteran Employees. Retrieved from https://www.uschamberfoundation.org/reports/veterans-workplace.

[4] BLS. (2018, April 13). Usual Weekly Earnings of Wage and Salary Workers Second Quarter 2018. Retrieved from https://www.bls.gov/news.release/pdf/wkyeng.pdf.

viduals in TAP, data collected in surveys; resources available for members of the Armed Forces and their spouses; and, notes to TAP counselors in connection with the provision of casework and other programmatic services. Information collected in the tracking system and database is to be made available to members of the Armed Forces who are undergoing transition from military life, Commanders of the Armed Forces at all levels, the Secretaries of Labor, VA, and the heads of any other departments and agencies of the Federal Government involved in TAP.

The Department does not oppose this section and believes that tracking information on the progress of TSMs is important. The Department continues to process data from the Defense Manpower Data Center (DMDC) for the Veterans' Data Exchange Initiative (VDEI). As we work with DOD to improve data quality, information about TAP timeliness of completion metrics and career technical training track attendance metrics will be shared by DOD and DOL leaders at the national and local level. The Department will eventually establish a data dashboard that allows DOL to see performance metrics for each individual service and individual bases within each service branch.

Sec. 5. Information on Members of the Armed Forces Participating in Pre-separation Counseling and Surveys on Member Experiences with Transition Assistance Program Counseling and Services and in Transition to Civilian Life

Section 5 requires the Secretary of Defense to collect the demographic data on servicemembers entering into pre-separation counseling, requires the Secretaries concerned (as that phrase is defined in section 101 of title 10, U.S. Code) to conduct surveys of the members of the Armed Forces at the conclusion of the receipt of counseling, information, and services under section 1142, and requires the Secretary of VA, in consultation with the Secretaries of Defense, Homeland Security, Education, and Labor, to conduct surveys of veterans recently retired, discharged, or released from the Armed Forces, in order to assess the experiences of such veterans in the transition from military life to civilian life.

DOL is generally supportive of section five. The Department recommends that language also be included to amend the Social Security Act to authorize the Secretaries of Labor and Veterans' Affairs to access the National Directory of New Hires (NDNH) for purposes of tracking veterans' employment. Like VA, DOL strongly supports this access to the NDNH, and believes that the information would provide the interagency TAP partners with a more complete understanding of post-transition employment outcomes and greatly assist us in evaluating the efficacy of our transition assistance efforts.

Sec. 6. E-mailing Transition Assistance Materials to Supporters of Members of the Armed Forces Transitioning to Civilian Life

Section 6 requires the Secretaries of Defense and Homeland Security to solicit an e-mail address from each TSM and the e-mail address of a supporter so that the Secretary concerned may send transition materials as set forth in section 1142(f) of title 10 and additional information as the Secretary concerned considers appropriate.

The Department does not oppose this section. DOL currently receives email addresses from DOD via the eForm data. The Department sends emails to TSMs to highlight the importance of participating in the supplemental career tracks and DOLEW as early as possible. To date, DOL has sent nearly 290,000 messages to TSMs on these topics.

Sec. 10. Employment Skills Training

Section 10 amends section 1143(e) of Title 10, U.S. Code, by directing the Secretary of Defense, in consultation with the Secretary of Labor, to carry out job training and employment skills training, including pre-apprenticeship programs under the SkillBridge program, to transitioning servicemembers and their spouses who are within six months of their transition out of the military. Veterans, as defined in section 101 of title 38, U.S. Code, who have completed at least 180 days of active duty or have been awarded the Purple Heart are also eligible to receive services from this program, but at a lower level of priority than TSMs. Finally, this section authorizes $10 million to the Secretary of Defense to carry out this program.

The Department is supportive of the concept as it would not require transitioning servicemembers and some veterans to be excluded from training programs like SkillBridge just because they will transition off of active duty before completing it. The Department notes that the required consultation between DOD and DOL will be necessary to ensure that these programs are integrated with and not duplicative of the training and employment services for veterans that are funded by DOL.

Sec. 13. Longitudinal Study on Changes to Transition Assistance Program of Department of Defense

Section 13 tasks the Secretary of the VA, in consultation with the Secretaries of Defense, Labor, and the Small Business Administration, to conduct a five-year longitudinal study.

DOL is generally supportive of section 13. Once again, DOL believes that access to NDNH would provide the interagency TAP partners with a more complete understanding of post-transition employment outcomes.

Sec. 16. Grants for Provision of Transition Assistance to Members of the Armed Forces After Separation, Retirement, or Discharge

Finally, section 16 requires the Secretary of Labor, in consultation with VA, to award grants to eligible organizations for the provision of transition assistance to members of the Armed Forces who are separated, retired, or discharged from the Armed Forces, and spouses of such members.

The Department supports the intent of section 16, but believes it is duplicative of services that are already available through the DOL-funded State Workforce System and VA. The Department suggests that the grants emphasize case management and referral to Federal, state, and local resources that can meet the needs of transitioning servicemembers and their families.

S. 2748, "BETTER ACCESS TO TECHNICAL TRAINING, LEARNING, AND ENTREPRENEURSHIP FOR SERVICEMEMBERS ACT," OR THE "BATTLE FOR SERVICEMEMBERS ACT"

S. 2748 would amend section 1144(f) of title 10, U.S. Code, to require members of the Armed Forces to receive additional training under TAP.

The Department supports S. 2748 because, if passed, it would increase the amount of days of employment-related curriculum for most servicemembers by making the attendance of TAP's Optional tracks mandatory. Currently, TSMs have the option to participate in a series of two-day tailored tracks within the Transition GPS curriculum: (1) an Accessing High Education Track (provided by DOD), for those pursuing a higher education degree; (2) CTTT (provided by DOL), for those interested in obtaining job-ready skills through apprenticeship or other industry-recognized credentials; and (3) the "Boots to Business" Entrepreneurship Track (provided by Small Business Administration), for those wanting to start a business. CTTT is an additional two-day workshop focused on apprenticeships and industry-recognized credentials for transitioning servicemembers and their spouses. The CTTT provides these servicemembers with an opportunity to identify their relevant skills, increase their awareness of workforce development programs and apprenticeship programs that can lead to industry-recognized credentials and meaningful careers, and develop an action plan to achieve their career goals. DOL believes that the optional courses in TAP provide servicemembers with resources critical to their success in the civilian world. By making the attendance of an optional track mandatory, the Department expects the number of TSMs who would attend these courses, and obtain enhanced employment-related curriculum, would increase significantly.

CONCLUSION

In conclusion, our long-term goal continues to be that military service is universally recognized as a path to high-quality civilian careers. The future of the Nation's All-Volunteer Force depends upon this recognition, as does our economy. The Department views employment as a vital element of a successful transition to civilian life. The Department thanks the Congress for addressing TAP participation through the VOW Act, and for your continued partnership in removing barriers to employment.

The Department remains committed to working with our interagency partners to continuously review and improve TAP curricula, including the DOLEW and CTTT, through our regular review cycle that incorporates input from employers and the public related to the best practices across the Nation. Moving ahead, we look forward to preparing transitioning servicemembers and their spouses even more effectively by improving the timeliness of DOLEW participation and increasing participation rates in the supplementary career-related tracks.

The Department looks forward to working with the Committee to ensure that our separating servicemembers have the resources and training they need to successfully transition to the civilian workforce. The improving employment situation for veterans is a resounding testament to the nationwide recognition from stakeholders, both public and private, at the national level and within local communities, of the value veterans bring to the workforce.

Mr. Chairman, Ranking Member, and Members of the Committee, this concludes my statement for the record. Thank you for the opportunity to be a part of this hearing.

PREPARED STATEMENT OF THE MORTGAGE BANKERS ASSOCIATION

CHAIRMAN ISAKSON AND RANKING MEMBER TESTER, The Mortgage Bankers Association (MBA) appreciates the opportunity to submit written testimony on the pending legislation being considered before the Senate Committee on Veterans' Affairs. In particular we are pleased to share our views on H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2017.

MBA is the national association representing the real estate finance industry, an industry that employs more than 280,000 people in virtually every community in the country. The association works to ensure the continued strength of the Nation's residential and commercial real estate markets, to expand homeownership, and to extend access to affordable housing to all Americans. MBA promotes fair and ethical lending practices and fosters professional excellence among real estate finance employees through a wide range of educational programs and a variety of publications. MBA's membership of over 2,300 companies represents all elements of real estate finance, including firms serving both the single-family and commercial/multifamily markets. Our membership features commercial banks, community banks, credit unions, independent mortgage bankers, investors, brokers, and industry vendors, among others.

We applaud the Committee for its efforts to provide adequate medical benefits for veterans who were exposed to dangerous chemicals in the course of their service. And while H.R. 299 contains a number of provisions relevant to such healthcare-related concerns, MBA will limit its views to Sections 6 and 7 of the legislation, which address the U.S. Department of Veterans Affairs (VA) Home Loans program. We also wish to draw the Committee's attention to another pressing problem in the market for VA-guaranteed refinances, which has prevented some loans from serving as collateral in Government National Mortgage Association (Ginnie Mae) pools.

Section 6(a)

Section 6(a) of H.R. 299 adjusts the size of the VA loan guaranty for a subset of loans. Under existing law, the VA guaranty on loans greater than $144,000 cannot exceed the lesser of: (1) 25 percent of the government-sponsored enterprise (GSE) conforming loan limit, reduced by the amount of entitlement previously used and not restored; or (2) 25 percent of the loan. The proposed changes in the legislation would adjust the VA guaranty on loans greater than $144,000 to 25 percent of the loan, reduced by the amount of entitlement previously used and not restored.

For veterans who have not used their entitlement, or have had their entitlement fully restored, the new calculation would not change the VA guaranty on loans at or below the GSE conforming loan limit. It would, however, increase the VA guaranty on loans above the GSE conforming loan limit. We believe this adjustment is warranted, as it will promote access to credit for veterans living in higher-cost areas of the country.

However, the proposed adjustment would have the effect of lowering the VA guaranty on second properties purchased by the veteran, in cases in which the second loan is at or below the GSE conforming loan limit. As such, this adjustment would make it more difficult for veterans to obtain zero-down payment financing for many second properties. Given the frequency with which veterans may be required to relocate due to a permanent change of station, it is common for veterans to purchase a second home in their new station, while continuing to own and rent their first home. In such a scenario, we believe it is appropriate to allow for zero-down payment financing for the second home, particularly if the loan is at or below the GSE conforming loan limit.

In order to address this concern while maintaining the increased VA guaranty on more expensive properties, we recommend that the language in Section 6(a) be further amended so as to use the existing calculation for loans at or below the GSE conforming loan limit and the new calculation contained in Section 6(a) only for loans above the GSE conforming loan limit. This amendment would not change the VA guaranty for veterans who have not used their entitlement or have had their entitlement fully restored, relative to H.R. 299. It would, however, allow veterans greater opportunity to use zero-down payment financing for their second homes. We would also recommend that such amendments clarify the application of existing VA policies regarding restoration of entitlement, including any changes to this process.

We therefore support this section of the legislation, provided that it is amended per the recommendations described above.

Section 6(b)

Section 6(b) of H.R. 299 changes the VA loan fee schedule. The changes to the schedule, which are summarized below, would increase the overall fees collected from veterans in association with VA-guaranteed loans. The changes would also equalize the fees paid by active duty veterans and reservists, as reservists often pay higher fees in the current system.

It appears that these increased loan fees are serving to offset other expenditures contained in the legislation. And while we are not offering comments on the efficacy of the healthcare provisions of the legislation, we firmly believe that mortgage borrowing costs should not be increased to pay for non-housing-related expenditures. The loan fees charged to veterans should reflect the credit risk associated with the VA guaranty, and any fee increases that are unrelated to this risk unnecessarily raise the cost of mortgage credit for veterans. As such, we oppose any changes to VA loan fees that do not correspond to the credit risk associated with the VA guaranty.

The table that follows displays the change in VA loan fees from the existing baseline for each loan type, borrower type, and closing date.[1]

Type of Loan	Active Duty Veteran	Reservist
Initial loan with 0-5% down		
Prior to 9/30/2027	2.15 → 2.40	2.40 (unchanged)
Between 9/30/2027 and 11/30/2027	1.40 → 2.40	1.65 → 2.40
Between 12/1/2027 and 9/30/2028	1.40 → 2.15	1.65 → 2.15
On or after 10/1/2028	1.40 (unchanged)	1.65 → 1.40
Subsequent loan with 0-5% down		
Prior to 9/30/2027	3.30 → 3.80	3.30 → 3.80
Between 9/30/2027 and 11/30/2027	1.25 → 3.80	1.25 → 3.80
Between 12/1/2027 and 9/30/2028	1.25 → 3.30	1.25 → 3.30
Loan with 5-10% down		
Prior to 9/30/2027	1.50 → 1.75	1.75 (unchanged)
Between 9/30/2027 and 11/30/2027	0.75 → 1.75	1.00 → 1.75
Between 12/1/2027 and 9/30/2028	0.75 → 1.50	1.00 → 1.50
On or after 10/1/2028	0.75 (unchanged)	1.00 → 0.75
Loan with at least 10% down		
Prior to 9/30/2027	1.25 → 1.45	1.50 → 1.45
Between 9/30/2027 and 11/30/2027	0.50 → 1.45	0.75 → 1.45
Between 12/1/2027 and 9/30/2028	0.50 → 1.25	0.75 → 1.25
On or after 10/1/2028	0.50 (unchanged)	0.75 → 0.50

Section 6(c)

Section 6(c) of H.R. 299 requires VA loan fees to be collected from veterans with service-connected disabilities rated as less than total, surviving spouses of such veterans, or veterans that receive a loan in excess of the GSE conforming loan limit. This section also exempts veterans serving on active duty who were awarded the Purple Heart from paying VA loan fees. Under existing law, VA loan fees are not collected from veterans receiving compensation (or eligible to receive compensation) due to a service-connected disability or from surviving spouses of veterans who died due to a service-connected disability.

As noted above with respect to Section 6(b), it is unclear that this provision, which would have the effect of increasing the overall fees collected through the VA Home Loans program, is being proposed due to a commensurate change in the credit risk profile or the financial health of the program. Veterans with service-connected disabilities have sacrificed for their country, and the existing waiver from paying VA loan fees is an appropriate benefit. We would strongly oppose removing this benefit for the purpose of raising funds to offset non-housing-related expenditures.

[1] Fees are expressed as a percentage of the total amount of the loan guaranteed, insured, or made, or, in the case of a loan assumption, the unpaid principal balance of the loan on the date of the transfer of the property. Red cells indicate an increase in the fee. Green cells indicate a decrease in the fee. Yellow cells indicate no change in the fee.

Similarly, the purchase of a home with a loan that exceeds the GSE conforming loan limit is unrelated to the veteran's service-connected disability. Because the VA loan fees are expressed as a percentage of the loan, veterans who purchase more expensive homes already pay higher absolute fees than comparable veterans who purchase homes using loans below the GSE conforming loan limit. The proposed legislation would prevent veterans with service-connected disabilities from utilizing their fee waiver if they purchase a more expensive home, but the purpose of the waiver is not influenced by the size of the loan. If Congress determines that veterans with such disabilities warrant a fee waiver, the size of the loan should not be a relevant factor in that determination. In other words, we believe that veterans with similar disabilities should be treated equally, regardless of the value of their home or the size of the loan that is used. As such, we oppose Section 6(c)(2) of the legislation.

Section 7

Section 7 of H.R. 299 allows VA-approved appraisers to conduct appraisals solely on the basis on information gathered and provided by a third party. Under existing law, VA maintains a list of approved appraisers who are selected on a rotating basis to conduct appraisals for properties to be financed with loans that will feature a VA guaranty. Such appraisers must meet minimum qualifications to obtain approved status, which are verified through written testing, sample appraisals, training experience, and recommendations from other appraisers. This process better ensures that the VA guaranty is properly protected from inflated or otherwise inaccurate valuations.

In recent years, however, VA-guaranteed financing has been inhibited in certain parts of the country due to appraiser shortages or other difficulties in obtaining appraisals from approved individuals. This problem is often more acute in rural communities where it may take an approved appraiser many hours of travel to reach the property. In these situations, appraisal "turn times" can be lengthy, which can then delay closings, force extension of rate locks, or result in penalty fees or the loss of earnest money deposits should the borrower opt for a non-VA-guaranteed loan.

Allowing appraisers the ability to receive property information from third parties could effectively address this problem by scaling back the travel time required of appraisers. This provision could also allow appraisers to make better use of the improved technology that is facilitating large-scale data collection by industry vendors. Importantly, while the appraiser is relying on information provided by a third party, the responsibility for conducting the appraisal remains with the approved individual.

However, the legislation as currently drafted provides that VA "may" issue guidance prior to prescribing regulations to implement this change. We would recommend that VA instead be required to issue guidance ahead of any regulations that are prescribed. This guidance should include details regarding the standards that must be met in terms of the collection of property information by third parties. VA has already issued similar guidance with respect to third parties that provide loan underwriting services, such as verification of borrower income, employment, and assets.[2] And while VA may clarify standards for the use of third parties in any implementing regulations, it is important that there be no confusion in the market prior to the issuance of these regulations, and therefore guidance should be required prior to the effective date of this section.

Similarly, to allow for additional flexibility in VA's implementation of this provision, we would recommend that the language be amended to clarify that VA may also enter into such agreements with third parties.

We therefore support this section of the legislation, provided that it is amended per the recommendations described above.

