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JOINT HEARING ON LEGISLATIVE PRESENTATION OF THE DISABLED AMERICAN VETERANS

JOINT HEARING

OF THE

COMMITTEE ON VETERANS' AFFAIRS

BEFORE THE

U.S. HOUSE OF REPRESENTATIVES

AND THE

U.S. SENATE

ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

FEBRUARY 26, 2019

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JOINT HEARING ON LEGISLATIVE PRESENTATION OF THE DISABLED AMERICAN VETERANS

TUESDAY, FEBRUARY 26, 2019

U.S. HOUSE OF REPRESENTATIVES,
AND U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committees met, pursuant to notice, at 2:06 p.m., in room G50, Dirksen Senate Office Building, Hon. Johnny Isakson and Hon. Mark Takano, Chairmen of the Committees, presiding.

Senators present: Senators Isakson, Boozman, Cassidy, Rounds, Rounds, Tillis, Blackburn, Tester, Brown, Blumenthal, Hirono, and Sinema.

Present: Representatives Takano, Brownley, Lamb, Levin, Rose, Brindisi, Cisneros, Lee, Cunningham, Luria, Pappas, Allred, Roe, Coleman Radewagen, Bost, Bergman, Banks, and Meuser.

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

Chairman ISAKSON. I am Johnny Isakson, Chairman of the Veterans' Affairs Committee in the U.S. Senate. I want to welcome the House members that are here and note all of my members are not here yet, but they better be coming. [Laughter.]

They promised me, and I said, "There is nobody more important than DAV, and I want to make sure that you are here when they are here." So, they will be coming.

All of us will have to be in and out a lot. The House is voting right now. They have votes at 2:30, and Mr. Crenshaw is going to do an introduction for us in just a minute or two. We will be here to do that, and that will kick off our meeting. But until, then I am going to buy a little time and do a couple of hefty things so we can get started and not waste any time.

Welcome to this hearing. We do hearing every 1 or 2 years with all of the VSOs, the veterans service organizations, to find out what is on their mind, get their compliments, and get their criticism, and, obviously, with deployed as long as we have been now in the Middle East and Iraq and Afghanistan, with the challenges

we faced in so many different things, there are lots of things on your mind. And veterans' affairs are a big deal.

When the veterans sign up to volunteer to fight for our Country, if called, you know what that means. That means you go if they call, and lots have gone, just like you did in your time in the year behind us.

And we owe it to them to make sure the medical services they receive, the benefits they receive, the things they were promised are in fact delivered on.

And all of us on this Committee do not find ourselves to be Republicans or Democrats. We are Americans who support the American military and the people who allow us to do the job we do today because of the sacrifice and the service that they made.

So this is a bipartisan, nonpartisan committee. The only thing we are partisan to are veterans and their families, and that is the way it is going to be as long as I am Chairman.

Jon Tester, who is the Ranking Member, Democrat, is a phenomenal member. We are a team. We do everything in pairs. I think everybody noticed the last 2 years when we lost our first Secretary and had a new appointee made, the two of us decided there were certain issues that ought to be discussed, and we got them discussed. We got them to public air, and it became not the thing to do to hire that person or move that person up, and we did not. But we did it together, and we did it the right way by getting all the information, not by playing politics.

We have Mr. Wilkie now, who is an outstanding nominee for Secretary. I am afraid any day now, he is going to get stolen because he is so good and smart and has so much background.

But our commitment on this Committee is to see to it that the veterans get what they signed up for. They did not want to get shot, but they signed up knowing if they risked their life and did get shot that we would take care of them.

I have been to Landstuhl in German. I have been to hospitals in the United States of America, seeing our veterans recovering, been to Walter Reed, been to the rehab, seen the new orthopedics that are being done, the vision problems that have been solved that could not be solved before. We still have a lot to be proud of.

We have got a lot to be sorry about too. We have dropped the ball in some places. We had not been quite as timely as we should be in terms of appointments. We had not been as easy and accessible as we should be, and we had not been as accommodating as we should be.

And I am a businessman. I came out of the real estate business. I was not a doctor or a physician, did not apply those services, but I know when I am sick, I do not feel good, I know what good health

feels like. And we want the VA services to be just like home, and we are trying to work to see to it that every veteran that comes home comes home to a VA that wants to give them the love and care they deserve, their mom and daddy would have given them if they were here.

So, with that, is Mr. Crenshaw here? Where is he?

Mr. Crenshaw, I do not know why I did not recognize you with that handsome face of yours. It is good for me to introduce our special guest today at this hearing. Congressman David Crenshaw to introduce the National Commander of the Disabled American Veterans.

Mr. Crenshaw, all yours.

STATEMENT OF HON. DAN CRENSHAW, U.S. REPRESENTATIVE FROM TEXAS

Mr. CRENSHAW. Thank you, Mr. Chairman. It is an honor to be here. It is an honor to be asked to introduce Commander Nixon. I really appreciate it.

Chairman, colleagues, guests, thank you for allowing me to speak before the Joint Committee on Veterans' Affairs.

We come together today for the important work of ensuring we keep the promise made to our vets. They have upheld their end, and we must remain vigilant in keeping our promise them. We must make sure we live up to those words written by Abraham Lincoln, "To take care for him who shall have borne the battle and for his widow and his orphan." I personally know many of those widows.

We must make sure these are not just hollow words. We have an opportunity before us to come up with bipartisan solutions to address the needs of our Nation's warriors, past, present, and future.

It is crucial now more than ever as we come out of almost two decades of war. Our veterans today are not like veterans of the past.

Neither is the service provided. We have capabilities to connect with veterans to provide care remotely and break the typical mold of veteran care.

We also face challenges in meeting the needs of veterans that have changed over time. Education, job training, and other benefits for veterans have evolved.

We must ensure that the VA and other veterans service organizations are evolving as well to provide veterans with the tools they need to succeed after the transition.

It should also be noted advances in personal protective equipment have significantly increased the survivability of our fighting men and women. I am a result of that.

As a result, though, we also have a higher ratio of wounded servicemembers than ever before. In Iraq, there were approximately nine wounded for every one killed. In Afghanistan, almost 11 wounded for every one killed. Again, this is good news. More of us are surviving, but it also means we have more of us to take care of.

The increased number of wounded servicemembers and service-connected disabled veterans has increased, and the need the veterans service organizations, such as Disabled American Veterans.

Since its founding in 1920, Disabled American Veterans has been a leader in helping servicemembers navigate the transition from service to civilian, ensuring they know and have access to the benefits they earned in service to our Nation.

I am honored today to introduce Disabled American Veterans Commander, a fellow Texan, and a fellow combat-wounded vet, Mr. Dennis Nixon.

Mr. Nixon enlisted at the age of 17 and served as a combat engineer and served in Vietnam. He was severely injured and had to undergo multiple surgeries, including an amputation of his leg.

Though no longer in the military, Mr. Nixon continued his service, service to his fellow veterans, and his new mission for the next 36 years was as a DAV National Service Officer.

Mr. Nixon, thank you for your service and uniform and with DAV.

Chairman, colleagues, and guests, I ask that we as a Nation and as individuals never forget the service and sacrifice of such men as Commander Dennis Nixon and the members of Disabled American Veterans.

Thank you.

[Applause.]

Chairman ISAKSON. Before you make your remarks, I want to make a few opening statements, if I can.

Mr. Crenshaw, you are welcome to stay. Congressman, you are welcome to stay, but if you need to slip out—I know you all have got a vote at 2:30—feel free to. But, thank you for being here, and it was a great introduction.

Let me just offer a few opening remarks very quickly. We are very proud of what the Committees in the House and Senate did in the last 2 years, the MISSION Act, accessibility for veterans unlike any, unparalleled in terms of veterans' appeals improving; accountability in terms of people being let go and not being hired back at some other position, but in fact being gone if they are not worthy of serving in the VA and serving our veterans.

We did a lot of tough bills, but it is just the beginning. I will tell you now, every one of you, that our challenge the next 2 years is to see to it that what we passed the last 2 years works.

We have nothing to bask in yet. We have all the framework, all the authorizations, all the money we could possibly need to do everything we need to do and pass these laws too, but if we start looking for something else to do before we get them taken care of, then we are going to make a big mistake.

Jon Tester and I and Chairmen Roe and Takano and the others have pledged ourself to see to it that we make the VA work for the veterans. That is what we are going to do, and Republicans veterans, Democratic veterans, independent veterans, all veterans. But make sure the changes we have made work and make sure if you are having problems, you call us, that you get an answer, and we respond to it. Make sure that you respond to us when we call and ask you to get the word out.

I will tell you one thing about the VSOs; you underrate your effectiveness in getting the word out to veterans. You have great effectiveness. Sometimes Vice Chairman Tester and I will call on you to help us get the word out as well because there are a lot of things we are going to have to do to bring them over the top.

We have got some tough challenges ahead of us. I am going to talk about two or three of them real quick to kind of save a lot of debate later on.

As all of you know, the House passed almost unanimously, the Blue Water Navy benefit. The Senate almost passed it, with one dissenting vote that kept us from going to the floor.

Two weeks after the final gavel rung on that, the circuit courts throughout the previous order by the VA and established for all intents and purposes, the Blue Water Navy.

We have got 30 days to go before that is a final decision. If it is a final decision, then Blue Water Navy will have been done. The surface water Vietnam veterans will have the benefit everybody else had, and all of us will be very happy.

We will have a big job to do. That is finding all the money to pay for the benefits, which you are going to have what you are supposed to have, and if by chance it does not pass, if by chance the VA does appeal, then we will go right back. And we have already talked about this, both the Chairman and Ranking Members. We will go right back and introduce the legislation and fight just as hard the next 2 years as we did the last 2 years to get it done. We are not quitters, and we are going to see to it we get it done. So the point—and I want you to take that one back to all your membership, back in your various States and tell them that.

Second, we are working very hard to make the VA a very customer-friendly organization, appointments to be timely as they can be, appointments to be—results to be as good as they can be. We want a results-oriented VA. We want to measure accountability and accomplishment of our VA services and see to it every service they get to our veterans is the best it can possibly be.

Where Choice is an opportunity that allows us to do that, we are going to make Choice work, but we are not under any circumstances going to privatize the VA. You need to know that.

[Applause.]

Chairman ISAKSON. That is one bug I am going to squash early. I did not do it last year, and I should have. So I am telling you that is it, as long as I am up here, and after that, you can hold whoever it is to the wall. But that discussion is over. We are going to make the VA the only VA, and we are going to make it work. And we are going to empower the VA with private-sector doctors who come in and serve you because you want them to, not because we make you. And if we do that, we will have a great system that works. You will have appointments on a timely basis. We will get you the care you need and the innovation you need, and then life will be wonderful.

We are always going to have problems. We are always going to make mistakes. There is nothing wrong with making a mistake as long as you are willing to correct it. There is nothing wrong with having a problem as long as you are willing to address it, and Jon and I and the members on both sides are willing to do exactly that.

So, if you came to do business and not complain, we welcome you here. If you want to complain, we will show you a place to go later on, and we will worry about that then. [Laughter.]

I have got to do one selfish thing. Will the veterans from Georgia please stand. God bless you.

[Applause.]

Chairman ISAKSON. Tysee [phonetic] from the VA is here. Tysee is a Georgia girl, and I appreciate you being here, Tysee. You take the message back to the hospital what I said, OK? Make sure all of them know that.

I want to welcome you all here today. Thank you for your testimony.

Commander Nixon, the floor is yours for 10 minutes. If you take more, I am not about to rap a gavel on you, but do not talk all day long. [Laughter.]