Further Improvements to the Seasoning Requirements for VA Refinances

We also respectfully urge the Committee to support technical amendments to the recently passed S. 2155, the Economic Growth, Regulatory Relief, and Consumer Protection Act. In particular, Section 309 of the legislation, which provides enhanced requirements on VA refinances that we believe will effectively address the problem of loan churning, has caused inadvertent disruptions in this market and is in need of revision.

We appreciate and endorse the urgent need to respond to the increased churning of veteran borrowers in recent years. In many situations, borrowers are the target of aggressive and potentially misleading advertising that encourages them to contin-

[2] VA, "Clarification of Third-Party Verification Requirements," Circular 26–17–43, December 29, 2017. Available at: https://www.benefits.va.gov/homeloans/documents/circulars/26_17_43.pdf.

ually refinance their VA-guaranteed mortgage so as to lower their interest rate, even if only by a small amount. However, when fees are then added to the principal balance of the loan, the borrower may be put in a position in which there is no realistic possibility that the fees can be recouped through the lower monthly payments. This practice directly harms veterans and lowers demand for Ginnie Mae mortgage-backed securities (MBS), thereby raising borrowing costs for loans guaranteed or insured through a wider array of government mortgage programs.

To address this problem, MBA supported Section 309 of S. 2155, which includes new requirements on refinanced loans to achieve eligibility for a VA guaranty and Ginnie Mae pooling. One such requirement is a minimum seasoning period for the prior loan. For both VA and Ginnie Mae eligibility, at least 210 days must have passed between the date of the first payment made by the borrower on the prior loan and the note date of the refinance. This seasoning period is intended to slow the pace of refinances, thereby deterring extreme cases of serial refinancing.

While we support the use of a minimum seasoning requirement, the implementation of Section 309 has led to unexpected disruptions in the market. This result has occurred because the seasoning calculation described above differs from—and is longer than—that of the seasoning requirement instituted by Ginnie Mae through a prior All Participant Memorandum.[3] Ginnie Mae's existing standard requires 210 days to pass between the first payment due date of the prior loan and the first payment due date of the refinance. The seasoning calculation in Section 309 differs in both the start point and end point for this timeline.

Because there was no effective date provided in the legislation, the new requirements took effect immediately. Notably, VA implemented the requirements of Section 309 for all loans with applications taken on or after May 25, 2018.[4] Ginnie Mae, however, has followed a Department of Housing and Urban Development (HUD) interpretive rule which states that, while Ginnie Mae securities issued in May 2018 or earlier are unaffected, no VA refinances can be included in issuances in June or later unless they are compliant with the new requirements.[5]

As a result, some VA refinances that were in process or recently closed at the time the legislation was signed into law in late May lost their eligibility to serve as collateral for Ginnie Mae MBS. These "orphaned" loans cannot be delivered to Ginnie Mae despite carrying a valid VA guaranty and being fully compliant with the requirements in place at the time the applications were taken and (in some cases) the loans were closed. This situation has caused liquidity strains for some lenders, particularly if they have originated a significant volume of affected loans.

MBA has noted in formal comments to HUD that this outcome does nothing to advance the legislative aim of the statute, actively frustrates the purpose of the statute, and ignores both congressional intent and the historical relationship between VA and Ginnie Mae.[6] To effectively address this problem, we strongly urge Congress to undertake technical corrections needed to restore Ginnie Mae eligibility for the orphaned loans and align the VA seasoning requirements with those of the other government mortgage programs.

These technical corrections would entail two components. First, the Ginnie Mae seasoning requirement in Section 309(b) of the legislation should be eliminated. By striking this language, Ginnie Mae would no longer be prohibited from guaranteeing MBS backed by the orphaned VA refinances, which would effectively restore the eligibility of the loans for pooling. This correction would not diminish the anti-churning purpose of the legislation, as the seasoning requirements would remain a condition of the VA guaranty, which itself is a condition of Ginnie Mae pooling. Therefore, VA loans that do not meet the seasoning requirements prior to refinancing would not be eligible to serve as collateral for Ginnie Mae MBS.

Second, the seasoning period defined in Section 309(a) of the legislation should be amended to match that of the earlier Ginnie Mae requirements. That is, 210 days

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[3] Ginnie Mae, "APM 17–06: Pooling Eligibility for Refinance Loans and Monitoring of Prepay Activity," December 7, 2017. Available at: https://www.ginniemae.gov/issuers/program_guidelines/Pages/mbsguideapmslibdisppage.aspx?Para mID=82.

[4] VA, "Policy Guidance Update: VA Refinance Loans and the Economic Growth, Regulatory Relief, and Consumer Protection Act," Circular 26–18–13, May 25, 2018. Available at: https://www.benefits.va.gov/HOMELOANS/documents/circulars/26_18_13.pdf.

[5] HUD, "Government National Mortgage Association: Loan Seasoning for Ginnie Mae Mortgage-Backed Securities—Interpretive Rule," July 3, 2018. Available at: https://www.Federalregister.gov/documents/2018/07/03/2018–14354/government-national-mortgage-association-loan-seasoning-for-ginnie-mae-mortgage-backed.

[6] MBA, "Re: Government National Mortgage Association: Loan Seasoning for Ginnie Mae Mortgage-Backed Securities—Interpretive Rule [Docket No. FR–6112-IA–01]," July 12, 2018. Available at: https://www.mba.org/Documents/MBA_HUD_Interpretive_Rule_Ginnie_Mae_Loan_Seasoning(0).pdf.

should be required to pass between the first payment due date of the prior loan and the first payment due date of the refinance. This amended calculation would align the VA seasoning requirement with those of the other government mortgage programs. And importantly, it would also facilitate improved adoption in the market, as the current calculation suffers from the fact that many lenders are unable to determine the date on which the first payment on the prior loan was made by the borrower. Without this information, it is impossible for lenders to be certain that they are compliant with the new requirements.

These technical corrections would address a pressing need in the current market and would allow for more sensible implementation of these important anti-churning provisions on an ongoing basis. We strongly urge the Committee to work with the Committee on Banking, Housing, and Urban Affairs and other relevant stakeholders to enact these corrections as soon as possible.

* * *

MBA appreciates the opportunity to provide our views regarding H.R. 299, as well as the ongoing problems related to VA refinances that are ineligible to serve as collateral for Ginnie Mae securities. We look forward to our continued work with the Committee as it undertakes issues that are critical to maintaining veterans' access to safe, reliable, and affordable mortgage credit.

PREPARED STATEMENT OF MILITARY OFFICERS ASSOCIATION OF AMERICA

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND MEMBERS OF THE COMMITTEE ON VETERANS' AFFAIRS, The Military Officers Association of America (MOAA) is pleased to submit its views on pending legislation under consideration.

MOAA does not receive any grants or contracts from the Federal Government.

EXECUTIVE SUMMARY

On behalf of the 350,000 members of MOAA, the largest military service organization representing the seven uniformed services, including active duty and Guard and Reserve members, retirees, veterans, and survivors and their families, thank you for your commitment and enduring support of our Nation's servicemembers and veterans and their families.

MOAA offers our position on the following bills.

- H.R. 299, *Blue Water Navy Vietnam Veterans Act of 2018*
- S. ____, *Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018*
- Discussion Draft on Transition Assistance Reform
- S. 1596, *BRAVE Act of 2017*
- S. 1952, *VA Financial Accountability Act of 2017*
- S. 1990, *Dependency and Indemnity Compensation Improvement Act of 2017*
- S. 2748, *BATTLE for Servicemembers Act*
- S. ____, *Grant Program on Provision of Suicide Prevention Services for Veterans*
- S. ____, *Modernization of Medical Records Access for Veterans Act*
- S. 514, *No Hero Left Untreated Act*

MOAA takes no position on: S. 3148; S. ____, VA Hiring Enhancement Act; S. 5418, Veterans Affairs Medical-Surgical Purchasing Stabilization Act; S. 2881, Mare Island Naval Cemetery Transfer Act; and S. 2485, Medal of Honor Surviving Spouses Recognition Act.

PENDING LEGISLATION

H.R. 299, Blue Water Navy Vietnam Veterans Act of 2018.

MOAA supports this legislation.

MOAA has always supported restoring the presumption of herbicide exposure to Blue Water Navy Veterans. MOAA further supports the extension of the presumption to veterans who served on the Korean DMZ from Sept. 1, 1967, to Aug. 31,

1971, as well as benefits to children born with spina bifida of veterans who served in Thailand during the Vietnam conflict.

MOAA is disappointed that the only way found to fund these benefits was raising VA home loan fees. This places the financial burden solely on the 1 percent of the U.S. population who served their nation in time of conflict and relieves the remaining 99 percent of our Nation's population of bearing any financial responsibility or liability. Those who sacrificed will continue to sacrifice and subsidize a solution to resolve the toxic exposure of veterans who provided our Nation's security and defense.

MOAA is grateful the legislation includes a provision proposed by MOAA to use a portion of these funds toward a report on a follow-up study on certain Gulf War illnesses. It is clear the reason Vietnam veterans have had exceptional difficulty in obtaining VA benefits for their conditions was the direct result of the failure of the Department of Defense to accurately and adequately maintain records of toxic exposures. MOAA asks for this Committee to work collaboratively with the Committee on Armed Services to ensure future generations of veterans are not placed in the same predicament.

S. ____, Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018

MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements of this bill.

It is well established that dental health correlates to overall health and affects vital functions such as overall nutrition. According to studies, cost barriers are the biggest burden to obtaining dental services and the burden is considerably higher than it is for other health care services.[1] Many disabled veterans are unable to either afford paying for the cost of private dental care out-of-pocket or they lack access to dental insurance, so they go without. MOAA supports a pilot program to determine the overall health improvements made in veterans' health given access to dental care, particularly in rural areas.

MOAA believes the cost of the initiative could be reduced by making the pilot program smaller and still be able to assess overall health improvements. Any pilot program, however, should include rural areas.

Discussion Draft on Transition Assistance Reform

MOAA supports this draft bill.

Military spouses experience some of the same issues servicemembers face when transitioning out of the military; one of the most common being finding employment. After having a résumé filled with gaps in employment and multiple moves, spouses often need the same professional-development advice servicemembers need and receive through the Transition Assistance Program (TAP). Additionally, it is vital spouses are equally informed on veterans' benefits that not only affect the servicemember but also their families. Often, spouses of servicemembers handle family matters such as health care and financial decisions, which are impacted by transition. TAP addresses these changes, and it is important spouses, especially those who handle these benefits for their families, are able to receive the information and ask questions from the TAP instructors. MOAA is pleased to see discussion on including military spouses in TAP, whereas previously spouses could attend only if space was available.

MOAA understands the intent behind the waiver provision for members who might not benefit from attending the program. The waiver provision, however, does not contain a way for the member to express a desire or ability to attend the program even though he or she might be eligible for a waiver. The waiver is dictated by the services upon entire groups who are "unlikely to face major readjustment . . . to civilian life" with no option for the member to override the waiver. This is problematic, as individuals within those groups might, nonetheless, have circumstances that would present them with such challenges and have no way of accessing the program. MOAA recommends, for groups or classifications designated by the service secretaries as being waived from the program, that individual members have a way to opt into the program nonetheless. The program, after all, is meant to benefit the member, not the service, so the ultimate decision to waive off should reside with the member and not the service.

For members "possessing specialized skills" who are unable to attend the program "to support the imminent deployment of a unit," MOAA would like the program to be made available to them within a year of their separation from service. The No-

[1] Wall T, Guay A. *The per-patient cost of dental care, 2013: a look under the hood*. Health Policy Institute Research Brief. American Dental Association. March 2016. Available from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0316_4.pdf

vember 2017 Government Accountability Office report titled "Transitioning Veterans; DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program," noted over one-third (37 percent) of servicemembers surveyed did not attend TAP at all, not even the core curriculum portion, because they were not released from their duties due to having mission-critical skills. Having over one-third of transitioning servicemembers unprepared for their follow-in careers is simply unacceptable. Allowing these servicemembers to participate within a year of separating from service would ensure they still are able to receive the training and assistance in a fashion that does not compromise the mission.

MOAA further recommends the inclusion of information specific to women veterans in the program. A Department of Veterans Affairs (VA) employee recently shared a sentiment that MOAA has heard echoed both from women veterans and the VA: "Women veterans are still coming to us in the VA not even knowing how to apply for all the benefits they rate. They need to be educated prior to leaving service to ensure we can effectively assist them once they get here." Data and experience have identified areas where women veterans have unique experiences and needs following transition, yet women veterans still are bypassing the VA or are arriving there unaware of what they should be doing to access the women-specific benefits and services available to them in the department. This indicates a failure in the agencies communicating about the benefits and resources for women veterans.

S. 1952, Department of Veterans Affairs Financial Accountability Act of 2017

MOAA supports this legislation.

The VA Financial Accountability Act introduced by Sens. Jon Tester (D-Mont.), John McCain (R-Ariz.), Jerry Moran (R-Kan.), and Tim Kaine (D-Va.) would improve the oversight and accountability of VA financial processes.

The bill provides a sense of Congress as to what a normal or standard budget process should look like for the VA in seeking future appropriations:

- The process should be grounded in sound actuarial analysis based on accurate demand data for forecasting.
- The regular budget process should be the norm.
- Requests for supplemental appropriations should be used sparingly and for unforeseen demand or natural occurrences.

More specifically, the VA would be required to contract with an independent third party to: review and audit financial processes and reporting structures, including actuarial and estimation models and develop recommendations for financial system improvements. The secretary of the VA then would submit a plan for implementing the report recommendations to both the Senate and House Committees on Veterans' Affairs. One individual within the Office of the Secretary would be responsible for monitoring the status and implementation of the recommendations.

The secretary also would be required to notify Congress not later than 45 days in advance of a request for supplemental appropriation for budgetary issues outside of the standard budget process. The VA chief financial officer (CFO) would be required to provide a statement with supporting materials to the Committees assuring financial projections submitted with the president's annual budget request is sufficient to provide benefits and services in the department. Additionally, the CFO must certify responsibility for internal controls and collaboration with department financial officers of all facilities and components when submitting the VA's annual budget.

MOAA, like lawmakers, recognizes VA fiscal problems cannot continue to be fixed by adding more money to the budget, particularly during fiscally constrained times. Implementation of the Choice Program and ongoing funding crises in recent years have brought to light a number of problems associated with VA financial, data management, and forecasting systems. MOAA supports the VA Financial Accountability Act and believes the audit and certification provisions in the bill are long overdue and a much needed move in the right direction to get the VA's fiscal house in order.

S. 1596, BRAVE Act of 2017

MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements of this bill.

The BRAVE Act would correct a long-overdue shortfall that places an unnecessary burden on surviving families. In 2017, the average funeral cost over $8,000.[2] The current VA reimbursement rate of $300 for veterans not dying of a service-connected disability amounts to less than 4 percent of the costs a surviving family may incur. The current reimbursement rates for the family of a veteran dying of a service-con-

[2] National Funeral Directors Association, *Statistics*, available at http://www.nfda.org/news/statistics

nected cause amounts to 25 percent of the total potential cost. Using the Consumer Price Index to increase these amounts periodically is a logical solution to attempting to alleviate some of the burden that results from these low reimbursement amounts.

S. 1990, Dependency and Indemnity Compensation Improvement Act of 2018

MOAA is supportive of this legislation, pending modification. We request Congress provide the associated funding needed to support the legislative requirements of this bill.

The Dependency and Indemnity Compensation Improvement Act would make important changes to Title 38: It would change the computation of Dependency and Indemnity Compensation (DIC); it would reduce from 10 years to five the number of years a veteran must be rated permanently disabled for a survivor to become eligible for DIC; and it would reduce from 57 to 55 the age at which a surviving spouse may remarry and retain DIC.

The Dependency and Indemnity Compensation Improvement Act would change the computation of DIC to 55 percent of the rate of pay for a 100-percent-disabled veteran. Changing the formula for how DIC is calculated would make the benefit more in line with that of other Federal programs. The change would provide approximately $300 more per month for qualified survivors.

MOAA commends the desire to increase DIC payments. The increase in tax-free compensation would be a welcomed addition to qualified survivors. However, the bill, as currently written, omits an important provision contained in previous military survivor bills. MOAA would like to see the following language incorporated into the bill:

> (g) In the case of an individual who is eligible for Dependency and Indemnity Compensation under this section who is also eligible for benefits under another provision of law by reason of such individual's status as the surviving spouse of a veteran, then, notwithstanding any other provision of law (other than section 5304(b)(3) of this title), neither a reduction nor an offset in benefits under such provision shall be made by reason of such individual's eligibility for benefits under this section.

The bill also lowers the number of years a veteran must be rated 100 percent disabled for a survivor to qualify for DIC. MOAA supports a graduated scale of benefits after five years of being rated permanently and totally disabled for surviving spouses of veterans.

The bill also would lower from 57 to 55 the age at which a surviving spouse may remarry and retain DIC benefits. The change would align DIC with other Federal programs. MOAA supports this change.

As Members of the Committee know, the Survivor Benefit Plan (SBP) and DIC are benefits paid for two distinct reasons. SBP is a voluntary, member-purchased annuity provided by DOD, allowing a continuation of a portion of military retired pay upon the death of the servicemember. DIC is a VA-paid monetary benefit for eligible survivors whose sponsors died of a service-connected injury or disease. MOAA remains steadfast believing the only way to end the unfair treatment of survivors of military retirees and those killed in the line of duty is to repeal SBP-DIC offset.

S. 2748, BATTLE for Servicemembers Act

MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements.

The November 2017 Government Accountability Office report titled "Transitioning Veterans; DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program," noted that participating in the two-day additional classes offered through TAP was thwarted by "lack of commander support" and that 57 percent of the installations that GAO spoke to stated "commanders and direct supervisors were less inclined to allow servicemembers to attend these classes because they were considered optional." The lack of opportunity by these servicemembers to participate in such an important transition program element defies the intent and institutional rigor dedicated to transition programs in the first place.