STATEMENT OF DENNIS NIXON, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS; ACCOMPANIED BY JIM MARSZALEK, NATIONAL SERVICE DIRECTOR; JOY J. ILEM, NATIONAL LEGISLATIVE DIRECTOR; RANDY REESE, EXECUTIVE DIRECTOR, WASHINGTON HEADQUARTERS; J. MARC BURGESS, NATIONAL ADJUTANT; BARRY A. JESINOSKI, EXECUTIVE DIRECTOR, NATIONAL HEADQUARTERS; JOHN KLEINDIENST, NATIONAL DIRECTOR OF VOLUNTARY SERVICE; JEFFREY C. HALL, NATIONAL DIRECTOR OF EMPLOYMENT; AND ELLEN TIMMERMAN, DAV AUXILIARY NATIONAL COMMANDER

Mr. NIXON. Thank you, Mr. Chairman.

Congressman Crenshaw, thank you for your kind introduction.

Chairman Isakson, Chairman Takano, and Members of the Committees on Veterans' Affairs, thank you for providing me the opportunity to present the 2019 legislative program of DAV—Disabled American Veterans—an organization of more than 1 million members, all of whom were injured or became ill in wartime service.

My full statement thoroughly details DAV's key legislative priorities in the 116th Congress and reports our many accomplishments. I ask that my formal testimony be submitted for the record.

I want to start by recognizing those seated at the table with me, as well as some distinguished guests in the audience.

DAV National Adjutant CEO, Marc Burgess; National Executive Directors Barry Jesinoski and Randy Reese; National Service Director, Jim Marszalek——

Chairman ISAKSON. Will you all stand when you are recognized, please, so everybody can see where you are.

Mr. NIXON. National Adjutant Marc Burgess, National Executive Directors Barry Jesinoski and Randy Reese; National Service Director Jim Marszalek; National Legislative Director Joy Ilem; National Volunteer Services Director John Kleindienst; National Employment Director Jeff Hall; Auxiliary National Commander Ellen Timmerman of New Mexico; Auxiliary National Adjutant Pat Kemper; DAV Senior Vice Commanders Stephen Whitehead of Minnesota; Junior Vice Commanders Donald Day of New York, Andy Marshall of Florida, Joe Parsetich of Montana; and Nancy Espinosa of Utah; National Judge Advocate Mike Dobmeier; immediate past National Commander Delphine Metcalf-Foster; and my own personal caregiver, Maxine Nixon, my wife.

[Applause.]

Mr. NIXON. I ask DAV National Executive Committee Members to please stand or raise your hand to be recognized.

[Applause.]

Mr. NIXON. Will the members of the National Legislative Interim Committee please stand or raise your hand.

[Applause.]

Mr. NIXON. And, finally, I would like to recognize the DAV delegation from my homestate of Texas.

[Applause.]

Mr. NIXON. Messrs. Chairmen, ever since I was 4 years old, I knew I wanted to serve our great Nation. In 1964, when I turned 17, with my mother's consent, I enlisted in the Marine Corps.

Less than a year later, I began my first tour in Vietnam as a combat engineer. I was a proud Marine, and I reenlisted as a sergeant and was gung ho going into my second combat tour.

However, my dream of a military career was cut short on June 5th, 1969. While on patrol near Danang, I tripped a booby trap and was severely injured. I underwent numerous surgeries, ultimately losing my left leg, and was medically retired in 1970. It was a devastating personal blow, as my only plans in life were to serve my beloved Corps, but this ending was also a new beginning for me.

During my extensive recovery period at the VA hospital in Big Spring, Texas, I learned about DAV and the free assistance we offer veterans and their families. With the help of a DAV service officer, I was able to get the benefits I earned, which allowed me to focus on my recovery and begin planning a new direction for my future.

I was so personally moved by the help I received from DAV that I entered DAV's on-the-job training program, became a service officer myself, and spent the better part of the next four decades assisting my fellow veterans.

I strongly agree with my fellow Texan and Hall of Fame coach of the Dallas Cowboys, Tom Landry, who said, "I have learned that something constructive comes from every defeat."

Messrs. Chairmen, 100 years ago in 1919 in the aftermath of World War I, millions of American doughboys left Europe's trenches and began returning home. Over 4 million served. More than 116,000 lost their lives. Another 200,000 were wounded or gassed, many bearing visible and invisible wounds that would last a lifetime.

Although the warriors who fought that war are now gone, new generations of veterans have followed and will continue to follow. We as a Nation must commit to fulfill our promises to all past, present, and future veterans.

One of our Nation's most sacred obligations is to provide health care to those who served and whose lives were changed in uniform.

Last year, Congress approved the VA MISSION Act to replace the Choice Program, expand access and strengthen the VA's health care system.

VA just proposed regulations to implement that law, including new access standards that will provide options for using community care when VA care is not reasonably accessible.

We want all enrolled veterans to have timely access to care; however, VA must be able to deliver what it promises. If VA's proposed regulations are adopted, will the private sector be ready to handle the large influx of new veteran patients? Will VA be ready to coordinate the care of veterans using both VA and private facilities? And will the VA have enough funding to meet the new obligations of the MISSION Act while continuing to full fund VA health care, or will VA be forced to divert funding from its hospitals and clinics to pay for community care? These are critical questions that still need answers.

But let me be crystal-clear on one point. We will not stand for cutting services or closing hospitals that disabled veterans depend on.

[Applause.]

Mr. NIXON. The VA MISSION Act also included a historic expansion of VA Caregiver Program for veterans severely injured before September 11th, 2001. We thank both Committees for making this happen and ask for your help to ensure the VA implements this law properly and on time.

In addition, we continue to call on Congress and the VA to include not just severely injured veterans, but also veterans whose serious disabilities were caused by service-connected illness.

[Applause.]

Mr. NIXON. Another critical priority for DAV is ensuring our women veterans have equitable access to health care and benefits.

Last year, DAV released a special report, "Women Veterans: The Journey Ahead," which included 45 specific policy recommendations. We call on both Committees to hold hearings on women veterans, consider our recommendations, and pass legislation strengthening women veterans' health care and benefits.

[Applause.]

Mr. NIXON. We also need Congress to finally end the injustice that exists for Blue Water Navy veterans of the Vietnam War.

In January, an appellate court ruled that Congress clearly meant to include Blue Water Navy veterans for benefits related to Agent Orange. It is not yet known if VA will appeal this decision, and we have urged them to accept the ruling. However, regardless of whether it is appealed, Congress should still move forward and pass Blue Water Navy legislation.

[Applause.]

Mr. NIXON. We also need help from Congress to prevent a similar injustice to veterans who were exposed to toxins from burn pits.

The VA does not provide any presumption of service connection for diseases related to burn-pit exposure, but research may soon established such medical links.

While awaiting scientific studies, Congress should enact legislation to at least concede exposure for all veterans deployed in locations with active burn pits both pre- and post-9/11. We should never leave veterans waiting decades to receive earned benefits due to exposure suffered in the defense of our Nation.

[Applause.]

Mr. NIXON. When Abraham Lincoln gave his second inaugural address, he spoke of those who had borne the battle, but he also made sure to include the widows and orphans who had also laid so costly a sacrifice upon the altar of freedom.

To honor our Nation's obligations, we call on Congress to pass legislation to strengthen benefits for surviving spouses and family members of totally disabled veterans, including finally eliminating the offset for DIC and SBP benefits.

[Applause.]

Mr. NIXON. Messrs. Chairmen, while much of our focus in Washington is on VA programs and policies, DAV's core mission around the Country involves providing direct service to veterans and their families.

DAV represents over 1 million disabled veterans free of charge. Just last year, our National Service Program filed over 200,000 new claims for benefits, more by far than any other organization.

Our Disaster Relief Program granted more than $1.2 million to veterans impacted by hurricanes, tornadoes, floods, volcanoes, and fires in California, Georgia, Kansas, Texas, North Carolina, and Puerto Rico.

The 23,000 DAV and DAV Auxiliary volunteers provided more than 1.3 million volunteer hours to hospitalized veterans in VA facilities, saving taxpayers more than $33.5 million.

[Applause.]

Mr. NIXON. In 2018, DAV volunteer drivers spent over 1.4 million hours transporting veterans to 630,000 VA medical appointments.

In less than 5 years, our National Employment Program has helped over 130,000 veterans and their spouses receive job offers.

And DAV's Charitable Service Trust has awarded more than $112 million in grants to organizations supporting veterans over the past three decades. That is who the DAV is, and that is what we do.

[Applause.]

Mr. NIXON. Messrs. Chairmen, we have a saying in Texas: "Never miss a good opportunity to shut up." [Laughter.]

So, let me conclude with the words of another fellow Texan, Roger Staubach, a Navy veteran who served in Vietnam and began his legendary career for the Dallas Cowboys 50 years ago. Roger said, "All of us get knocked down, but it is resiliency that really matters. All of us do well when things are going well, but the thing that distinguishes us is the ability to do well in times of great stress, urgency, and pressure."

To me, those words describe perfectly the men and women I served with and those I have served since. They are the ones who inspire me. They are the reason that I and my DAV brothers and sisters in this room are asking you to help us fulfill the promises to the men and women who served.

May God bless all who have stood, are standing, or will stand in defense of this great Nation, and may God bless the United States of America. Thank you.

[Applause.]

[The prepared statement of Mr. Nixon appears after the body of the hearing.]

Chairman ISAKSON. Commander Nixon, that was a great testimony, and I want to add one quote, if I can, to your list of quotes. Dizzy Dean also said, "It is not bragging if you done it." [Laughter.]

The job you all did for America as members of the armed services and the job our uniformed soldiers do today makes the difference in our Country and any country on the face of this earth. So God bless you. God bless those you represent. Thanks for coming today.

I am going to now turn to the Chairman from the House and then the Ranking Member from the Senate, and then we will go to other Members for questions.

Let me introduce both of them at the same time and then let them make their opening remarks.

Is that all right with you?

Mr. TAKANO. That is fine.

Chairman ISAKSON. First from the House, the new Chairman in the House, Chairman Takano, who has done a great job. I have enjoyed working with him and look forward to working with him in the next 2 years.

And then my big buddy—and I mean that literally——

[Laughter.]

Chairman ISAKSON [continuing]. Jon Tester from Montana who has done a terrific job for the last 4 years working together with me to see to it that we delivered for our veterans.

First, Mr. Takano, it is your floor, and then, Senator Tester, you will follow.

OPENING STATEMENT OF HON. MARK TAKANO, CHAIRMAN, U.S. REPRESENTATIVE FROM CALIFORNIA

Mr. TAKANO. Well, good afternoon, and thank you, Chairman Isakson. Thank you and welcome, Commander Nixon. I understand Mr. Crenshaw, a fellow Texan, introduced you. I was not here for that. I apologize. I love California, and I have learned not to mess with Texas. [Laughter.]

So, welcome to each and every DAV member in the room and to those who could not join us in person but are watching from home. We welcome you too.

I want to thank each of you, and that is more than 1 million DAV members for your service to our Country and your continued service to our veterans.

Before I get rolling here, are there any Californians in the room? [Applause.]

Mr. TAKANO. All right. All right. I want to give a special shout-out to Dan Contreras, California Adjutant, DAV, from Sherman Oaks, California. Thank you for your service, sir.

Commander, I want to let you know that your National Staff is the best in the business. Their thorough knowledge of the issues facing veterans and their tireless commitment to improving the lives of veterans and their families guide our policymaking here in Washington.

The success of our collective effort to care for veterans depends on building and maintaining trust and communication between Members of Congress and with organizations like DAV.

I know that you join me in fostering continued bipartisanship and partnership in the care of our Nation's veterans, and as you pointed out in your testimony, and I agree, we are once again approaching a critical point in time, a crossroads that will determine how well our Nation fulfills its promise to our veterans.

Over the past couple of years, several landmark laws have been passed by Congress. Now the question is how will these laws be implemented. We must ensure that the progress we have made is not lost. The foundation of trust and communication that produced recent achievements like the MISSION Act and Appeals Modernization must be continued in the coming months to ensure what VA implements is in the spirit of what your organization expects.