Changing the two-day classes from an opt-in model to a member opt-out model has the potential to minimize this level of command interference and to reinforce the importance of the program to a transitioning servicemember's future career.

S. ____, Grant Program on Provision of Suicide Prevention Services for Veterans

MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements.

The bill requires the secretary of Veterans Affairs to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention serv-

ices for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families, and for other purposes. It augments existing VA programs and is a natural extension of those resources.

The bill is comprehensive in its attempt to capture the key functional requirements to provide suicide prevention services for veterans and their families. The focus and priority is placed on veterans and families who live away from any VA medical center and are located in more rural or tribal areas, which MOAA supports given the sparsity of resources in those areas. MOAA would like the legislation to emphasize that this legislation will not compete with or be a replacement for existing VA suicide prevention services, but is intended only as a compliment to what VA provides.

It is anticipated that programs selected will have a history of providing these services along with the relevant programmatic and professional credentialing. A brief review of grants and activities of SAMSHA (Substance Abuse and Mental Health Services Administration) shows a wide variety of public/private and community partnership activities and programs and certified community behavioral health clinics. Given the existing precedent in other areas, veterans should be allowed to benefit from such arrangements, as well.

MOAA specifically appreciates including services for families under grant uses as family members feel the direct impact of the mental health of their veteran and this, in turn, can influence their own mental health.

S. ____, Modernization of Medical Records Access for Veterans Act

MOAA does not support this legislation.

This bill would direct the VA to carry out, in at least one Veterans Integrated Services Network (VISN), a pilot program for at least a 12-month period during which veterans enrolled in the VA's patient enrollment system will use a portable medical records storage system to store and share with VA health care providers and community health care providers records of their individual medical histories. This is specified to be similar in nature and characteristics to a standard credit card. The bill also prohibits new appropriations in carrying out this pilot.

MOAA is supportive of a system that would enable veterans who receive care from non-VA providers to be able to consolidate their VA and non-VA records in an effective and efficient manner. This is important to ensure continuity of care and accuracy of treatment. MOAA does not support, however, the express prohibition on new appropriations to carry this initiative out. Unfunded mandates have the significant potential to harm other VA programs from which the funds are extracted. Further, MOAA has supported the implementation of the current VA electronic health record initiative and believes that a solution for needs such as these could be satisfied through that system if properly implemented.

S. 514, No Hero Left Untreated Act

MOAA supports this legislation.

This legislation would establish a pilot program within the VA on a promising neurological treatment option for mental trauma called magnetic EEG/EKG-guided resonance therapy, also known as Magnetic eResonance Therapy (MeRT). This is an individualized non-pharmaceutical, non-invasive neuromodulation procedure that applies magnetic stimulation to restore proper brain function. To date, open label trials and placebo-controlled, double-blind studies indicate over 400 veterans have reported a marked improvement in symptoms associated with PTS, TBI, MST, chronic pain, and opiate addiction. One study done at Tinker Air Force Base, after four weeks of testing, specifically concluded, "Transcranial MeRT is a promising adjuvant treatment modality to help veterans suffering from PTSD."

MOAA believes there is sound research to support a pilot on 50 veterans. MOAA also notes the bill prohibits new appropriations to carry out the pilot program. Although MOAA generally objects to unfunded mandates, the fact this pilot is limited to 50 veterans and only requires VA to provide "access to" the treatment vice directly rendering the treatment, MOAA believes the cost will be negligible.

MOAA thanks the Committee for considering these important pieces of legislation, and we look forward to working with Members of Congress in making the necessary changes listed above and to move the bills quickly through the Congress for final passage.

MILITARY ORDER OF THE PURPLE HEART
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PREPARED STATEMENT SUBMITTED BY ALEKS MOROSKY, NATIONAL LEGISLATIVE DIRECTOR, MILITARY ORDER OF THE PURPLE HEART

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND MEMBERS OF THE COMMITTEE, On behalf of the Military Order of the Purple Heart (MOPH), whose membership is comprised entirely of combat wounded veterans, I thank you for inviting us to submit our views on pending legislation. For the purposes of this statement, we will focus our comments on H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018, specifically section 6(c), which extends the Department of Veterans Affairs (VA) Home Loan funding fee waiver to Purple Heart recipients serving on active duty in the Armed Forces.

As its name implies, the Blue Water Navy Vietnam Veterans Act deals in large part with extending presumptive service connection for conditions related to Agent Orange exposure to veterans who served offshore of the Republic of Vietnam from January 9, 1962 to May 7, 1975. It would also grant the same presumptive service connection for veterans who served on the Korean Demilitarized Zone from September 1, 1967 to August 31, 1971, extend benefits to the children born with spina bifida to certain veterans who served in Thailand, and require VA to submit an updated report on its Gulf War Illness study. MOPH supports all of these provisions.

This legislation also makes a number of technical changes to the VA Home Loan Program. Among those is section 6(c), which would extend the VA home loan funding fee waiver to active duty Purple Heart recipients. Since VA home loans require no down payment or mortgage insurance, the funding fee is used to cover any losses VA may incur in guaranteeing the loans. The fees for first time users of the program are between 2.15 and 2.4 percent of the loan amount, and may be paid upfront or financed as part of the loan. While the VA Home Loan Program is a valuable benefit, the funding fee generally adds thousands of dollars to the final amount of the loan. However, disabled veterans and surviving spouses of veterans who died of service-connected disabilities are eligible to have the funding fee waived as a benefit of their service.

Combat wounded veterans still serving on active duty, however, are required to pay the funding fee in all cases. MOPH strongly believes that these veterans, the vast majority of whom will almost certainly be eligible for some level of service-connected disability rating upon separation, should be entitled to the funding fee waiver on the same basis as disabled veterans who have already been discharged. Many active duty Purple Heart recipients were severely wounded in Iraq and Afghanistan, and spent many months recovering in military hospitals before they were able to return to duty. Others may spend months or years in military hospitals before ultimately receiving medical discharges, but may wish to purchase homes during that period of recovery. MOPH sees absolutely no reason why they should be penalized by the VA Home Loan Program in any way, simply because they continue to serve on active duty in some capacity.

This issue was first brought to our attention by a MOPH member, Major Byron Owen, United States Marine Corps. A multiple Purple Heart recipient, Major Owen was wounded twice in Iraq in 2006, and again in Afghanistan in 2008. After recently deciding to use his VA Home Loan benefit, and being aware that veterans with service-connected disabilities are exempt from the funding fee, he was frustrated to discover that he was not eligible for the waiver as an active duty servicemember. In his own words:

> "I think they (VA) unfairly punish active duty personnel who choose to remain in uniform instead of accept medical separation or retirement. I was medevac'd out of Iraq in 2006 and had to undergo months of therapy to return to service. Why should I have to pay 20 grand to get a VA loan when someone with a non-combat related disability gets to waive it? Some of my friends are amputees in uniform. They're paying the funding fee. Does that seem right? I think someone should advocate on the behalf of active duty Purple Heart recipients who would almost certainly receive service-connected disability payments if we were out."

MOPH strongly agrees with Major Owen, and stands with him and the approximately 8,000 other Purple Heart recipients currently serving on active duty in the

U.S. military. Veterans who have been wounded in combat with the enemies of our Nation have made incredible sacrifices, and under no circumstances should they be excluded from a benefit as significant as the VA Home Loan funding fee waiver, simply because of their duty status. We strongly urge the Committee to correct this injustice by passing H.R. 299 without delay.

Chairman Isakson, Ranking Member Tester, this concludes my statement. On behalf of the Order, I thank you for the opportunity to submit our statement, and would be happy to answer any questions for the record that you or other Members of the Committee may have.

PREPARED STATEMENT SUBMITTED BY CDR JOHN B. WELLS, USN (RET.), EXECUTIVE DIRECTOR, MILITARY-VETERANS ADVOCACY

INTRODUCTION

DISTINGUISHED CHAIRMAN JOHNNY ISAKSON, RANKING MEMBER JON TESTER AND OTHER MEMBERS OF THE COMMITTEE, Thank you for the opportunity to present Military-Veterans Advocacy's views on H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2017.

ABOUT MILITARY-VETERANS ADVOCACY

Military-Veterans Advocacy Inc. (MVA) is a tax exempt IRC 501[c][3] organization based in Slidell, Louisiana that works for the benefit of the Armed Forces and military veterans. Through litigation, legislation and education, MVA seeks to obtain benefits for those who are serving or have served in the military. In support of this, MVA provides support for various legislation on the State and Federal levels as well as engaging in targeted litigation to assist those who have served.

Along with the Blue Water Navy Vietnam Veterans Association, Inc (BWNVVA) and the Fleet Reserve Association (FRA), MVA has been the driving force behind the Blue Water Navy Vietnam Veterans Act (H.R. 299). Working with Members of Congress and United States Senators from across the political spectrum, MVA and BWNVVA provided technical information and support to sponsors who have worked tirelessly to partially restore the benefits stripped from the Blue Water Navy veterans sixteen years ago. H.R. 299 passed the House of Representatives by a bi-partisan and unanimous vote of 382–0.

MILITARY-VETERANS ADVOCACY'S EXECUTIVE DIRECTOR
COMMANDER JOHN B. WELLS, USN (RET.)

MVA's Executive Director, Commander John B. Wells, USN (Retired), has long been viewed as the technical expert on H.R. 299. A 22-year veteran of the Navy, Commander Wells served as a Surface Warfare Officer on six different ships, with over ten years at sea. He possessed a mechanical engineering subspecialty, was qualified as a Navigator and for command at sea, and served as the Chief Engineer on several Navy ships. As Chief Engineer, he was directly responsible for the water distillation and distribution system. He is well versed in the science surrounding this bill and is familiar with all aspects of surface ship operations. This includes the hydrological effect of wind, tides and currents.

Since retirement, Commander Wells has become a practicing attorney with an emphasis on military and veterans law. He is counsel on several pending cases concerning the Blue Water Navy and has filed amicus curiae briefs in other cases. He has tried cases in state, Federal, military and veterans courts as well as other Federal administrative tribunals. Since 2010 he has visited virtually every Congressional and Senatorial offices to discuss the importance of enacting a bill to partially restore benefits to those veteran who served in the bays, harbors and territorial seas of the Republic of Vietnam. He is also recognized in the veterans community as the subject matter expert on this matter.

HISTORICAL BACKGROUND SURROUNDING H.R. 299

In the 1960's and the first part of the 1970's the United States sprayed over 12,000,000 gallons of a chemical laced with 2,3,7,8-Tetrachlorodibenzodioxin (TCDD)

and nicknamed Agent Orange over southern Vietnam. This program, code named Operation Ranch Hand, was designed to defoliate areas providing cover to enemy forces. Spraying included coastal areas and the areas around rivers and streams that emptied into the South China Sea. By 1967, studies initiated by the United States government proved that Agent Orange caused cancer and birth defects. Similar incidence of cancer development and birth defects have been documented in members of the United States and Allied Armed Forces who served in and near Vietnam.

Throughout the war, the United States Navy provided support for combat operations ashore. This included air strikes and close air support, naval gunfire support, electronic intelligence, interdiction of enemy vessels and the insertion of supplies and troops ashore. Almost every such operation was conducted within the territorial seas of the Republic.

The South China Sea is a fairly shallow body of water and the thirty fathom curve (a fathom is six feet) extends through much of the area designated in the bill. The gun ships would operate as close to shore as possible. The maximum effective range of the guns required most operations to occur within a few thousand yards of shore.

It was common practice for the ships to anchor while providing gunfire support. Digital computers were not yet in use and the fire control systems used analog computers. By anchoring, the ship's crew was able to achieve a more stable fire control solution, since there was no need to factor in their own ship's course and speed. It was also common for ships to steam up and down the coast at high speeds to respond to call for fire missions, interdict enemy sampans and other operational requirements.

AGENT ORANGE ACT OF 1991

In 1991, the Congress passed and President George H. W. Bush signed, the Agent Orange Act of 1991, Pub.L. 102–4, Feb. 6, 1991, 105 Stat. 11. This Federal law required VA to award benefits to a veteran who manifests a specified disease and who "during active military, naval, or air service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975."

The Department of Veterans Affairs (hereinafter VA) drafted regulations to implement the Agent Orange Act of 1991 and defined "service in the Republic of Vietnam" as "service in the waters offshore and service in other locations if the conditions of service involved duty or visitation in the Republic of Vietnam." 38 CFR § 3.307(a)(6)(iii) (1994). This was in contrast to a previous definition which defined "service in the Republic of Vietnam" as "service in the waters offshore, or service in other locations if the conditions of service involved duty or visitation in Vietnam." 38 CFR § 3.313 (1991). The placement of the comma became critical in the VA's interpretation. As a result of the comma's omission, benefits were stripped from those who served in the bays, harbors and territorial seas of Vietnam.

Originally, the VA interpreted the regulation to allow the presumption of exposure throughout the Vietnam Service Medal area, which is the dark solid line marked on the Exhibit. Under this definition, a ballistic missile submarine was covered as were the aircraft carriers on Yankee Station and submarines conducting operations where no Agent Orange was sprayed. These ships would not be covered under H.R. 299.

In 1997 the VA General Counsel issued a precedential opinion excluding servicemembers who served offshore but not within the land borders of Vietnam. The opinion construed the phrase "served in the Republic of Vietnam" as defined in 38 U.S.C. § 101(29)(A) not to apply to servicemembers whose service was on ships and who did not serve within the borders of the Republic of Vietnam during a portion of the "Vietnam era." The opinion stated that the definition of the phrase "service in the Republic of Vietnam" in the Agent Orange regulation, 38 CFR § 3.307(a)(6)(iii), "requires that an individual actually have been present within the boundaries of the Republic to be considered to have served there," and that for purposes of both the Agent Orange regulation and section 101(29)(A), service "in the Republic of Vietnam" does not include service on ships that traversed the waters offshore of Vietnam absent the servicemember's presence at some point on the landmass of Vietnam."

After lying dormant for a few years, this General Counsel opinion was incorporated into a policy change that was published in the *Federal Register* during the last days of the Clinton Administration. The final rule was adopted in *Federal Register* in May of that year. Comments by the VA concerning the exposure presumption recognized it for the "inland" waterways but not for offshore waters.

Historically the VA's Adjudication Manual, the M21–1 Manual, allowed the presumption to be extended to all veterans who had received the Vietnam service

medal, in the absence of "contradictory evidence." In a February 2002 revision to the M21–1 Manual, the VA incorporated the VA General Counsel Opinion and the May 2001 final rule and required a showing that the veteran had set foot on the land or entered an internal river or stream. This "boots on the ground" requirement is in effect today.

One exception to this rule deals with Non-Hodgkins Lymphoma. A punctuation difference in the regulation allows the VA to exclude Navy veterans suffering from other Agent Orange related illnesses.

HYDROLOGICAL EFFECT

The Agent Orange that was sprayed over South Vietnam was mixed with petroleum. The mixture washed into the rivers and streams and discharged into the South China Sea. In addition, the riverbanks were sprayed continuously resulting in direct contamination of the rivers.

The dirt and silt that washed into the river can be clearly seen exiting the rivers and entering the sea. This is called a discharge "plume" and in the Mekong River it is considerable. Although the Mekong has a smaller drainage area than other large rivers, it has approximately 85% of the sediment load of the Mississippi. In two weeks, the fresh water of the Mekong will travel several hundred kilometers. Notably, the Agent Orange dioxin dumped off the east coast of the United States was found in fish over one hundred nautical miles from shore.

Eventually, the Agent Orange/petroleum mixture would emulsify and fall to the seabed. Evidence of Agent Orange impingement was found in the sea bed and coral of Nha Trang Harbor. During the Vietnam War, the coastline, especially in the harbors and within the thirty fathom curve was a busy place with military and civilian shipping constantly entering and leaving the area in support of the war effort. Whenever ships anchored, the anchoring evolution would disturb the shallow seabed and churn up the bottom. Weighing anchor actually pulled up a small portion of the bottom. The propeller cavitation from military ships traveling at high speeds, especially within the ten fathom curve, impinged on the sea bottom. This caused the Agent Orange to constantly rise to the surface. Tidal effects mixed the contaminated river water with the salt water in the territorial seas. The contaminated water was ingested into the ship's evaporation distillation system which was used to produce water for the boilers and potable drinking water. Navy ships within the South China Sea were constantly steaming through a sea of Agent Orange molecules.

JUDICIAL IMPACT

This matter first came before the judiciary in 2006. *Haas* v. *Nicholson*, 20 Vet. App. 257. The *Haas* court found that the veteran, who was operating off the shoreline, was within the scope of the statutory definition and invalidated the VA "boots on the ground" policy. The Federal Circuit reversed in *Haas* v. *Peake*, 525 F.3d 1168, 1196 (Fed. Cir. 2008) reh'g denied *Haas* v. *Peake*, 544 F.3d 1306, 1309 (Fed. Cir. 2008).

In 2015, the Court of Appeals for Veterans Claims considered another Blue Water case, as it applied to bays and harbors, in Gray v. *McDonald*, 27 Vet. App. 313 (2015). The *Gray* Court found the Secretary's exclusion of Da Nang from their inland waterways definition was arbitrary and capricious. *Gray*, 27 Vet. App. at 313. The *Gray* court went on to note that the VA failed to address their rationale in excluding areas where brown water and blue water mix, such as Da Nang Harbor. *Gray, supra.*, at 322. Stopping short of applying a definition of inland waters, the Gray Court ruled that they would vacate the BVA decision and remand the matter to the VA. The Secretary did not file an appeal. The Secretary failed to follow the Gray court's guidance. A new regulation issued in the M21–1 Manual on February 5, 2016 renewed the same exclusionary policy used to deny the veterans their benefits. A petition for review, pursuant to 38 U.S.C. § 502, was filed in the Court of Appeals for the Federal Circuit. The petition was dismissed due to lack of jurisdiction. *Gray* v. *MacDonald*, 830 F.3d 570 (D.C. Cir. 2016). A petition for rehearing en banc was also denied 7–3. *Gray* v. *Sec'y of Veterans Affairs*, 884 F.3d 1379 (Fed. Cir. 2018). A petition for certiorari is pending in the Supreme Court of the United States.

Additionally, there is a case pending in the United States Court of Appeals for the Federal Circuit, *Procopio* v. *O'Rourke*, 17–1821. Briefing and oral argument have completed. Procopio asks the court to extend the presumption of exposure to the territorial seas. Procopio, assuming it is decided in favor of the veterans, will not resolve the problem. Without the geographic designations incorporated into the bill, the VA would be free to define the territorial seas as they desired. Accordingly, H.R. 299 is needed to fix the area to be covered.

COST OF H.R. 299

The Congressional Budget Office has scored H.R. 299 at $894 million over ten years. This includes $882 million for the Blue Water component and the remainder to provide expanded benefits to Korea DMZ veterans and additional Spina Bifida benefits. H.R. 299 also called for an increase in loan guarantee fees which will generate $1.165 billion over ten years. Accordingly, H.R. 299 will result in a $271 million dollar savings to the government over ten years.

The loan guarantee fees vary depending on whether there is a down payment and whether it is the first or subsequent use of the home loan benefit. The increased rates will vary between 1.25% and 3.30% and are expected to cost the veteran $2.00 to $2.50 per month. Disabled veterans will generally be exempt from the provision. The cap on jumbo loans will be removed which will allow the VA to provide a guarantee on the full amount of the loans. The disabled veteran exemption for jumbo loans will not apply however, unless the veteran is 100% disabled.

The bill and the offset have generally received the support of the Veterans Service Organizations. The exception seems to be a real estate agent, George Varrato II, a Phoenix Realtor has objected to the offset although he does not object to the bill. Varrato contacted the undersigned several weeks ago but was unable to provide any substitute offset significant enough to finance these benefits. He was also unable to provide information on how many veterans would be affected by the fees.

Although Military-Veterans Advocacy is unhappy with any offset for additional veterans benefits, the reality of the situation is that they are required by Pub. L. 111–139. Of the various offsets reviewed by MVA, this offset seems the most innocuous.

COMMON VA MISREPRESENTATIONS

The VA has consistently opposed the expansion of the presumption of exposure. On October 24, 2017, however, former Secretary Shulkin expressed support for H.R. 299 in his testimony before the House Veterans' Affairs Committee. Given the previous opposition, and the lack of a confirmed Secretary to articulate the present VA position, MVA feels compelled to address previous VA misrepresentations.

Some common VA misrepresentations are as follows:

Misrepresentation: The Australian distillation study was never peer reviewed.

MVA Comment: The report was presented for review at the 21st International Symposium on Halogenated Environmental Organic Pollutants and POPs and is published in the associated peer reviewed conference proceedings: Mller, J.F., Gaus, C., Bundred, K., Alberts, V., Moore, M.R., Horsley, K., 2001. It was also reviewed and confirmed by two separate committees of the Institute of Medicine.

Misrepresentation: There is no evidence that the evaporation distillation process used by the Australians was the same as used on United States ships.

MVA Comment: All steam ships used a similar system which remained in place until the 1990's. In addition many of the Australian gun ships were the United States Charles F. Adams class and were built in the United States. Both the MVA Executive Director and another experienced Navy Chief Engineer have reviewed the Australian report. They concluded the distillation systems therein were the same as used by United States Navy ships.

Misrepresentation: There is no evidence that Navy ships distilled potable water.

MVA Comment: Ships carried a reserve of potable water but it was normally replenished by distillation daily or every other day. A Destroyer sized ship carried less than 20,000 gallons for a crew size between 275 and 300 men. The water was used for cooking, cleaning, laundry, showering and drinking. As Vietnam is in the tropics, significant hydration was necessary. In addition, the warmer sea injection temperature below the 17th parallel resulted in less efficient water production. Water hours, where showers were limited or banned, was common during tropical deployments. Water was constantly being distilled to meet the requirements for boiler feed water and potable water.

Misrepresentation: The Australian study monitored the reverse osmosis system rather than the evaporation distillation system used on United States Navy ships.

MVA Comment: The only time that the reverse osmosis system was used in the Australian study was to purify the baseline sample prior to adding the solids and sediments consistent with the estuarine waters of Vietnam. The actual distillation process, as confirmed above, was the same distillation system used by United States Navy ships.

Misrepresentation: The IOM found more pathways of Agent Orange exposure for land based veterans than those at sea.

MVA Comment: Technically this is true but irrelevant. The IOM noted that discharges from rivers and steams was a pathway unique to the Blue Water Navy and

that it was one of the plausible pathways of exposure. The number of possible pathways is not determinative. What is conclusive is that pathways of exposure existed.
Misrepresentation: The IOM could not quantify any Agent Orange in the water.

MVA Comment: This again is a red herring. Any amount of exposure can do damage to the human body. The IOM also found that the evaporation distillation process enriched the dioxin by a factor of ten. This is consistent with Australian studies showing a higher cancer incidence among Navy veterans and a Center for Disease Control study showing a higher incidence of Non-Hodgkins Lymphoma among Navy veterans.

Misrepresentation: Ships operating hundreds of miles off shore who were not exposed will be given the presumption of exposure.

MVA Comment: Not true. This bill applies only to the territorial seas which at their widest point off the Mekong extends out to 90 nautical miles from the mainland. In the central and northern part of the Republic of Vietnam, the territorial seas would only extend 20–30 nautical miles from the mainland.

Misrepresentation: Submarines would come into the area to obtain the Vietnam Service Medal for their crews and would be eligible for the presumption.

MVA Comment: One ballistic missile submarine the USS Tecumseh, SSBN 628 did enter the VSM area for that purpose but there is no indication that they entered the territorial seas. Submarines operating off of Haiphong or near Hainan Island would not have been within the territorial seas and are not covered by H.R. 299.

Misrepresentation: No Agent Orange was sprayed over water.

MVA Comment: Not true. MVA is in possession of statements from witnesses that ships anchored in Da Nang Harbor were inadvertently sprayed as the "Ranch Hand" planes made their approach to the airfield. Additionally, there are anecdotal reports of defective spray nozzles resulting in spray over the ships at anchor or operating in the South China Sea. Finally, the IOM recognized that the offsetting winds would blow some spray intended for the landmass over water.

Misrepresentation: Navy regulations prevented ships from distilling water within ten miles of land.

MVA Comment: This statement was taken out of context from a preventive medicine manual and was not a firm requirement. Ships were encouraged to not distill potable water near land because of the possibility of bacteriological contamination. Commanding Officers could allow potable water to be distilled close to land and often delegated that authority to the Chief Engineer. The IOM noted that the recommendation contained in the manual was widely ignored. More importantly, the recommendations in the manual did not apply to the distillation of feed water for use in the boilers. Since the same equipment was used for potable water, distillation to feed water would contaminate the entire system down to the final discharge manifold. Additionally, feed water used in auxiliary systems was discharged to the bilges via low pressure drains. Crew members would also be exposed to Agent Orange residue while cleaning and inspecting the watersides of boilers and the steam sides of condensers as well as other equipment.

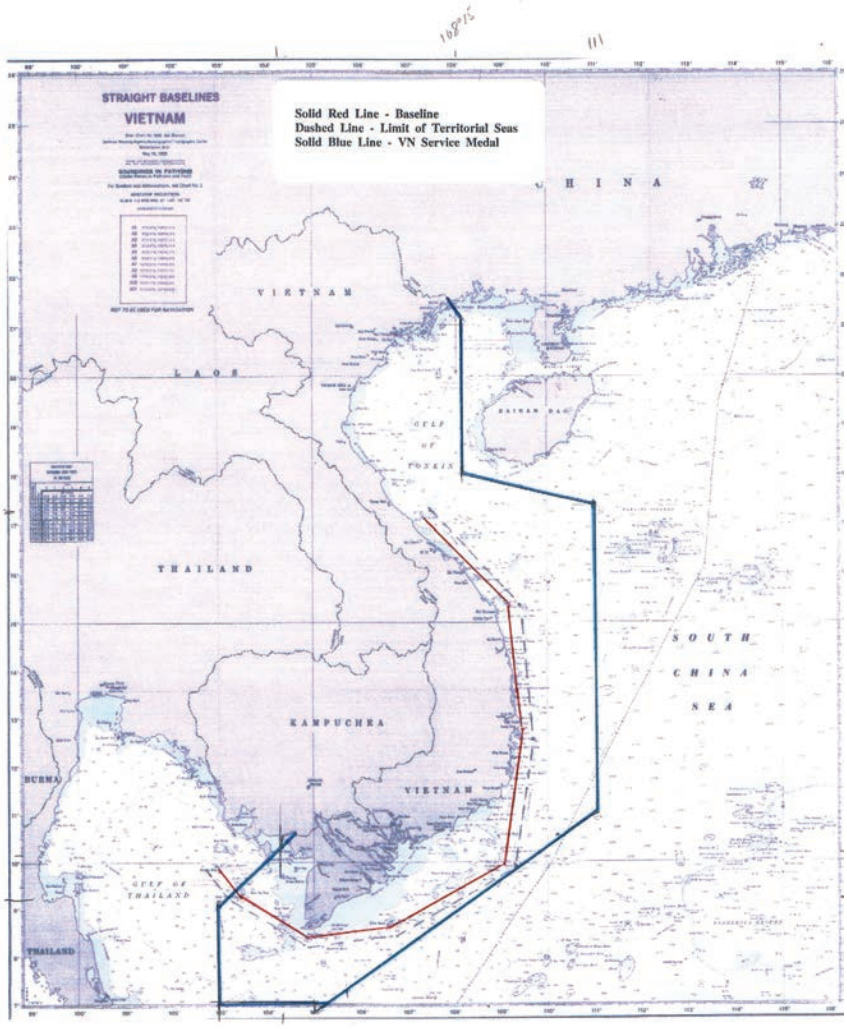
Misrepresentation: The IOM confirmed that there was no likelihood of exposure to herbicides in Da Nang Harbor.

MVA Comment: The court in *Gray* v. *McDonald*, took the VA to task for this statement noting that this was not the conclusion of the IOM.

CONCLUSION

MVA urges the adoption of H.R. 299. It will restore the earned benefits to tens of thousands of Navy veterans that were taken from them over a decade ago. This bill is supported by virtually all veterans organizations including the American Legion, Veterans of Foreign Wars, Vietnam Veterans of America, Reserve Officers Association, Fleet Reserve Association, Military Officers Association of America, Association of the U.S. Navy and other groups. We have always enjoyed the support of the Military Coalition. Enactment of this legislation is overdue and Military-Veterans Advocacy most strongly supports its passage.

ATTACHMENT


STRAIGHT BASELINES
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Solid Blue Line - VN Service Medal
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NATIONAL ASSOCIATION of REALTORS®

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July 30, 2018

The Honorable Johnny Isakson
Chairman
Senate Veterans Affairs Committee
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Jon Tester
Ranking Member
Senate Veterans Affairs Committee
311 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Isakson and Ranking Member Tester:

The 1.3 million members of the National Association of REALTORS® are supporters of the VA home loan guaranty program. REALTORS® support efforts to strengthen this benefit for our nation's veterans, and ensure they have every opportunity to own a home of their own.

The VA home loan guarantee program encourages private lenders to offer favorable home loan terms to qualified veterans. It is a vital homeownership tool that provides veterans with a centralized, affordable, and accessible method of purchasing homes as a benefit for their service to our nation. The program has been successful in raising homeownership rates for veterans to more than 75 percent – a level much higher than the national average. The VA's strong underwriting and loss mitigation tools also ensure that this homeownership is sustainable.

NAR supports policies that will increase availability of this program, so that all qualified veterans can continue taking advantage of it. However, as a benefit, NAR believes that VA loan guarantee fees should be based on the risk of the loan made, and not the costs of other VA programs or benefits.

Thank you for your time and attention to this issue. NAR looks forward to working with you to ensure the VA home loan guarantee is a valuable benefit to our nation's veterans.

Sincerely,

Elizabeth J. Mendenhall

Elizabeth Mendenhall
2018 President, National Association of REALTORS®

cc: Senate Veterans Affairs Committee

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NATIONAL ASSOCIATION OF STATE VETERANS HOMES

"Caring for America's Heroes"

TESTIMONY OF
SHARON L. MURPHY, PRESIDENT

NATIONAL ASSOCIATION OF STATE VETERANS HOMES (NASVH)

AUGUST 1, 2018

SENATE COMMITTEE ON VETERANS' AFFAIRS

FOR THE RECORD

S. 3184 –LEGISLATION AFFECTING STATE VETERANS HOMES

Chairman Isakson, Senator Tester and Members of the Committee:

Thank you for the invitation to submit testimony for the record on S. 3184, legislation affecting State Veterans Homes. As President of the National Association of State Veterans Homes (NASVH), and Director of the Charlotte Hall Veterans Home in Maryland, I am pleased to offer comments on S. 3184, legislation that would modify requirements regarding the percentage of nonveterans who may be admitted to State Veterans Homes.

As you may know, the State Veterans Home program was established by a Congressional Act on August 27, 1888, and for 130 years State Homes have partnered with the federal government, specifically the Department of Veterans Affairs, to provide long term care services to honorably discharged veterans. Under this program, States may also allow widows, spouses, and Gold Star Parents of veterans to be eligible for admission.

There are currently 156 State Veteran Homes located in the 50 states and the Commonwealth of Puerto Rico. With over 30,000 total beds, the State Veterans Home program is the largest provider of long term care for our nation's veterans. State Homes receive basic per diem payments from VA for providing skilled nursing care, domiciliary care, and adult day health care (ADHC), which covers about one-third the cost of care. State Homes are reimbursed at a higher rate for veterans rated 70% or more disabled who are receiving skilled nursing care. VA also provides construction grants to build, renovate and maintain the Homes, with States required to provide at least 35 percent of the cost for such projects in matching funds.

S. 3184 would modify a requirement for State Veterans Homes to receive construction grants that limits the percent of nonveterans – such as spouses, widows and Gold Star Parents – to no more than 25% of the Home's total bed occupancy for nursing home care. This legislation, introduced by Sen. Bennett of Colorado, would create an exception for Homes that have a total bed occupancy less than 90% of their authorized nursing home bed levels, allowing such Homes to have up to 40% of their total bed occupancy be nonveterans.

The bill intends to address situations, such as has occurred in Colorado, in which spouses of veterans residing in State Veterans Homes are unable to join them because the Home is already at the 25% maximum level for nonveterans, despite the fact that there are empty beds available. If adopted, this legislation would allow such spouses to join their veterans, and would also allow other spouses, widows and Gold Star parents – depending on what the specific State law allows – to be admitted as long as the total percentage of nonveterans remains less than 40%.

In addition to addressing the interests of aging veterans who want their close family members to live with them, this legislation would also provide additional financial support for some Homes that have difficulty filling all of their authorized nursing home beds. The legislation would allow them to increase revenues and thus operate in a more cost effective manner, particularly for Homes that have challenges due to location, declining veteran populations and other factors that result in lower total occupancy rates.

Mr. Chairman, we understand and appreciate the intention of this legislation; however we would offer the following suggestions for changes to the bill. First, instead of providing an exception for Homes that are below 90% total occupancy to have up to 40% nonveterans, we would suggest the legislation instead amend the current requirement under Section 8135(a) of Title 38 so that State Veterans Homes would be allowed to admit nonveterans up to 25% of the total authorized bed level, regardless of the total occupancy rate. Thus, a Home that has an authorized 100 bed nursing home unit would be allowed to admit up to 25 qualified nonveterans, regardless of how many veterans resided in the Home, rather than having to calculate and recalculate how many nonveterans can be admitted since the number of veterans fluctuates over time. This alternate formulation would provide greater predictability for Homes, better maintain the supportive and healing environment that State Veterans Homes provide for their veteran residents, while still giving Homes flexibility to reunite more close family members.

Second, NASVH suggests that the legislation could be amended to provide the Secretary with a waiver authority to allow exceptions for individual State Veterans Homes. A narrow waiver authority might better address the specific concerns of individual veterans and Homes without making changes affecting the entire State Veterans Home system.

Third, we recommend adding a requirement that the Secretary report to Congress and the public annually on State Veterans Homes that use this new authority in order to determine if the law is meeting its stated purpose, without any unintended negative consequences for veterans seeking admission to affected Homes, or to the State Homes themselves.

Mr. Chairman, on behalf of the National Association of State Veterans Homes, thank you for inviting us to offer testimony on S. 3184. We look forward to working with you, Senator Tester and Senator Bennet to continue strengthening the State Veterans Homes program on behalf of the men and women we care for.

- 2 -

NATIONAL COALITION *for* HOMELESS VETERANS

PREPARED STATEMENT OF JOSHUA STEWART, DIRECTOR OF POLICY, NATIONAL COALITION FOR HOMELESS VETERANS

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND DISTINGUISHED MEMBERS OF THE SENATE COMMITTEE ON VETERANS' AFFAIRS: The National Coalition for Homeless Veterans (NCHV) is honored to present this statement for the record for the legislative hearing of February 7, 2018. On behalf of the 2,100 community- and faith-based organizations NCHV represents, we thank you for your commitment to serving our Nation's most vulnerable heroes.