So, your priorities are my priorities. We have solemn responsibilities to care for all Blue Water veterans, to expand the Caregiver Program, and ensure there is equitable health care for our minority and women veterans. These are just a handful of small things we can do to uphold our end of the bargain. That those who fight for our Country receive health care and disability benefits, the most

fundamental things that veterans deserve after answering our Nation's call to serve.

I look forward to your testimony today, and again, thank you and the members of the DAV for the sacrifice all of you made for this Country and the services you continue to provide to the veterans community. Words cannot express my gratitude for your work.

Thank you. I yield back the balance of my time, Mr. Chairman.

Chairman ISAKSON. Senator Tester.

OPENING STATEMENT OF HON. JON TESTER, RANKING MEMBER, U.S. SENATOR FROM MONTANA

Senator TESTER. Thank you, Mr. Chairman. Good afternoon.

Commander Nixon, thank you very, very much for being here today. I appreciate you. I appreciate the DAV. I appreciate your leadership team that you have brought in today and all the members of the DAV. I do not want you to have to give more money, but if you so choose, it is fine. Your legislative staff does very well for this organization. They are topnotch.

[Applause.]

Senator TESTER. And in your line of leadership is a great veteran. Montana has got a lot of great veterans, but I am telling you that Joe Parsetich is the Third Junior Vice Commander. They do not make them like Joe anymore. Joe, welcome to Washington, DC, and thank you for your leadership on behalf of veterans, both in Montana and nationwide.

Commander, I have said this many times, but Congress needs to take its cues from you, the veterans who have served, the veterans who depend upon the VA for health care and education and housing benefits. Why? Because VSOs know better than anyone how the VA is performing across this Country and what improvements should be made on behalf of the veterans and their families.

Concerns from the DAV and others about a lack of transparency and engagement from the VA should be alarming to everyone. It is alarming to me. After all, your members are beneficiaries of VA health care and utilize VA programs every single day.

Listening to veterans should not simply be a courtesy from the VA. It should be mandatory.

Commander, we need to hear your views on how the VA needs to address the dramatic number of personnel vacancies, on gender disparities at the VA and what can be done to provide more equitable treatment of women, on whether the VA is doing enough to address the unacceptable rate of veteran suicides, on whether the long-awaited expansion of VA Caregivers Supports Program will occur on time or be hindered by more IT-related problems.

But, most importantly, we need to know whether you believe implementation of the VA MISSION Act, the largest overhaul of veterans health care in a generation, is being carried out as Congress intended and as veterans deserve.

I would note that the *Independent Budget* cites implementation of the MISSION Act as the single most important issue before the 116th Congress. There is real reason for concern.

From the veterans community in Congress, the recently proposed access standards will steer a disproportionate amount of veterans and taxpayer dollars into the private sector, and despite language in the MISSION Act, it is clear the VA does not intend on holding community providers to the same standards as we hold VA providers. So it will end up sending more veterans in the communities for lower quality care while being unable to ensure that they get it in a timely manner. To top it off, nobody can tell us how many veterans will ultimately be impacted by these access standards or how much it will cost.

All we know is that the community care is more expensive than the VA care, and that billions have been paid to third-party administrators, money that should have gone directly to improving the lives of veterans, but it did not. It went to third-party administrators.

The VA refers to concerns about hollowing out the VA health care as false and predictable, but there is not a soul in this room that does not know that they are potentially very real.

Veterans deserve more than that. They deserve the truth, and they deserve a system that works, a system that is built and improved with the input from the DAV and others.

Commander Nixon, we are here today to gather input, and I want to welcome you. It is an honor to have you in front of this Joint Committee on behalf of not only your organization, but of every disabled veteran in this Country.

Thank you, Mr. Chairman.

[Applause.]

Chairman ISAKSON. I know the House is going to have votes in a few minutes. So, I am going to start questions with some of the House members that are here and leave the Chairs until the end because you all have sacrificed to be here, and I hope you are still here because I do not know everybody by facial recognition that I should. I apologize for that. So if I call out the wrong name in the wrong order, just let me know. Hopefully, I am right on the first one.

Congressman Cisneros? He is gone. Well, I have screwed up already, Commander. [Laughter.]

Is Congressman Luria gone? Oh, that is you. Well, you are beautiful. That is good. [Laughter.]

Chairman ISAKSON. Congressman Luria.

HON. ELAINE LURIA, U.S. REPRESENTATIVE FROM VIRGINIA

Ms. LURIA. Well, thank you, and thank you, Commander Nixon, for being here and for all the work that you do to represent the veterans, one of whom I am myself. After serving 20 years in the Navy, it was a DAV representative at Naval Station Norfolk who helped me file all my paperwork, and I really appreciate——

[Applause.]

Ms. LURIA. I really appreciate your presence around the Country and in our communities continuing to help veterans. I look forward to working with you toward that goal.

I had an opportunity recently to sit down with Secretary Wilkie and talk about the goals moving forward for veterans and specifically highlighted the issues relative to female veterans because there are more women who have served now and who are receiving care from the VA, and I will be serving. I am honored to serve as the Chair of the Disability Assistance and Memorial Affairs Committee in the House, and I look forward to working with all of your members toward those issues and specifically making sure that we get it right with regards to the Blue Water veterans.

And thank you again for being here today.

[Applause.]

Chairman ISAKSON. I am going a little bit out of order, but I am going to alternate Republican and Democrat.

Ms. Hirono.

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

Senator HIRONO. Thank you very much, and thank you to each and every one of you who have come from all across the Country. Probably, every State must be represented here; is that right? Yes, I see the nods.

And I would like to give a special shout-out to two people from Hawaii because they have to go across an ocean to get here. So, Julian Crawford and Ed Kawamura, if you are here, aloha to your guys.

So, Commander Nixon, last year Congress passed, and the President signed, the VA MISSION Act to overhaul the Choice Program and to consolidate other VA care in the community programs, and I certainly appreciate DAV's work with Congress to help craft this legislation to make sure that it strikes the right balance between access to community care and investment in VA internal capacity.

I also echo DAV's call for the law to be implemented in an open and collaborative process, as it was intended.