This statement reflects NCHV's mission of ending veteran homelessness and the bill presented at the hearing today that has the potential to most strongly impact that mission. There are three actions we should be carrying out as a country to further the goal of ending veteran homelessness: 1) supporting and—only where necessary—expanding current services, 2) spurring the creation of affordable housing,

and 3) filling service gaps in our current system. If passed into law S. 1072, the Homeless Veterans Prevention Act of 2017, would accomplish the first and last of these.

S. 1072 would fill long-standing, critical gaps in our service delivery system. Despite years of progressively better services, accumulated expertise, and best practices, there are still areas in which we know we need to do better. For decades, the U.S. Department of Veterans Affairs has conducted the CHALENG report and survey which among other things identifies the unmet needs of homeless veterans. And for decades, this report has consistently revealed that among the highest unmet needs of male and female homeless veterans are help with legal issues of all kinds. Family law plays a particularly prominent role, but also legal issues revolving around restoring driver's licenses, discharge upgrades, and financial issues are reported annually. And of course, legal assistance to prevent eviction and foreclosure is frequently reported.

The long term, consistent nature of this unmet need points to a very real gap in our services. Section 3 of the Homeless Veterans Prevention Act would go a long way to ameliorating these issues for many veterans. The provision is well crafted and highlights the exact service need, while also allowing the Secretary leeway to add additional areas for legal services as he or she finds necessary.

Similar to legal service's frequent appearance on the CHALENG report is the issue of dental care. The provision of dental care has consistently appeared on the top unmet needs list of homeless veterans for decades; in the most recent CHALENG report it was particularly pronounced in the female homeless veteran population. Though important in their own right, dental care is not merely a comfort or confidence concern. Untreated dental needs can cause severe health issues, and constant pain can be a trigger for self-medication and/or substance abuse. Furthermore, pain or unsightly dental features can wreck the confidence of a job seeker-causing a negative impact on the employment potential of a veteran.

Extending dental care eligibility to homeless veterans in the HUD-VA Supportive Housing and Grant and Per Diem (GPD) programs, as well as those in the care of a Domiciliary, would be a huge step in the right direction. And that is exactly what Section 4 of S. 1072 accomplishes.

In addition to filling these critical gaps in our service delivery system, this bill would also support our existing programs in two important ways; it allows the payment of *per diem* to GPD providers who serve the dependents of homeless veterans, and it extends the authority for the Supportive Services for Veteran Families (SSVF) program.

As we modernize GPD, our transitional housing program at the VA, it becomes more and more clear that these providers need the authority to serve dependents of homeless veterans. While there are a very few providers who already do this, they must scrape together funding from other sources to make it work. Many providers who see the importance of this work and who wish to expand into it simply cannot make the math work. They need support from VA to make this shift possible. As it is now, veterans—in particular female veterans who statistically are more likely to be accompanied by children in their homelessness—are faced with the choice to get only themselves off the street or to stay with their children. Many understandably choose family unity and wait for permanent housing options together, out-of-doors. Section 2 of S. 1072 would open the door for many more GPD providers to serve dependents; keeping families together, and improving the efficiency of our system.

Finally, S. 1072 supports our existing programs by extending the authority for the SSVF program. But this is not merely a mundane annual re-authorization, and nor can it be. Because of an historical quirk in funding, there are 56 communities whose "surge funding"—awarded in FY 2015—expired at the end of FY 2017. To maintain the normal schedule of funding ($300 million *per annum*) and prevent the loss of services from the surge grants ($207 million over the next three years) the funding for the SSVF program for FY 2018 must be no less than $400 million. A list of communities who received surge funding and who are at risk of losing services without an increased FY 2018 appropriation can be found at https://www.va.gov/HOMELESS/ssvf/docs/SSVF_September2014_GrantRecipients.pdf.

Section 6 of S. 1072 provides the SSVF program an authorization of $500 million, which would allow VA to redistribute another round of surge funding at almost the same level as the FY 2015 round. This is the best scenario, and one which NCHV heartily supports. Of course, we must also point out that Section 6 would now need a technical correction to proposed subparagraph (F), changing "fiscal year 2017" to "fiscal year 2018," or even to "fiscal year 2019." The latter change would exacerbate the gap in services felt in communities, but would allow the appropriations committees time to fully fund the increased authorization.

This one technical correction notwithstanding, the Homeless Veterans Prevention Act of 2017 is an outstanding piece of legislation. NCHV strongly supports S. 1072, and asks the Senate and the House to quickly pass it in its entirety. We thank the Senate Committee on Veterans' Affairs for its tenacity on these issues, as well as the bills long-time sponsor, Senator Burr. All of your work on behalf of homeless veterans is commendable.

LETTER FROM CO-DIRECTORS OF NATIONAL MILITARY AND VETERANS ALLIANCE

NATIONAL MILITARY NMVA & VETERANS ALLIANCE

STRENGTH THROUGH COLLABORATION

July 30th, 2018

The Honorable Johnny Isakson
Chairman
Senate Veterans' Affairs Committee
131 Russell Senate Office Building
Washington, D.C. 20515

Dear Senator Isakson,

The National Military and Veterans Alliance (NMVA), a non-partisan advocacy group comprised of the undersigned military and veteran service organizations, is pleased to offer our support for HR 299. HR 299 – The Blue Water Navy Vietnam Veterans Act – recognizes and brings relief to veterans who, during active military, naval, or air service, served offshore of the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975 by amending Title 38 to recognize the presumption that these veterans have been exposed to the herbicide Agent Orange, notwithstanding that there is no record of evidence of such disease during the period of such service.

Our organizations are all familiar with the history of Agent Orange and its use in Vietnam. The United States spread over 20,000,000 gallons of the potent chemical-laced herbicide over southern Vietnam throughout the 1960's and first part of the 1970's. These areas included coastal regions and the areas around rivers and streams that emptied into the South China Sea where our Blue Water Navy service members operated.

U.S. Government-initiated studies have proven that Agent Orange causes cancer and birth defects and there are now numerous documented ways that "Blue Water" sailors, like their "Brown Water" shipmates, were exposed to Agent Orange while serving aboard ships in these contaminated areas.

One of the benefits of military service, whether in peace or in a time of war, is the peace of mind that comes with knowing that veterans and their families will be cared for. Politics should, under no circumstances, ever interfere with that peace of mind. The adoption of HR 299 will ensure that the veterans and their families who have suffered from the use of Agent Orange by the United States in Vietnam will finally receive the care and relief they need.

NMVA is also pleased that H.R. 299 solves another inequity by finally extending the VA Home Loan funding fee waiver to active duty Purple Heart recipients. Currently, this waiver is granted only to veterans with VA service-connected disabilities, and we see absolutely no reason why combat-wounded service members, the vast majority of whom will almost certainly qualify for VA disability compensation upon discharge, should be denied this significant benefit, simply because they continue to serve in uniform.

NATIONAL MILITARY & VETERANS ALLIANCE: 6022 KNIGHTS RIDGE WAY, ALEXANDRIA, VA. 22310
WWW.NMVA.US

NMVA thanks you for your leadership on these issues and your commitment to service members, veterans, retirees and their families. We look forward to working with you to ensure the passage of this important legislation.

Sincerely,

Ted Painter
Co-Director
National Military & Veterans Alliance
Executive Director
Armed Forces Retirees Association
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painter@armedforcesretirees.org

Aleks Morosky
Co-Director
National Military & Veterans Alliance
National Legislative Director
Military Order of the Purple Heart
703-642-5360 Ext. 117
aleksmorosky@purpleheart.org

National Military and Veterans Alliance Member Organizations Supporting this Letter

American Military Society
American Retirees Association
AMVETS
Armed Forces Retirees Association
Army and Navy Union
Association of the United States Navy
Military Order of Foreign Wars
Military Order of the Purple Heart
Military Order of the World Wars
Naval Enlisted Reserve Association
Reserve Officers Association
Society of Military Widows
The Flag & General Officers Network
The Independence Fund
The Retired Enlisted Association
Tragedy Assistance Program for Survivors
Vietnam Veterans of America

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WWW.NMVA.US

PREPARED STATEMENT OF PARALYZED VETERANS OF AMERICA

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND MEMBERS OF THE COMMITTEE, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views for the record on the important legislation pending before the Committee. The bills considered today can have a significant positive impact on veterans and their families who depend on the benefits and services available through the Department of Veterans Affairs (VA). Our comments will be limited to those bills in which PVA has a specific interest.

H.R. 299, THE "BLUE WATER NAVY VIETNAM VETERANS ACT OF 2018"

PVA supports H.R. 299, the "Blue Water Navy Vietnam Veterans Act of 2018." This legislation would extend presumption of exposure to herbicides containing

dioxin, including Agent Orange, to veterans who served in "blue water" areas. Before 1997, Vietnam Veterans were eligible for a presumption of exposure to Agent Orange and other herbicides if "during active military, naval or air service they had served in the Republic of Vietnam" unless there was evidence they had not been exposed to Agent Orange. This policy was later amended so that service on the ground in Vietnam and service in inland waterways, "brown water," was required to receive a presumption of exposure. PVA applauds you for making the necessary amendments to include veterans who served in "blue water" areas in the presumption.

DRAFT BILL, THE "VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018"

PVA supports this draft legislation to improve dental care provided to veterans by VA. This legislation would establish a pilot program on expansion of dental services and treatment to all veterans enrolled in VA health care. Due to a lack of dental service providers within VA and the strict eligibility criteria for veteran patients to access such care, few veterans are able to access oral health care at VA. Veterans who do access VA dental care are generally those with service-connected dental conditions or injuries or other dental conditions that are aggravated by a service-connected injury or illness. For all other veterans there are some limited dental insurance plans that can be purchased through VA.

The pilot program would expand dental care services and treatment to veterans who are enrolled in VA health care at 16 locations across the country. These 16 locations would include four VA medical centers with an established dental clinic, four VA medical centers with a contract for dental care, four community based outpatient clinics with available space, and four facilities from federally qualified health centers and Indian Health Service clinics. These pilot sites would assess the feasibility and ability to furnish dental services and treatment to no more than 100,000 veterans who volunteer to participate in the program.

As the research of the last several years has made clear, oral health and overall health are not independent of one another. In 2012, the American Heart Association released a statement acknowledging an association between periodontal disease and cardiovascular disease. Recent studies suggest a connection between periodontal disease and kidney disease, diabetes, and strokes. VA must explore resources to properly integrate dental care and awareness into their holistic approach to veterans' health care.

S. 3184, TO AMEND TITLE 38, UNITED STATES CODE, TO MODIFY THE REQUIREMENTS FOR APPLICATIONS FOR CONSTRUCTION OF STATE HOME FACILITIES TO INCREASE THE MAXIMUM PERCENTAGE OF NONVETERANS ALLOWED TO BE TREATED AT SUCH FACILITIES, AND FOR OTHER PURPOSES

PVA supports S. 3184. This bill would allow state veterans' homes to provide care to spouses of veterans under certain conditions. Although many state veterans' homes are at capacity, there are some that are not. In these instances, veterans in need of, or already in a state home, may wish to have their spouse reside in the state home with them. If there is not enough demand by veterans needing access to state homes, PVA sees no reason why families need to separate for the sake of rigid adherence to the current 25 percent occupancy rules.

DRAFT BILL, TO AMEND TITLE 10, UNITED STATES CODE, TO IMPROVE THE TRANSITION ASSISTANCE PROGRAM FOR MEMBERS OF THE ARMED FORCES, AND FOR OTHER PURPOSES

PVA supports the intent of the draft legislation which would improve the Transition Assistance Program (TAP) for members of the Armed Forces. This bill would make the first significant changes to the TAP since 2011. One of the notable changes this legislation would make is to tailor the transition program based on the servicemember's time in service, rank, age, and disability status. This will provide more specific opportunities to the servicemember instead of one blanket program for everyone.

This legislation also provides transition assistance starting a year from the date of separation. One of the reasons servicemembers have such a difficult time transitioning is the fact that the TAP program is offered just a few months prior to their separation. To be fully prepared, servicemembers should begin the transition process much sooner. Earlier preparation would help them be better prepared to transition to civilian life, which would also support their mental health and overall wellbeing.

DRAFT BILL, THE "VA HIRING ENHANCEMENT ACT"

PVA supports the "VA Hiring Enhancement Act." The bill would end the applicability of non-VA covenants not to compete to the appointment of certain Veterans Health Administration (VHA) personnel. It would also permit VHA to make contingent appointments and require VA physicians to complete residency training.

This bill intends to fill vacancies and make VA more competitive by authorizing VHA to begin the recruitment and hiring process up to two years prior to the completion of required training. This would allow for physicians to quickly begin work at VA medical centers upon the completion of their education. This could help to stem the flow of the ever recurring stories of young clinicians who wished to serve veterans but were unable to endure the months of an uncertain onboarding process. Veterans deserve the best this country can offer. Congress should explore every means to ensure VA does not lose out on these young professionals due to inefficient hiring practices.

H.R. 5418, THE "VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT"

PVA supports H.R. 5418, the "Veterans Affairs Medical-Surgical Purchasing Stabilization Act." This legislation would direct the Secretary of VA to carry out the Medical Surgical Prime Vendor program using multiple vendors and prohibiting a prime vendor from solely designing the formulary of supplies.

In the private sector, hospitals use multiple Group Purchasing Organizations that bid down medical equipment prices. With Medical Surgical Prime Vendor, VA proposed using only one large vendor as opposed to multiple vendors. Arguably, the lack of competition has ensured higher prices for VA and thus the taxpayer than would otherwise be the case with competing vendors. While one vendor ensures consistency and a reliable timeline, it may not be an improvement on quality. What we do know is the procurement shortcut can undermine the competitive system, and result in VA overpaying for equipment.

S. 1596, THE "BURIAL RIGHTS FOR AMERICA'S VETERANS' EFFORTS ACT OF 2017," OR THE "BRAVE ACT OF 2017"

PVA supports S. 1596, the "Burial Rights for America's Veterans' Efforts Act of 2017," or the "BRAVE Act of 2017." This legislation would increase the amount payable through VA for burial and funeral expenses for non-service-connected veterans regardless of whether the death occurred in a VA facility. Under the bill, the benefit would increase from $300 to $749. The legislation also requires VA to increase burial benefits based on the percentage increase in the Consumer Price Index. This legislation is critical to ensuring that veterans' survivors have additional financial resources available to them to help address funeral and burial expenses.

S. 1952, THE "DEPARTMENT OF VETERANS AFFAIRS FINANCIAL ACCOUNTABILITY ACT OF 2017"

PVA supports S. 1952, the "Department of Veterans Affairs Financial Accountability Act of 2017." This legislation would require VA to engage in several efforts to ensure more accurate budgeting for the programs and services provided by the Department. First, the legislation would require VA to engage the services of a third party to conduct a review of its financial processes and to develop a plan to address any recommendations that result from the review. Second, it would require a member of the Secretary's office to be accountable for tracking VA's progress in implementing recommendations received from the Comptroller General of the United States, the Special Counsel, and the VA's Inspector General. Third, the legislation would require VA to provide any special requests for funding to Congress within 45 days of when the funding would be needed. Such requests would need to include a justification for the extra funds. Last, it would require VA to give attestations regarding financial projections concurrent with the President's annual budget.

In order to properly implement the critical legislation that Congress has passed in recent months to reform the claims appeals process, implement a new community health care program, and expand access to comprehensive caregiver benefits, VA needs to ensure that it is using appropriated funds in an efficient and effective manner. Improved fiscal accountability will help to ensure that VA is able to more accurately project expenses and request adequate budgets. Congress will in turn be able to provide the funding needed to ensure that VA is able to meet its responsibilities to veterans with disabilities and their families.

S. 1990, THE "DEPENDENCY AND INDEMNITY COMPENSATION IMPROVEMENT ACT OF 2017"

PVA supports S. 1990, the "Dependency and Indemnity Compensation Improvement Act of 2017." This legislation would increase the amounts payable for Dependency and Indemnity Compensation (DIC) by approximately $300 per month. It would also provide eligibility to a portion of the DIC benefit for survivors whose veterans were rated totally disabled for at least five years prior to their death. Last, the bill would change the age at which a spouse could remarry and retain DIC benefits from age 57 to age 55. The critical changes provided by this important legislation will ensure that survivors are better able to meet their living expenses following their veteran's death.

S. 2485, THE "MEDAL OF HONOR SURVIVING SPOUSES RECOGNITION ACT OF 2018"

PVA supports S. 2485, the "Medal of Honor Surviving Spouses Recognition Act of 2018." This legislation provides a pension for survivors of veterans who were awarded the Medal of Honor. The pension would compensate surviving spouses $1,329.58 monthly. To be eligible, the surviving spouse must have been married to the veteran for one year or more prior to the veteran's death; or, for any period of time if a child was born of the marriage, or was born to them before the marriage. This pension will ensure that the families of America's heroes are properly provided for by our Nation.

S. 2748, THE "BETTER ACCESS TO TECHNICAL TRAINING, LEARNING AND ENTREPRENEURSHIP FOR SERVICEMEMBERS ACT," OR THE "BATTLE FOR SERVICEMEMBERS ACT"

PVA supports S. 2748, the "Better Access to Technical Training, Learning and Entrepreneurship for Servicemembers Act," or the "BATTLE for Servicemembers Act." This legislation provides opportunities for servicemembers to receive additional training under TAP. Servicemembers will have the ability to receive this training unless they fall into specifically exempted categories. PVA supports any efforts that will better prepare transitioning servicemembers for returning to civilian life.