You said in your testimony that it is important that the new access standards developed under the law are, and to quote you, "realistically achievable and clinically appropriate."

The VA recently announced that access standards would be based on average drive time and appointment wait times at the VA. Do you think that these proposed access standards achieve the realistic and clinically appropriate standard that you are looking for?

Mr. NIXON. Thank you, Congresswoman for that question, and for the answer, I think I will defer to the Executive Director of the Washington Office, Mr. Reese.

Senator HIRONO. Certainly.

Mr. REESE. Thank you again.

In regards to the proposed new access standards, regulations just recently came out. We have quite a chore ahead of us to understand the depth of those regulations and the actual impact.

The wait times for the primary mental health care being 20 days and all specialty care, 28 days; travel time and distance for primary and mental health, 30 minutes; and all specialty care, 60 minutes, while these sound like average, would work throughout the Nation, we have serious concerns that these are arbitrary, no different than was created previously.

Unfortunately, with the absence of the market assessments, we are not sure that the care would actually be there if veterans are referred, and even if they are referred, that it is going to be the quality care that we have expectations of our VA to deliver. So we have serious concerns at this point, and we will certainly be back here to inform you if we have concerns that arise from our review. But until the details actually come forward, it is very difficult to say anything more than these are arbitrary, no different than we had under the Choice Program.

Senator HIRONO. Well, thank you very much for making sure that the changes we made actually have the effect of providing the kind of care that the veterans deserve.

I am interested in the focus on women veterans, and of course, the focus on all veterans, but particularly for the women.

I wanted to find out, Commander—I know that women veterans are at a higher risk for suicide relative to nonveteran women peers. Do you think VA's suicide prevention and mental health efforts are adequately tailored to women veterans?

Mr. NIXON. Thank you, ma'am, and that is certainly a major concern of ours as well. And I would refer that to Legislative Director Joy Ilem for a response.

Senator HIRONO. In your response, I would really appreciate it if you could advise us to how Congress can improve the care that we provide or that we all provide for the growing population of women veterans.

Ms. ILEM. Thank you, Senator.

You know, we certainly—this has been a critical priority issue for DAV, making sure that our women veterans have access to high-quality and timely care, and especially taking into consideration all of the factors that can affect—render them homeless, substance use disorder problems, MST issues, all contributing factors that can be the consequence of these higher suicide rates among this population.

We want the unique needs of this population to be met, and while VA has been working toward that effort, they have had an increasing women veteran population. Certainly, there is more that can be done, and I know that we have outlined and we have spoken before about our report, "Women Veterans: The Journey Ahead," and this is a critical issue.

We really hope that VA, this VA Secretary is going to step up to the plate and make sure that our women veterans have equal access to the very specialized benefits VA offers and including in mental health services, but more, even more critically, that they really meet their unique needs.

Senator HIRONO. Thank you.

Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Hirono.

Senator Boozman from Arkansas.

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

Senator BOOZMAN. Thank you, Mr. Chairman, and thank you all for being here.

Commander, we appreciate your words and you being here representing, you and your team, all of those scattered throughout the Country that just do a tremendous job. You bringing up here priority issues, again, making sure that we are on the right track.

Nobody does a better job working year-round to help our veterans with their various things that come up.

In Arkansas, they do a tremendous job. I had the opportunity of meeting with some of our members earlier. Where are you guys at? Are you here?

[No response.]

Senator BOOZMAN. They are out messing around. [Laughter.]

I will tell you, though, I was thinking the greatest gift that you have given us today is the standing room only. We are up here. This Committee is very bipartisan, as you know. Veterans are not

Democrats and Republicans as far as the issues that we are dealing with, but to look out and see all of you all covering these offices on the House side and the Senate side, talking to your representatives, talking to the people that are making these decisions, telling them how important these things are, there is just nothing that is better.

The only thing that might be better is the Auxiliary, and we do appreciate you all very, very much.

[Applause.]

Senator BOOZMAN. I would like to focus on a couple of questions that you mentioned—implementation of the MISSION Act, making sure that it goes smoothly, and then also making sure that the women, our women veterans, are getting the care and the resources that they need.

You talked about community care. The ultimate judge is going to be the fact as to whether or not it meets the needs of the veterans, and certainly, that is common sense. You encouraged the VA to get out and talk with veterans, do outreach programs, things like that.

I think Secretary Wilkie has done a good job when you compare to others. His listening sessions have been good.

Can you talk a little bit about the collaboration so far? Have you all been pleased with it? Do we need to push him to do additional things as we go forward?

Mr. NIXON. Thank you, sir. That is an excellent question, and I would like for Director Reese to address that issue.

Mr. REESE. Thank you, Mr. Boozman, for that question.

To draw a contrast in regards to transparency and our collaborations with the Department of Veterans Affairs, I would first say that the model of collaboration would be the Appeals Modernization process.

In that process, VSOs, Congress, VBA, the Board of Veterans Appeals all went together, worked out our differences, had a good consensus document to actually great good law. That is what we like to see, and that is how we had an expectation to be in this process.

Early in the MISSION Act process, as you know, DAV, along with other stakeholders, played a vital role along with Members of Congress and the VA to shape what was actually delivered as the MISSION Act.

Unfortunately, since that time, there has been an absolute blockout in regards to our ability to have deliberate collaborations and have substantive and meaningful feedback to the VA.

While we have been briefed by the VA, while they have certainly kept us as far in the weeds as they want us to be, we have not been able to get engaged in the actual process and the policymaking and the roll-out.

And an example of that, if I may, is the access standards. We have played no collaborative role in regards to the creation of those access standards. Veterans of this Nation played no role in the creation of those access standards. So right now, the access standards were created behind closed doors, and so far, there has been no transparency as to why they were created the way that they were, other than the law of average. That is unacceptable from DAV's perspective.

Senator BOOZMAN. Very good. And that is——

[Applause.]

Senator BOOZMAN. That is certainly very helpful as far as the input.

Very quickly, because I have just got just a second—in fact, I will go ahead and in the interest of time. There are so many people up here who want to have comments and questions, but we will be submitting a question that basically asks in regard to the women's issues that we have.