DRAFT BILL, TO REQUIRE THE SECRETARY OF VETERANS AFFAIRS TO ESTABLISH A PROGRAM TO AWARD GRANTS TO PERSONS TO PROVIDE AND COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR VETERANS TRANSITIONING FROM SERVICE IN THE ARMED FORCES WHO ARE AT RISK OF SUICIDE AND FOR THEIR FAMILIES, AND FOR OTHER PURPOSES

PVA supports the intent of the draft bill requiring the Secretary of VA to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families. We would encourage, however, that the program also focus in equal measure on veterans 50 and older, who are committing suicide in greater numbers than the post-9/11 generation. While we recognize the window in which a servicemember is transitioning from active service is a critical time that can correlate with the potential for suicide ideation, there is an equal and growing need to reach out to older veterans.

Similarly, women veterans commit suicide at nearly six times the rate of other women. Of the annual suicide deaths per 100,000 people in the United States, male veterans comprised 32.1, and non-veteran men 20.9. Among women veterans they comprised 28.7 compared to just 5.2 among non-veteran women. This is a particularly concerning statistic since men, on average, are far more likely than women to commit suicide. Thus, this program must give particular heed to interrupting the unique factors that lead to such a risk for suicide among women veterans.

Last, 14 of the 20 veterans who complete a suicide every day have never touched the VA system. We hope an introduced bill will offer further details about how community prevention experts are to be made aware of the grant opportunities.

DRAFT BILL, THE "MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT"

PVA supports the intent of the draft bill, the "Modernization of Medical Records Access for Veterans Act." We believe, however, that some points of the draft bill should be clarified prior to its introduction. For example, it is unclear how the proposed medical records card will help to efficiently address the issues of interoperability for VA electronic health records. Since the card must be brought back to VA before VA's records can be updated, we are uncertain about how this solution would be more beneficial than cloud sharing medical records. This is particularly the case due to the inherent delays in updating a veteran's records through such a card. We look forward to learning more about how the medical records card could address current concerns about medical records access.

S. 514, THE "NO HERO LEFT UNTREATED ACT"

PVA has no official position on S. 514, the "No Hero Left Untreated Act." This legislation would establish a pilot program with VA to use Magnetic eResonance Therapy technology, or MeRT technology. This therapy, while not yet FDA approved, is used to treat Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), military sexual trauma (MST), chronic pain, and opiate addiction. The legislation would establish a one-year pilot program on MeRT technology for 50 veterans at two VA medical centers.

VA currently offers veterans access to repetitive transcranial magnetic stimulation (rTMS). This treatment is FDA approved to address treatment-resistant depression, a comorbid condition in PTSD, TBI, MST, and chronic pain and opioid addiction. While it is functionally similar to MeRT, there is no existing evidence that MeRT is superior to rTMS for treating any disorder.

Again, PVA thanks you for the opportunity to present our views on these bills. We would be happy to take any questions you have for the record.

PREPARED STATEMENT OF MS. LAUREN AUGUSTINE, VICE PRESIDENT OF GOVERNMENT AFFAIRS, STUDENT VETERANS OF AMERICA

Chairman Isakson, Ranking Member Tester and Members of the Committee:

Thank you for inviting Student Veterans of America (SVA) to submit our testimony on the pending legislation related to veteran transition and economic opportunity. With over 1,500 chapters and more than 1.1 million student veterans in schools across the country, we are pleased to share the perspective of those directly impacted by the subjects before this committee.

Established in 2008, SVA has grown to become a force and voice for the interests of veterans in higher education. With a myriad of programs supporting their success, rigorous research on ways to improve the landscape, and advocacy throughout the nation. We place the student veteran at the top of our organizational pyramid. As the future leaders of this country and some of the most successful students in higher education, fostering the success of veterans in school is paramount to their preparation for productive and impactful lives.[1]

At SVA's 2018 annual national conference, the President and CEO of SVA, Jared Lyon, shared the story behind the quote on our tenth anniversary challenge coin, "Some attribute the following text to Thucydides and others note that it's a paraphrase of a book written by Sir William Francis Butler from the late 1800's. The reality, either way, rings as true today as it ever has, and the phrase goes like this, 'The nation that makes a great distinction between its scholars and its warriors will have its thinking done by cowards and its fighting done by fools.'"[2] This quote encapsulates the importance of veterans in higher education, and transition as a significant pathway to higher education, among the veteran community and we thank the committee for putting forth thoughtful legislation that speaks to this importance.

DISCUSSION DRAFT; To improve the Transition Assistance Program (TAP)

The November 2017 Government Accountability Office (GAO) report on TAP made it abundantly clear serious gaps existed in the program. Originally implemented in 1991 after being established in the 1990 National Defense Reauthorization Act, TAP has gone through dozens of improvements throughout the years, including, most recently, this past winter.[3 4 5] The programs are vastly improved from prior iterations, though several important enhancements can be done to make the transition to civilian life significantly more impactful. This draft proposes key changes that will positively impact overall outcomes for individuals separating from the military, including the sections identified below.

Structure and Support. Military bases would be required to have one counselor for 250 service members eligible to take part in the TAP program and require every counselor to have at least two years of experience in civilian employment before becoming employed by the program. The Secretary of Defense would be required to give an annual report to Congress on the implementation of proposed changes including the number of counselors employed and the percentage of transitioning service members who took part in each of the pathways. Each Secretary involved in the program would also be required to provide a survey to members who complete the

[1] Shane, Leo. Military Times. *Report: Young vets are more successful than their civilian peers.* July 29, 2017. https://www.militarytimes.com/veterans/2017/07/29/report-young-vets-are-more-successful-than-their-civilian-peers/
[2] Jared Lyon, *Defining Our Future: Today's Scholars, Tomorrow's Leaders*, Jan. 5, 2018, https://www.linkedin.com/pulse/defining-our-future-todays-scholars-tomorrows-leaders-jared-lyon
[3] https://ntrl.ntis.gov/NTRL/dashboard/searchResults/titleDetail/PB2006113212.xhtml 21 GAO, TRANSITIONING VETERANS: DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program, GAO 18-23, (Washington, D.C.; November 2017).
[4] National Defense Reauthorization Act of 1990, Section 502, "Other Transition Benefits and Services." https://www.gpo.gov/fdsys/pkg/STATUTE-104/pdf/STATUTE-104-Pg1485.pdf.
[5] Senior VA officials facilitated the opportunity for select participants from various veteran organizations to attend the pilot implementation of the new TAP curriculum related to VA benefits seminars I and II in January and February of 2018.

program to assess their satisfaction with it and where improvements can be made to the program. SVA believes this is an important improvement that will catalyze the success of separating service members.

Curriculum. The bill does not change the current curriculum structure of TAP, which has a mandated five-day course with optional additional two-day tracks. As identified in the November 2017 GAO report, the so-called "optional tracks" were significantly and detrimentally under-utilized.[6] Despite being misleadingly labeled as "optional," the information available through these tracks provides critical knowledge for the successful pursuit of post-military success. For example, the Accessing Higher Education module is best utilized with sufficient time to apply to school, and to enhance choice for veterans by providing them the best information on how to connect education to career and transition goals. Taken too late, the effectiveness of the module's information is greatly diminished and may delay the service member's attendance at a school by several semesters.[7] We strongly urge the inclusion of mandatory attendance to at least one of these tracks, as outlined in our review of other legislation before this committee. However, while facilitating greater access to these specialized courses is important, we also strongly urge the committee to mandate the participation in these specialized tracks in addition to, not in replace of, the existing five-day TAP curriculum.

Supporting Spouses. The bill would allow Spouses of transitioning service members to attend the TAP programs. This is an important recognition that access to the information in TAP seminars after separation for spouses and veterans can help improve the transition process. Indeed, when the family unit is successful, the transition process is vastly improved.

Creation of a Governing Board. The bill would direct the Secretary of the VA to create a governing board within the Veterans Benefits Administration (VBA) to develop partnerships with community and federal organizations to help prevent suicides, substance abuse, and homelessness among veterans. This board will be responsible for tracking the suicide rate in each business line within VBA, the creation and distribution of educational material concerning these issues, maintaining consistent communication between the Veterans Health Administration (VHA) and VBA and the management of the Gun Safety Lock Program for suicide prevention. Within a year of enactment, the Secretary of the VA must submit a report on the efforts of the board in these important areas. We appreciate the creation of the board to serve this important mission. SVA applauds the committee's attention to the social and well-being aspects of transition and hopes to see significant coordination with VHA's existing infrastructure addressing these same challenges.

Community Impact. The bill proposes a five-year pilot program that would provide up to $10 million in matching grant funds to help community providers fund innovative transition services such as résumé assistance, interview training, job recruitment training, and related services. The bill would prioritize funds for programs that operate as a community "hub" and a single point of contact for all services for one community, with organizations applying for funding in consultation with VA and Department of Labor (DOL). Further, the bill proposes authorizing VA, in consultation with state entities that provide services to retired, separated, or discharged service members, to enter into a contract with a non-federal party to study and identify community providers who provide effective and efficient transition services to service members. These initiatives appropriately recognize the importance of local communities in the transition process, and we applaud the acknowledgement of community-based impact. SVA supports inclusion of such grant programs and is encouraged by the commitment to leveraging existing community programs and encourages this committee to also consider ways to partner with campus career centers to meet similar goals with student veterans.

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[6] GAO, *TRANSITIONING VETERANS: DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program*, GAO 18-23, (Washington, D.C.; November 2017).
[7] Joint Knowledge Online, "Accessing Higher Education Module," TGPS-US009.
http://jko.jten.mil/courses/tap/TGPS%20Standalone%20Training/CourseWare/TGPS-US009_Standalone/launch.html.

Career Readiness and Professional Development. The discussion language includes an emphasis on career readiness and professional development for service members before the point of transition by requiring counseling on available professional development opportunities and the need to be career ready at important points of transition throughout the lifecycle of a service member. This is a step in a positive direction that will help create a more informed and career ready service member going into TAP and SVA applauds the inclusion of a more holistic view of transition.

Alumni Network. This language includes the creation of veteran alumni networks which aim to serve as warm hand-offs to new communities and opportunities once a service member transitions from the Armed Forces. As a chapter-based organization, SVA is acutely aware of the importance of peer connection and strongly supports continued conversations on how to best engage with veterans after service. We welcome the opportunity to discuss how SVA's existing chapters, numbering over 1,500, can serve as initial touch points for veterans after transition. [8]

Data and Research. This bill proposes several independent assessments of the effectiveness of TAP – to include an evaluation specific to veterans accessing higher education after transition – which will help better inform policy decision-making moving forward. As a data-driven organization, SVA relies heavily on data to inform our own advocacy efforts and we hope to see a commitment to data included in final bill language. As a suggestion to the current data and research aspects of this bill, SVA encourages the committee to consider including language on how the existing definition of graduation can be amended to better reflect the success rate of today's student veterans.

Important improvements to TAP have been highlighted through participation in roundtables this committee hosted and as a leader of the "Pre-Separation" component of the joint VA-DoD Military-Civilian Transition (MCT) convenings over the past year. We are pleased to see a majority of these bold initiatives included in this transformational piece of legislation. We continue to emphasize the importance of providing transition information to service members as early as their recruitment into the military.

S. 2748, BATTLE for Servicemembers Act

The Better Access to Technical Training, Learning, and Entrepreneurship (BATTLE) for Servicemembers Act seeks to strengthen the existing TAP by generally requiring transitioning service members to attend at least one specialized workshop in addition to the core TAP curriculum, with certain waivers available.

In addition to the mandatory core curriculum taught through TAP, there are three specialized workshops available to transitioning service members, which focus on opportunities in higher education, entrepreneurship, and technical career fields. These workshops allow for greater depth of discussion and education on the specific benefits and paths to success available to transitioning service members. However, under the current TAP model, these specialized workshops are optional, and as such are woefully underutilized with a 2017 GAO report finding only a 14 percent participation rate, as discussed above.[9]

We acknowledge that while the core curriculum is a great foundation of transition information, these specialized workshops are critical to empowering service members to make better-informed decisions about their future and should be more widely attended, as articulated in the *BATTLE Act*. Specific to higher education and student veterans, the information presented in the specialized workshop is particularly important considering approximately half of all transitioning service members will seek out higher education within six months of

[8] Student Veterans of America Chapter Directory. http://studentveterans.org/chapter/directory.
[9] GAO, *TRANSITIONING VETERANS: DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program*, GAO 18-23, (Washington, D.C.; November 2017).

separation from the military. Removing the purely optional nature of the higher education workshop will better equip service members with knowledge of the educational benefits and services available to them and tools to effectively evaluate educational programs. Such information will better ensure transitioning service members become today's scholars and tomorrow's leaders.

This bill differs from the previously discussed discussion draft on TAP as it would make these additional courses supplements to the TAP program instead of a replacement of existing components of the program. We support this measure, which aims to improve the transition process and provide more detailed information on higher education to transitioning service members.

We thank the committee for its attention and commitment to the successful transition of service members, particularly as it relates to seeking higher education. We are encouraged by the bipartisan, bicameral efforts recently seen on TAP through the National Defense Authorization Act and hope to see similar efforts continue as the community and you as congressional leaders continue to improve the transition process.

As these discussions continue, we urge you to remember the success of veterans in higher education is no mistake or coincidence. Research consistently demonstrates this unique population of non-traditional students is far outpacing their peers in many measures of academic performance.[10] Further, this success in higher education begets success in careers, in communities, and promotes family financial stability, holistic well-being, and provides the all-volunteer force with powerful tools for recruitment and retention when recruits know military service prepares them for success after service.

We again thank the Chairman, Ranking Member, and the committee members for your time, attention, and devotion to the cause of veterans in higher education. As always, we welcome your feedback and questions, and we look forward to continuing to work with you all to ensure the success of all generations of veterans through education.

[10] Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). *National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill.* Student Veterans of America, Washington, D.C., http://nvest.studentveterans.org/wp-content/uploads/2017/03/NVEST-Report_FINAL.pdf.

PREPARED STATEMENT SUBMITTED BY TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND DISTINGUISHED MEMBERS OF THE SENATE VETERANS' AFFAIRS COMMITTEES, The Tragedy Assistance Program for Survivors (TAPS) thanks you for the opportunity to make you aware of issues and concerns of importance to the families we serve, the families of the fallen.

While the mission of TAPS is to offer comfort and support for surviving families, we are also committed to improving support provided by the Federal Government through the Department of Defense (DOD), the Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor, state governments, government contractors, and local communities for the families of the fallen—those who fall in combat, those who fall from invisible wounds and those who die from illness or disease.

TAPS was honored to enter into a new and expanded Memorandum of Agreement with the Department of Veterans Affairs in 2017. This agreement formalizes what has been a long-standing, informal working relationship between TAPS and the VA. The services provided by TAPS and VA are complementary, and in this public-private partnership each will continue to provide extraordinary services through closer collaboration.

Under this agreement, TAPS continues to work with surviving families to identify resources available to them both within the VA and through private sources. TAPS will also collaborate with the VA in the areas of education, burial, benefits and entitlements, grief counseling and other areas of interest.

The VA Office of Survivor Assistance, including Director Moira Flanders and her staff, works closely with TAPS to answer questions and concerns that are raised by surviving family members. We also appreciate the opportunities provided by the DOD/VA Survivors Forum, held quarterly, which works as a clearinghouse for information on government and private sector programs and policies affecting surviving families. This is ably facilitated by Craig Zaroff of the VA Benefits Assistance Service.

PENDING LEGISLATION

S. 1990

TAPS applauds Senator Tester and his staff for this legislation which offers an increase to the Dependency and Indemnity Compensation (DIC) provided for surviving spouses of those servicemembers who die on active duty or die of a service-connected disability. A second provision provides a graduated scale of benefits and addresses an arbitrary eligibility restriction. The third provision provides equity with other survivor benefits by allowing surviving spouses who remarry after age 55 to retain DIC benefits.

History of DIC

According to the Congressional Research Service (CRS), survivor compensation has been paid in some form to survivors since the Revolutionary War.

During the Civil War, survivor compensation was expanded to cover all servicemembers at a rate that would be payable to totally disabled veterans. The Civil War also led to other changes to survivor compensation, especially for survivors of servicemembers with service-connected disabilities. They were covered under the Act of July 14, 1862, which was referred to as General Law, and amended various times in the 19th century.

In 1917, Congress passed the War Risk Insurance Act to eliminate the need for non-service pensions and highlighted that service-connected payments for death and disability were compensation payments. The act changed the system to meet the current needs of World War I veterans and their survivors and eliminated the pay discrepancy between officers and soldiers.

The Servicemen's Indemnity Act of 1951 replaced this life insurance system with a new system where the servicemembers did not contribute to the insurance program, but the government provided monthly payments to eligible survivors of $120 with a 2.25% increase per year until a $10,000 insurance maximum was reached. Potentially eligible survivors included spouses, children, parents, and siblings.

Because legislation had been written in response to need, dependency and indemnity compensation was unorganized and administered by four different administrations by the mid-1950s, and congressional and executive committees were formed to make the issuance of compensation more streamlined and manageable. Death compensation was set up similar to the way it is now by the time the final report of the President's Commission on Veterans' Pensions, Veterans' Benefits in the United States: Report to the President by the President's Commission of Veterans Pensions (hereafter referred to as the Bradley Report) was written in 1956. Death compensation was provided to survivors (except for dependent parents) regardless of income. The rate of compensation depended on whether the veteran served in peacetime or wartime.

In 1969, after review of the Bradley Report, recommendations from a commission headed by Robert M. McCurdy in 1967, and extensive testimony from several other Federal administrations and veterans' service organizations, Congress devised a different, more equitable system for survivor compensation that gave fixed rates to each pay grade. The base rate was adjusted for a cost-of-living increase to reflect changes in the cost of living since the last base rate had been determined in 1956, 13 years earlier. In 1969, years of service were no longer a factor in determining DIC. There were no subsequent changes of significance to DIC legislation until 1993, when the rate tables for surviving spouses were eliminated and one flat monthly rate was reinstated. In 2003, surviving spouses who remarried after reaching the age of 57 were able to retain DIC.

DIC, along with other VA disability payments, are usually increased annually by the Federal cost of living adjustment (COLA), when there is a COLA. This COLA has been the only increase to the DIC since the new rate tables were established in 1993.

Provision 1

TAPS appreciates the 12 percent increase to the DIC to bring it up to 55 percent of the rate of compensation paid to a totally disabled veteran. It is something that we have supported for many years and, for those survivors whose only recompense is the DIC payment, long overdue.

We also appreciate the provision of an additional $350 increase to the Special Survivor Indemnity Allowance (SSIA) for those survivors who are in receipt of both DIC and the Survivor Benefit Plan annuity. This would go a long way to make some survivors who are impacted negatively by the DIC offset to SBP whole, i.e. their offset would be completely eliminated when combined with the SSIA they currently receive.

However, we have heard concerns from some survivors. Would the proposed SSIA increase also be tied to COLA? Is there a time limit for this provision? Where would the funding come from? We hope these questions will be addressed.

Provision 2

We support the intent of provision 2.

Provision 3

TAPS fully supports the provision to allow surviving spouses who remarry after age 55 to retain DIC benefits. This makes the DIC program consistent with other Federal programs, including the Department of Defense survivor benefit plan and the Federal Employees survivor benefit plan.

H.R 299

TAPS strongly supports H.R 299, the Blue Water Navy Vietnam Veterans Act of 2018. We stand with our friends in the Military Coalition and the Association of the United States Navy in encouraging quick passage of this long over due legislation. Many of the families impacted by Agent Orange from time in the Navy have become surviving families now, and TAPS believes those families should be eligible for the same survivor benefits as all other Agent Orange families.

S. 2881

TAPS supports S. 2881, the Mare Island Naval Cemetery Transfer Act, so as to ensure veterans buried in Vallejo, CA are treated with the respect they deserve. As the oldest military cemetery on the West Coast, it should be treated as a national shrine and elevated to a Department of Veterans Affairs national cemetery. We thank Senator Feinstein for bringing this issue to light.

S. 2485

TAPS honors the service and sacrifices made by Medal of Honor recipients and their families and is grateful to Senator Sullivan for introducing S. 2485 to establish a special pension for surviving spouses of Medal of Honor recipients.

S. 541

New and innovative programs have proved time and again to be helpful in treating PTSD/TBI and preventing suicide. If there is a possibility that magnetic EEG/EKG therapy can help in treating veterans with PTSD/TBI and preventing veteran suicide, then TAPS supports the one-year pilot program.

S. 1596

TAPS supports the BRAVE Act of 2017, which increases the amount provided for the burial of a veteran from $300 to $749 with annual COLA increases.

DRAFT TEXT—CASSIDY

Suicide prevention is one of TAPS' top legislative priorities. Suicide is the second leading cause of death for active duty servicemembers and the numbers are growing. TAPS currently serves over 12,000 surviving family members whose loved ones died by suicide and we are grateful to Senator Cassidy for bringing forth the draft legislation to create a grant program through VA for organizations working in suicide prevention.

DRAFT TEXT—TRANSITION ASSISTANCE PROGRAM (TAP)

Veterans who make a good transition into civilian life are less likely to die by suicide, so TAPS is grateful to see such effort put into overhauling the Transition Assistance Program. While many key aspects were updated by the 2019 NDAA, there is still much work to do. TAPS supported the House version H.R. 5649, the Navy Seal Chief Petty Officer Bill Mulder Transition Improvement Act, and we look forward to seeing the House and Senate versions conferenced to best improve transitions for veterans.

TAPS thanks the Committee and the original sponsors of all this important legislation for your thoughtful consideration of the needs of our Nation's veterans and surviving families.

It is the responsibility of the Nation to provide for the support of the loved ones of those who have paid the highest price for freedom. Thank you for allowing us to speak on their behalf.

Veterans & MILITARY FAMILIES for Progress

PREPARED STATEMENT PREPARED BY RALPH PARROTT, CAPTAIN, SUPPLY CORP., US NAVY (RET.) AND THOMAS BANDZUL, ESQ., LEGISLATIVE COUNSEL, VETERANS & MILITARY FAMILIES FOR PROGRESS

SENATE COMMITTEE MEMBERS, We'd like to take this opportunity to thank Chairman Isakson, Ranking Member Tester and all the Members of the Senate Veterans' Affairs Committee, to present our position on the Mare Island Cemetery Restoration bill, S. 2881. This bill, offered by Senator Diane Feinstein (D-CA), will allow for the future care of this historic landmark at the discretion of the Department of Veterans Affairs (VA).

The Mare Island Naval Cemetery was established in 1856 on the grounds of the Mare Island Naval Shipyard in Vallejo, CA. It is the oldest military cemetery on the west coast. The last burial in the cemetery occurred in 1921. The following is a summary of the internments in the cemetery:

- 860 Veterans Navy and Marines, 3 Medal of Honor recipients,
- 8 Russian sailors killed fighting a fire in San Francisco in the 1860s while their ship was visiting at the invitation of President Lincoln
- 4 French sailors authorized by the US Navy for reasons lost to history
- 33 Children of Veterans buried there
- 40 Spouses of Veterans buried there (includes the daughter of Francis Scott Key)

• 7 Other civilians authorized by the US Navy for reasons lost to history

TOTAL: 952

The cemetery was turned over by the Navy to the City of Vallejo in 1996 as part of BRAC '93. There were no provisions made for the perpetual care, maintenance and restoration as part of the turnover agreement. The City of Vallejo has been unable or unwilling to provide the necessary resources to maintain the cemetery and it has fallen into disrepair. The City has also formally requested the Federal Government to take over the Cemetery. The VA, who runs the National Cemetery Administration, does not have the legal authority to take over the cemetery. Senator Feinstein's introduction of S. 2881 will give the necessary authority to the VA. Congressman Mike Thompson has introduced a similar bill (H.R. 5588) which is currently before the House Veterans' Affairs Committee.

VMFP and our partner Veteran Service Organizations (VSO's) along with the many people in California, urgently requests the Senate Veterans' Affairs Committee report this bill to the floor of the US Senate and provide this historic site the perpetual care, maintenance and restoration it so justly deserves.

H.R. 299, BLUE WATER NAVY VIETNAM VETERANS ACT OF 2018

VMFP full supports this as an issue long overdue. There is some trepidation this will cause a large increase to the Veterans Health Administration (VHA) overhead and Veterans Benefits Administration (VBA) will have a large increase in claims. Since there are no specific numbers published on this, my belief is, MOST Veterans with issues caused by exposure to Agent Orange (AO) have already qualified for benefits, are eligible for care within another program (TRICARE for Life, Medicare/Medicaid, etc.) or have some other form of health insurance.

S. ___ (SANDERS), VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018

It has always been an objective of VMFP to improve the health of Veterans everywhere. The one thing missing in society in general is a comprehensive dental care program. In VA, unless there is extreme need tor most Veterans comprehensive dental care is also missing.

We believe this legislation will help to measure the costs and needs and will help define the alternatives for Veterans for healthy teeth and gums. VMFP support this bill as a path to improving understanding the needs for this care for veterans.

S. 3184

To amend title 38, United States Code, to modify the requirements for applications for construction of State home facilities to increase the maximum percentage of nonveterans allowed to be treated at such facilities, and for other purposes.

VMFP Strongly supports this bill. ft has long been the history of other organizations (Gary Sinise Foundation; Habitat for Humanity, etc.) to have been helping with the construction of housing for deserving Veterans. We support the expansion. of this as a government initiative and the inclusion of more Veterans with housing needs.

S. ___ (BOOZMAN), VA HIRING ENHANCEMENT ACT

For many years, VMFP has been a strong proponent of hiring qualified Veterans, trying to transition from the military to civilian life. One of the roadblocks for this transition has been certification and review of necessary qualification. We believe this bill is a good step to improving the staffing shortages at VA with highly skilled medical persons.

VMFP believes this bill will create a more "level playing field" in competition for many of the skilled people needed to fill the array of openings in the healthcare field for VA. We strongly support this legislation.

VMFP believes this bill will create a more "level playing field" in competition for many of the skilled people needed to fill the array of opening in the healthcare field for VA We strongly support this legislation.

H.R. 5418, VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT

VMFP has no position on this legislation since there are many bills with similar clauses. We have not had enough time to review this to make a recommendation one way or the other.

S. 1596 (PETERS/RUBIO), BRAVE ACT OF 2017

The cost of a funeral has risen over the years and is now estimated to be between $7,000 and $10,000 in North America (according to PARTING; a funeral home rating website). Through the increase in this legislation does provide for more variable adjustments in the future and the initial suggested increase is substantial, we believe this value should be increased to a minimum level of $3,000.00 (the average cost of a cremation funeral—Source: National Funeral Directors Association).

An argument can be made, many Veterans can be interred in a cemetery cared for by VA at substantially less, but not everyone can take advantage of this benefit. While VMFP supports this bill, we would like to see an increase in funding.

S. 2881 (FEINSTEIN), MARE ISLAND NAVAL CEMETERY TRANSFER ACT

Statement at Page 1 (separate).

S. 1952 (TESTER/MCCAIN/MANCHIN), VA FINANCIAL ACCOUNTABILITY ACT OF 2017

With budgetary issues, financial accountability and several years of increases in VAs budget with proportional instances of overspending, cost overruns and program demands (unfunded mandates) left unfulfilled, it is VMFP's opinion this legislation would be a good step in the right direction.

S. 1990 (TESTER/BLUMENTHAL/HIRONO), DEPENDENCY AND INDEMNITY COMPENSATION IMPROVEMENT ACT OF 2017

VMFP takes no position on this legislation.

S. 2485 (SULLIVAN), MEDAL OF HONOR SURVIVING SPOUSES RECOGNITION ACT OF 2018

VMFP fully support this legislation. While some believe this may have consequences in personal relationships in the future, the intent of the bill meets a need we feel is long be unfulfilled as an obligation by the government to the spouse of a Medal of Honor hero.

S. 2748 (BROWN/ROUNDS), BATTLE FOR SERVICEMEMBERS ACT

Our group fully supports this legislation as a necessary step to full and timely access to employment and training to meet any need of a returning Veteran.

S. ___ (CASSIDY)

To require the Secretary of Veterans Affairs to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families, and for other purposes.

Suicide prevention, in all it's forms, has always been a top priority for Veterans and their families within our organization. As a person who has dealt directly with suicide (as a police officer) and directly involved with the family (my brother). I know this has horrible consequences and is a preventable tragedy; given the proper resources, awareness and education.

Any effort to help recognize the symptoms of depression, despair and hopelessness leading to a suicidal ideation is a priority for VMFP. We fully support this legislation.

S. ___ (CASSIDY), MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT

VMFP has no position on this legislation.

S. 514 (PERDUE/HELLER), NO HERO LEFT UNTREATED ACT

VMFP takes no position on this bill but we believe a pilot program on Magnetic EEG/EKG-guided resonance therapy could yield significant information so as to make a more informed decision on the benefits and cost of this treatment program.

Respectfully Submitted,

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PREPARED STATEMENT OF RENÉ C. BARDORF, SENIOR VICE PRESIDENT OF GOVERNMENT AND COMMUNITY RELATIONS, WOUNDED WARRIOR PROJECT

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND DISTINGUISHED MEMBERS OF THE SENATE COMMITTEE ON VETERANS' AFFAIRS, Thank you for inviting Wounded Warrior Project (WWP) to submit this statement for the record of today's hearing on pending legislation.

Since our inception in 2003, WWP has grown from a small organization delivering comfort items in a backpack at the bedside of wounded warriors here in our Nation's capital, to an organization of nearly 700 employees in more than 25 locations around the world delivering over a dozen direct-service programs to warriors and families in need. Through our direct-service programs, we connect these individuals with one another and their communities; we serve them by providing mental health support and clinical treatment, physical health and wellness programs, job placement services, and benefits claims help; and we empower them to succeed and live life on their own terms. As we advocate for this community before Congress, we appreciate you inviting us to speak on these issues and look forward to helping any way we can.

H.R. 299—BLUE WATER NAVY VIETNAM VETERANS ACT OF 2018

Although we have few alumni that served in Vietnam, Korea, and Thailand during the Vietnam war, we consider the military toxic exposure problem a cross-generational issue. It is important that if servicemembers are exposed to harmful toxins while serving this country, the government ensures they have proper health care and assistance if any injuries or illnesses arise from their exposures. This philosophy was the impetus behind our current partnership with Vietnam Veterans of America (VVA) and the Tragedy Assistance Program for Survivors (TAPS) to conduct a needs assessment of the landscape facing post-9/11 generation warriors who were or who may have been exposed to toxic substances during service.

As individual organizations, VVA, TAPS, and WWP have shared concerns for several years about the emergence of toxic exposure as a common thread among former servicemembers who are sick, dying, or already deceased from uncommon illnesses or unusually early onset of more familiar diseases like cancer. In the past, we have advocated for initiatives such as the creation of the Airborne Hazards and Open Burn Pit Registry in June 2014 and the more recent passage of the Toxic Exposure Research Act of 2016 (P.L. 114–315, §§ 631–34). Given our collective interest in prevention, treatment, and awareness, Wounded Warrior Project decided in October 2017 to coordinate efforts with TAPS and VVA and invested $200,000 in a needs assessment to guide our future advocacy. Wounded Warrior Project remains committed to continued investments of resources and expanding its partnerships to include others passionate about this important issue. More can be read about our partnership from our recent House Committee on Veterans' Affairs submitted on June 7, 2018.[1]

As this partnership continues to address the challenges faced by servicemembers and veterans who served on or after September 11, 2001, WWP is pleased that the Committee is considering legislation to provide recourse for "blue water" Vietnam veterans. We are particularly encouraged by Section 5 of this legislation ("Updated Report on Certain Gulf War Illness Study") and further request that future legislation add additional research between the Veterans' Affairs (VA) and the Department of Defense (DOD) on toxic exposure for Gulf War-era veterans as well as for those who served after 9/11.

Wounded Warrior Project Supports H.R. 299.

DRAFT BILL—VETERANS DENTAL CARE ELIGIBILITY EXPANSION AND ENHANCEMENT ACT OF 2018

This draft bill will increase VA's internal dental capabilities by expanding its clinical capacities in rural locations and creating a pilot program that would open dental coverage to all veterans regardless of disability status at select VA hospitals. The pilot program will determine if expanding VA-provided dental services to all vet-

[1] https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=108367

erans enrolled in the VA healthcare system is feasible. Although we agree with the intent of the pilot program and overall dental expansion, we have concerns over how the bill will be paid for and how the current dental care program is administered to veterans.

Anecdotally, WWP has heard from veterans struggling to get service-connected disability ratings for injuries to the mouth which occurred during service. Additionally, only veterans with 100% service-connected disability or former prisoners of war (POW) qualify for VA dental care.[2] Before the VA expands dental coverage to all veterans, WWP would like to see VA review the current rating system for dental eligibility. We recommend that Congress instruct VA to conduct a report of how many veterans with face and mouth service-connected injuries are not getting needed health care and how many veterans are denied for dental coverage when applying for this type of service-connected disability. Additionally, we would like to see full coverage of dental services expanded to homeless veterans. Dental needs for homeless veterans is one of their top three unmet needs and WWP feels that VA is not meeting its obligation in supporting homeless veterans when it comes to individual dental problems and its impacts in retain suitable long-term employment.[3]

Wounded Warrior Project supports the provisions to construct additional dental clinics in rural areas, increase dental health education, establish an electronic health record system, and authorize the Secretary to carry out a program to train and employ alternative dental health care providers. WWP suggests increasing the appropriated funding of this section to include the construction of dental facilities at any major VA hospital that does not currently offer onsite dental services. Furthermore, Congress needs to appropriately fund this dental expansion. As with the current VA MISSION Act funding shortfall, Congress should not pass legislation without appropriate funding mechanisms attached.

Wounded Warrior Project supports this legislation with alterations to the language as stated above.

S. 3184—TO MODIFY THE REQUIREMENTS FOR APPLICATION FOR CONSTRUCTION OF STATE HOME FACILITIES TO INCREASE THE MAXIMUM PERCENTAGE OF NONVETERANS ALLOWED TO BE TREATED AT SUCH FACILITIES, AND FOR OTHER PURPOSES

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal.

DISCUSSION DRAFT ON TRANSITION ASSISTANCE REFORM AND S. 2748—BATTLE FOR SERVICEMEMBERS ACT

With approximately 200,000 servicemembers leaving the military each year, it is critical that DOD and VA disseminate information pertinent to transition success, VA benefits, and job opportunities.[4] Wounded Warrior Project supports a holistic approach to reforming Transition Assistance Program (TAP) that reflects the input of all relevant stakeholders. The Departments of Veterans Affairs, Defense, and Labor, the Small Business Administration, Congress, and multiple veteran service organizations committed to meeting the needs of transitioning servicemembers and all have critical voices that must be adequately considered, and WWP would support a comprehensive bill that has been thoroughly vetted by all parties.