Myself and Senator Tester introduced the Deborah Sampson Act. We appreciate your support. We are going to be working very hard on that and again appreciate you all.

The question that I will be asking is where do you see the greatest need as we go forward, and then what is the low-hanging fruit? What are some of the things that are relatively easy to get done as we look to try and solve some of those problems?

So thank you, Mr. Chairman. I appreciate you.

Chairman ISAKSON. Thank you, Senator Boozman.

Let me say for everybody at the dais, I am going to take the following order. If I have got somebody out of order, I apologize, but I have been trying to keep up with the flow back and forth.

Next would be Ms. Sinema from the Senate. After Ms. Sinema, Mr. Tillis from the Senate, and then Mr. Blumenthal from the House. Is that satisfactory to everybody?

Senator BLUMENTHAL. I am still in the Senate, Mr. Chairman.

Chairman ISAKSON. I am sorry. Well, it was a House guy in your seat beforehand. [Laughter.]

Is that OK with you timewise, though? Is that satisfactory for you to do in 5 minutes?

Senator BLUMENTHAL. If Senator Sinema has an obligation, I am happy to yield to her.

Chairman ISAKSON. You smooth devil. [Laughter.]

Senator Blumenthal.

HON. RICHARD BLUMENTHAL, U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. Are you sure?

My name is Richard Blumenthal, U.S. Senator from Connecticut.

Do we have any folks from Connecticut here?

[No response.]

Senator BLUMENTHAL. Well, I guess they are out messing around with the folks from Arkansas. [Laughter.]

I want to thank all of you for being here. I want to thank all you do for veterans day in and day out, and I want to say how grateful I am to the folks who are whistleblowers here, the folks who are disappointed on their behalf but also possibly on other fellow veterans' behalf. And they call our offices. That is a service that is critically important.

You are our eyes and ears, literally, and I will just give you one example. My office heard that the West Haven Hospital, our VA hospital in Connecticut, was closed for 3 months. Closed. Not doing any surgery. Do you think the VA told us? No.

We learned also from whistleblowers that our VA hospital, even after they reopened, was working at only about 30 percent of capacity. They were sending people for surgery to all kinds of other hospitals because the Surgical Sterilization Facility was unable to do the work necessary to do the surgery. Thirty percent of capacity, that is the date at which they were operating. Do you think the VA told us about that? No.

We heard about it from you. We heard about it from veterans who came forth as whistleblowers, and we are working right now pounding the VA to expedite the Surgical Sterilization Facility so that it is at 100 percent and fully fulfilling its responsibility.

So I just want to urge every one of you to continue calling us. You are doing us a service. You are doing fellow veterans as service. You are not complaining arbitrarily. You are helping.

We also learned, for example, about the VA lacking adequate outreach to veterans who potentially could be at risk of suicide. In this great Nation, greatest nation in the history of the world, veterans still commit suicide at the rate of about 20 a day.

John McCain and I authored a measure, bipartisan, called the Clay Hunt Veterans Suicide Prevention Act, which prioritized this issue.

Tomorrow, I am going to be joining with Senator Boozman and Senator Sullivan, another bipartisan measure, called the Reach Every Veteran in Crisis Act, new legislation that would improve and ensure VA oversight, suicide prevention, media, outreach, campaigns, so we reach more of these veterans who are at risk of suicide.

So let me ask you, Commander Nixon. Do you believe the VA should be required to set targets to evaluate the efficiency of its

suicide prevention outreach campaigns, and would you support a measure like the Reach Every Veteran in Crisis Act?

Mr. NIXON. Thank you, Senator.

We certainly do, and we certainly would. But I would like to ask Executive Director Randy Reese to elaborate.

Senator BLUMENTHAL. Thank you.

Mr. REESE. Thank you, Mr. Blumenthal.

As you know, veteran suicide is something that is a nationwide crisis. Unfortunately, a lot of those veterans are not in any of the networks that are formalized for the U.S. Department of Veterans Affairs. We all as a community have to come together in order to bring the results and to resolve some of the issues with our veteran suicide across the Nation.

VA did set forth as a part of its mission last year, Recovery Engagement and Coordinating of Health for Veterans Enhanced Treatment," or REACH VET. The roll-out of that program—and certainly, there was plenty of media around the fact that some of the resources that was actually appropriated for purposes of suicide prevention and awareness had not been used.

So, it concerns us greatly that resources are available and have not been necessarily used for the purposes for which they were appropriated by the Congress.

In regards to the details of the legislation that you set forth, I will ask Joy Ilem to weigh in there.

Joy.

Ms. ILEM. Thank you.

Well, we would certainly love to take a look at the legislation, but I am confident that we would be able to support that.

Certainly, DAV members would pass resolutions in support of doing everything we can to make sure that veterans have ready access to mental health services, and we know the collaborative efforts that have been undertaken. But it has been frustrating that there are still the number of suicides of our veteran population, within our veteran population.

So we want to do everything. We want to be part of the solution, and when you talk about veterans service organizations, how they can help—and I think the Chairman had mentioned this as well—we are critical. We are the people, the eyes and ears, that are out there, helping our fellow veterans and making sure that we do not let anybody down. That anybody who needs help has access to that.

So we look forward to working with your staff and the introduction of that bill.

Senator BLUMENTHAL. Thank you very, very much.

Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Mr. Blumenthal. I appreciate it.

We are going to go to Senator Tillis, then Senator Sinema, and then Senator Cassidy, in that order.

Senator Tills.

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

Senator TILLIS. Thank you, Mr. Chairman, and thank you all for being here. Your past service and your current service, we appreciate it. You are a very, very important part of the feedback loop that we have on trying to do better by way of our veterans.

I also want to thank Senator Tester. Over the past few years since I have been on Veterans' Affairs Committees with the blessing and encouragement of the Chair, we have had an opportunity to get together and meet with the VA through Secretary McDonald, Secretary Shulkin, and now Secretary Wilkie, to try and keep track of some of the implementations.