Wounded Warrior Project was pleased to host leaders from VA, DOD, DOL, and over 10 veteran service and nonprofit organizations in November 2017 to explore the components of wellness and their relationship to a successful military civilian transition. WWP has been an active participant in VA's Military-to-Civilian Summits and remains committed to being deeply involved with government and nongovernment leaders alike who have a stake in the success of TAP. Additionally, we are hearing from our transitioning alumni that the current the TAP is not comprehensive enough. We have some concerns that the proposed House Veterans'

Affairs Committee (HVAC), Senate Armed Services Committee (SVAC), and the National Defense Authorization Act (NDAA) changes to the TAP does not expand the overall amount of TAP days. Where the current changes look to streamline the TAP while keeping it within the current five days, we recommend expanding the overall days dedicated to the TAP curriculum.

While we are encouraged by the time and attention that has been given to TAP to date, we believe both bills under consideration by the Committee today fall short of what is necessary for meaningful TAP reform. Our concern is that there are other

[2] https://www.vets.gov/health-care/about-va-health-care/dental-care/
[3] https://www.va.gov/homeless/dental.asp
[4] https://watson.brown.edu/costsofwar/files/cow/imce/papers/2017/Zogas_Veterans%27%20Transitions_CoW_2.1.17.pdf

proposed changes to TAP currently under consideration by the HVAC, the House Armed Services Committee (HASC), and the Senate Armed Services Committee (SASC). Before supporting any one piece of legislation, we request that Congress identify the best provisions in each proposal and work collaboratively to form a single TAP bill supported by all relevant stakeholders. To this end, we request that Congress have a joint hearing between SVAC, HVAC, HASC, and SASC to clearly inform all committees of jurisdiction about the issues surrounding the TAP. In our opinion, this approach would afford all stakeholders—including outside organizations and government agencies—to clearly identify key priorities and considerations to improve transition.

We are concerned that the community is not on the same page when it comes to new TAP legislation. We are submitting the following thoughts on the TAP bills under consideration at this hearing; however, we request Congress to take a step back and develop one piece of legislation in conjunction with DOD, VA, community partners, and both sides of Congress.

(1) Discussion Draft on Transition Assistance Reform

Section 2. Recodification, Consolidation, and improvement of certain transition-related counseling and assistance authorities:

Wounded Warrior Project is encouraged by section (D) "the availability of mental health services and the treatment of Post Traumatic Stress Disorder, anxiety disorders, depression, suicidal ideation, or other mental health conditions [. . .] and information concerning the availability of treatment options and resources to address [these issues]." We would request that WWP programs are included as resources for transition servicemembers dealing with mental health issues. Wounded Warrior Project has developed a significant amount of mental health programming for post-9/11 veterans, and we are doing so in concert with VA and several leading community-based health providers. We've built these programs within a "continuum of support" designed to meet warriors wherever they are in their recovery while also investing substantial resources in other organizations in the community, including four of the Nation's leading academic medical centers that have come together within our Warrior Care Network®.

Section 3. Personnel matters in connection with transition assistance program:

Ensuring that military installations have the proper personnel to administer TAP programming is essential. Section 3 would require the military to have "not less than one [full-time TAP personnel] for every 250 members of the Armed Forces currently eligible for participation in the Transition Assistance Program." Additionally, this provision would ensure that TAP personnel teaching these classes have at least two years of civilian employment experience before they can teach transition classes. This is to ensure that the people teaching these TAP classes have themselves gone through a successful transition. Last, this section would require DOD to identify one point of contact (POC) to coordinate all the on-post TAP programming at each field grade unit. This will help ensure that information being distributed throughout the military is consistent from base to base.

Section 5. Information on members of the Armed Forces participating in preseparation counseling and surveys on member experiences with transition assistance program counseling and services and in transition to civilian life:

Collecting and analyzing programmatic data is essential for ensuring positive outcomes from programs. Something that the current TAP program has failed in is surveying members after they have transitioned out of the military and the effectiveness of their TAP experience. This section would require the Secretary of Veterans Affairs to consult with the Secretary of Defense, the Secretary of Homeland Security, the Secretary of Education, and the Secretary of Labor to conduct surveys of veterans that have been recently retired, discharged, or released from active duty to assess their experiences transiting from the military to civilian life. This data can help identify areas where the TAP program is assisting and areas where it is lacking.

Wounded Warrior Project suggests editing this section to include a set number of veterans that shall be surveyed. We recommend the survey track their success over a period of no less than five years after separation. Additionally, WWP encourages committee staff to review The Veterans Metric Initiative (TVMI) study commissioned by the Henry Jackson Foundation—and funded, in part, by WWP—that focuses on post-military well-being. The TVMI study's findings regarding vocation, fi-

nances, health, and social relationships may provide compelling evidence to guide the approach under this section.

Section 6. E-mailing transition assistance materials to supporters of members of the Armed Forces transitioning to civilian life:

Wounded Warrior Project is particularly interested in this section. Section 6 would require DOD to email TAP program materials to family member of transitioning servicemembers. The Secretary of Defense will solicit an email address from the servicemember to disseminate TAP information. When a servicemember transitions out of the military it affects the whole family. Ensuring that TAP information is shared with the spouse of the servicemember will help the entire family transition from DOD to the civilian world. We recommend making this optional for those servicemembers who are not interested in share an email with DOD. As currently written, it is not clear if the servicemember can opt-out of supplying an email address to DOD.

Section 9. Education of members of Armed Forces on career readiness and professional development:

Wounded Warrior Project is interested in the Alumni Network Program defined in section (d); "[the] Secretary concerned shall establish an alumni network program to connect veterans with members of the Armed Forces for mentorship, networking, and career advice." In our experience, peer-to-peer support is critical to recovery for many warriors. According to our 2017 Wounded Warrior Project Survey, more than half of those surveyed, or 51.6 percent, used talking with another Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn veteran as a resource to address mental health issues. The only more frequently utilized resource was VA medical centers.[5] In this context, WWP is highly supportive of permanently authorizing reintegration and readjustment counseling services for transitioning servicemembers. VA pilot programs that study peer-to-peer or alumni networks have been highly successful and WWP has seen similarly encouraging results in its own programming. Because of this, WWP supports the proposed Alumni Network Program. WWP requests the legislation require DOD to partner with and promote successful peer-to-peer programs administered by veteran service organizations and military service organizations to servicemembers transitioning out of the military.

Section 10. Employment Skills Training:

Currently, spouses may attend TAP classes if space is available. This provision would require DOD to authorize access to TAP classes to spouses. A strong military family is important. A strong civilian family is equally as important. Wounded Warrior Project supports the concept in ensuring the TAP classes are available to spouses as it will assist in the entire family's transition.

Section 14. Establishment of Governing Board to support prevention of drug overdose death by suicide, and alcohol-related mortality:

This section would require the Secretary of VA to establish a governing board within the Veterans Benefits Administration (VBA) to facilitate the transfer of information and to create partnerships that would prevent suicide, substance abuse, and assist homes veterans. The board would include representatives from DOD, DHS, and DoL, inducing representatives from VA staff offices that focus on these issues. Wounded Warrior Project requests including veteran service organizations into the board as well.

Section 16. Grants for provision of transition assistance to members of the Armed Forces after separation, retirement, or discharge:

This section would require DOL to work with VA to award grants to outside organizations who provide transition assistance services to members of the military that have separated. These grants would be awarded to organizations that focus on career skills, behavioral health, and education. $10 million dollars would be authorized for the grants. WWP has in the past supported increasing the outside capabilities of transitioning servicemembers access to information and assistance to successfully integrate into the civilian population and has invested a substantial amount of fund in peer-to-peer mental health and employment transition programs.

WWP's Warriors 2 Work (W2W) is one such successful program. W2W assists veterans transitioning from the military into the civilian workforce. WWP does this through resume building, job coaching, assistance with building local networks, on-

[5] https://www.woundedwarriorproject.org/media/172072/2017-wwp-annual-warrior-survey.pdf

line LinkedIn workshops, and one-on-one job referrals to partnering companies. Currently, we work with over 400 companies and focus on small-scale hiring fairs called "micro job fairs." WWP feels that there is a natural synergy between our peer-to-peer mental health network, our peer-to-peer W2W programs, and the proposed grants defined in this section.

(2) S. 2748—BATTLE for Servicemembers Act

Under the current TAP, there is a mandatory "core curriculum" consisting of a three-day employment workshop that is conducted by DOL; six hours of briefings on veterans' benefits, conducted by VA; and 8–10 hours of briefings on topics such as translating military skills to civilian jobs and preparing a financial plan, conducted by DOD. Following completion of the core curriculum, transition servicemembers can opt to take one of three additional transition tracks that include (1) higher education, conducted by DOD; (2) technical and skills training conducted by the VA; or (3) entrepreneurship, conducted by the Small Business Administration. Although these additional tracks are available, they are often not utilized. This legislation would require transitioning servicemembers to take one of the three additional tracks. Wounded Warrior Project agrees that transitioning servicemembers need all the resources they can get to properly transition back into the civilian world. Because of this, we support expanding the amount of training given to servicemembers as they leave the military. We would request that a fourth track be added for those interested in additional employment information.

DRAFT BILL—VA HIRING ENHANCEMENT ACT

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal.

H.R. 5418—VETERANS AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT

H.R. 5418 would require the Secretary to award contracts to multiple regional prime vendors instead of a single nationwide prime vendor and prohibits the prime vendor from solely designing the formulary of such supplies. Wounded Warrior Project is concerned that restricting the Secretary of Veterans Affairs' ability to purchase medical equipment, the VA may adversely affect veteran safety and health because Congress has limited the agency's purchasing options. Wounded Warrior Project recommends changing the wording on page 2, line 8 from "Secretary of Veterans Affairs shall carry out . . ." to "Secretary of Veterans Affairs may carry out . . . ."

Wounded Warrior Project opposes this legislation.

S. 1596—BRAVE ACT OF 2017

Wounded Warrior Project is here to assist injured, ill, and wounded veterans and servicemembers. When these disabilities lead to the death of a warrior, appropriate assistance should be rendered to the family by the Federal Government. S. 1596 would increase funeral benefits for veterans and fallen servicemembers and establish a percentage increase of this benefit each year. The current $300 payment would be increased to $749. With the average cost of burials exceeding $7,000 in 2016,[6] this payment increase would represent a small step in the right direction in assisting families during this time of mourning; however, WWP requests that burial benefit payments be increased to match the average cost of a burial.

Wounded Warrior Project supports this legislation with amendments.

S. 2881—MARE ISLAND NAVAL CEMETERY TRANSFER ACT

Mare Island Naval Cemetery is one of the oldest West Coast military burial sites. Over the past decade, the cemetery has fallen into disrepair. The cemetery, which is currently owned and operated by the city of Vallejo, California does not have the necessary funds to maintain the cemetery appropriately. This legislation would direct the Secretary of Veterans Affairs to enter into an agreement with the city of Vallejo, California to ensure that the cemetery is properly maintained. Wounded Warrior Project feels that the final resting place of military servicemembers and veterans should be kept to a high standard of maintenance. In the rare instance that a local community has the responsibility to maintain a veteran cemetery, and is unable to maintain that standard, the VA should step up and assist.

Wounded Warrior Project supports this legislation.

[6] http://www.nfda.org/news/statistics

S. 1952—VA FINANCIAL ACCOUNTABILITY ACT OF 2017

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal.

S. 1990—DEPENDENCY AND INDEMNITY COMPENSATION IMPROVEMENT ACT OF 2017

S. 1990 aims to increase the Dependency and Indemnity Compensation (DIC) benefits rate so that it is equivalent to the rate paid to survivors of Federal civilian employees. The increase would provide approximately $300 more per month to spouses of servicemembers and veterans who die while on active military duty or as a result of a service-connected injury or illness. Additionally, a spouse will be authorized to receive the DIC benefit if the servicemember was rated totally disabled for a period of five years. Currently, DIC payments are provided to survivors or those rated totally disabled for a period of ten years. Wounded Warrior Project has always supported the spouses of those injured, ill, or wounded while serving this country. WWP will continue to support them after these warriors pass on. We support this bill as it will also ensure that these individuals are financially supported after their loved one dies.

Wounded Warrior Project supports this legislation.

S. 2485—MEDAL OF HONOR SURVIVING SPOUSES RECOGNITION ACT OF 2018

S. 2485 would provide a special pension payment to the surviving spouses of a deceased Medal of Honor recipient and increase the special pension amount from $1,000 to $1,329.58. Medal of Honor recipients, and their families have gone above and beyond in service to this Nation. Their sacrifices should not go unnoticed. This pension does not nearly cover the gratitude this Nation owes these heroes. Because of this, Wounded Warrior Project fully supports this legislation.

Wounded Warrior Project supports this legislation.

DRAFT BILL—TO REQUIRE THE SECRETARY OF VETERANS AFFAIRS TO ESTABLISH A PROGRAM TO AWARD GRANTS TO PERSONS TO PROVIDE AND COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR VETERANS TRANSITION FROM SERVICE IN THE ARMED FORCES WHO ARE AT RISK OF SUICIDE AND FOR THEIR FAMILIES, AND FOR OTHER PURPOSES

This draft bill would establish a program to award grants to organizations that are providing and coordinating suicide prevention services to veterans. Through offerings such as Warrior Care Network®, Project Odyssey, and WWP Talk, WWP has served 17,822 warriors and family members through interactive programming, rehabilitative retreats, and other professional services to address their mental health needs.

The Warrior Care Network® (WCN) has a critical mission to heal the invisible wounds of war by increasing access to some of the highest quality care for wounded warriors and their families. Launched in 2016 with a vision of becoming a national leader, innovator, and integrator in the delivery of treatment for warriors living with psychological injuries as well as those suffering from Traumatic Brain Injury, the WCN has enjoyed early success due in part to collaboration with the Department of Veterans Affairs (VA).

In FY 2017, the partnership provided 3,707 hours of transition services, 2,612 professional consultations, 383 briefings, and 401 referrals into VA care. As the need for professional mental health treatment for Veterans and their families is great (and growing), the WCN is committed to expanding its efforts in the coming years and we wish to continue the collaborative partnership with the VA. In the next five years, the WCN will invest over $160 million to the care of approximately 5,000 Veterans and family members in the intensive outpatient program and approximately 6,500 Veterans in traditional outpatient care where the partnership with the VHA will be even more critical for the continuity of care.

Additionally, Project Odyssey and the WWP Talk programs support veterans through peer-to-peer counseling and rehabilitative retreats. With over five Project Odyssey events happening across the Nation each week and thousands of one-on-one calls to warriors happening each month, WWP is committed to addressing today's mental health needs in a variety of ways.

While WWP has many successful direct programs serving the needs of warriors and their families, we alone cannot meet every need this generation of wounded servicemembers and veterans face. Because of this, WWP supports any effort by VA to increase funding for suicide prevention to outside partners. We would suggest increasing eligibility into the program to current servicemembers. Additionally, on page 7, line 19, we would suggest changing "The Secretary may require a person

receiving a grant under this section to submit to the Secretary a report that describes the use of the grants amounts by the person or such other information as the Secretary considers appropriate" to a "shall" statement. WWP feels that it is important for an organization that applies for a grant to be required to describe how the funds will be utilized.

Wounded Warrior Project supports this legislation with amendments.

DRAFT BILL—MODERNIZATION OF MEDICAL RECORDS ACCESS FOR VETERANS ACT

Wounded Warrior Project does not have a current position on this legislation but welcomes future discussions with the Committee on this proposal. Wounded Warrior Project assists ill, injured, and wounded warriors, family members, and Caregivers. We stand ready to assist Congress in legislation affecting these individuals. Although we do not have a position on this bill we do caution Congress in implementing another technological pilot program while there is no VA Chief Information Officer and with the electronic health record project between DOD and VA ramping up. We request more discussions with committee staff before formulating a position.

S. 514—NO HERO LEFT UNTREATED ACT

S. 514 would direct the Secretary of Veterans Affairs (VA) to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans. Based on trends we have identified from our work through direct mental health programming and partnerships in the community, WWP strongly believes that more can be done to address the invisible wounds of war, particularly PTSD, TBI, depression, and other related conditions; however, we must ensure that new forms of treatment are safe for Veterans. Currently, EEG/EKG-guided resonance therapy is not approved by the Federal Drug Administration (FDA); however, we understand that EEG/EKG-guided resonance therapy is primarily used for research applications and therefore not typically approved by the FDA. Additionally, the VHA has implemented a pilot program at approximately 23 medical facilities. This pilot program uses Repetitive Transcranial Magnetic Stimulation, or rTMS therapy, and WWP has followed the outcomes of the pilot program. The most recent report on the rTMS therapy pilot program indicated that rTMS therapy did not assist in reducing PTSD symptoms any more than the control study group.[7] It is obvious that more research is needed regarding this new form of mental health treatment. Given the most recent rTMS program findings, WWP would support this legislation if the bill language were changed to include a double-blind research provision on the outcomes of the pilot program. WWP would like to see this research program compared to the most recent rTMS pilot program to understand it's longer-term viability as a treatment for PTSD, MST, TBI, and depression.

Wounded Warrior Project would support this legislation if it were presented as a research pilot program as opposed to a treatment pilot program and sufficient language addressing this was included in the bill.

CONCLUSION

Wounded Warrior Project thanks the Senate Committee on Veterans' Affairs, its distinguished members, and all who have contributed to the policy discussions surrounding the bills under consideration at today's hearing. We share a sacred obligation to serve our Nation's veterans, and Wounded Warrior Project appreciates the Committee's effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

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[7] https://www.medpagetoday.com/psychiatry/depression/73740