Mr. Reese, at some point, I would like to get your feedback, and maybe separate from this meeting, but things that we should bring back to those briefings to make sure that there is a good feedback loop.

What we are trying to do is make sure the milestones are being achieved, and more importantly, if we make other policy decisions that actually get in the critical path of what we have already committed to, that we all do that knowingly, because what happens here in Congress is you pass a bill, and then you think about something new that is disruptive to what you have already authorized the Department to do. And we have got to figure out how to layer those in, and I think your feedback would be very helpful.

Senator Tester mentioned something. I remember my buddy, a Marine, Dan Sullivan from Alaska. He and I were talking one evening at dinner. I think it was on veterans issues. He said, "Tom, do you know I have more veterans per capita in Alaska than any other State?" and I said, "Dan, do you know I have got more veterans in North Carolina than you have got people?" [Laughter.]

Senator TILLIS. Now, I will tell you the reason why—one time, it was just banter between two friends, but the reason that that is important is to show the vast differences from State to State and the challenges we have.

I, for one, do not think that we can have a one-size-fits-all. What works for a State that literally spans the geography of the United States with a population of less than a million may not work for a State of 10 million that is fairly compact.

So I want to make sure that you all—on a partisan basis. There is nobody on this Committee that has any intention of privatizing the VA and sending everyone who needs a referral to a community, a non-VA provider, somewhere through Choice, unless it can be

proven over time that that is what the veteran wants and is producing the outcomes that we demand.

We are going to need your help in continuing the work on it, but make no mistake about it. I do not think there is anyone here—and I know that you all interact with my office and other offices. There is no one here advocating for privatization and walking away.

It is always important to me when we have these meetings to just underscore the point.

I was at a health care center in Kernersville, North Carolina, late last week, a 300,000-square-foot facility that came online, along with two other ones, a million square feet in health care centers in North Carolina over the past couple years. They are extraordinary.

What I also want to say is to the VA staff who are working, most of them out there and the health care providers, they are good people. They care about you all. Many of them are veterans themselves.

We should also make sure that when we have, as Senator Blumenthal has said, we have lapses, and we have challenges, and when we have lapses and challenges, whistleblowers, blow your whistles. As importantly, make sure if you are in North Carolina, you are calling my office because I will guarantee you the vast majority of the cases we carry in my office in North Carolina are veterans' cases. Some of the best moments and the best battery recharges we have is when we have to open up a big old can of whoop ass on somebody who is not doing their job. [Laughter.]

Senator TILLIS. And so——

[Applause.]

Senator TILLIS. I have got to go to a Senate Armed Services hearing. I hope to get back for the next panel, but I want you all to know that Senator Tester and I are trying to watch this implementation on a monthly basis. I want your feedback. I want your questions, and there may be a variety of reasons why it is challenging to do it with any one service organization if you do not do it for all of them. I can think of some logistical reasons, but at the end of the day, you need to get your questions answered, and if it is not through direct interaction with the VA, I think it can be through interaction that you will have with my office, Senator Tester's office, and Members of this Committee.

The last thing I got to ask, do we have anybody from North Carolina here? There you go.

[Applause.]

Senator TILLIS. Well, thank you all. Again, thank you for your service.

Director Reese, I specifically want to follow up on your experience, but rather than take the time of the Committee, if we can get in touch with my office—Bill Bode or Joey of my staff, and myself—I would like to have that as a subject for mine and Senator Tester's next meeting.

Thank you all. God bless you, and thank you for being here.

[Applause.]

Chairman ISAKSON. Thank you, Senator Tillis.

Senator Sinema.

HON. KYRSTEN SINEMA, U.S. SENATOR FROM ARIZONA

Senator SINEMA. Well, thank you so much, Mr. Chairman.

I want to start by just talking about how grateful I am to have been appointed to this Committee as a new Member of the U.S. Senate. It is a great honor and a privilege to serve on the Veterans' Affairs Committee with great leadership of Senator Isakson and Senator Tester. So it is really a delight and a privilege to be here.

I want to thank each and every one of you who have traveled from all over the Country to join us here today, and I will ask are there any Arizona veterans who are here today, if you would please stand. That is right.

[Applause.]

Senator SINEMA. See, Mr. Chairman, I already knew the answer to my question because my guys sit in the front row, so——

[Laughter.]

Senator SINEMA. Although he is supporting the wrong university, but that is OK. It is all right. My sister went to U of A, and she is pretty smart too. Yeah.

Mr. Chairman and folks who are here with us today, I just want to express my extreme gratitude to the DAV and to the other veterans service organizations that we will be hearing from and supporting this week.

The work that you all do in my homestate of Arizona to assist veterans, particularly those who are facing sometimes a very byzantine and complex process of applying for benefits for recognizing service-related disabilities and the grueling process of going through appeals, would not be possible if it were not for the incredible help of the talented volunteers who help veterans day in and day out.

And I can tell you that over the 6 years that I served in the U.S. House representing Arizona's Ninth District, we relied on the men and women of the DAV and the Auxiliary folks to help in this regard, and folks from the DAV served as valuable members of our Veterans Advisory Committee. And I am grateful for that.

I also want to just take a moment and thank you for your advocacy for legislation that I know is important to every Member of this Committee and both the House and the Senate, and it is my pledge to continue working until we pass legislation that addresses the issue for our Blue Water Navy veterans. These individuals have worked so hard and deserve these benefits and this protection.

We passed that bill through the House last year, and I know we will work to get it through the Senate this year.

I am grateful to be able to join my colleagues in cosponsoring the Deborah Sampson Act to make sure that we are addressing the needs of women veterans.

In our office, our caseload has increasingly been populated by female veterans who are contacting us, asking for additional assistance in need.

So, as we move forward in this term, I just want to again thank you for your incredible service to our Country, for your continuing service to your fellow veterans and their family members, and to thank you for the work that you do to help us do our job better and keep us all accountable.

So thank you very much, and, Mr. Chairman, I yield back.

Chairman ISAKSON. Thank you, Senator Sinema.

[Applause.]

Chairman ISAKSON. We are delighted that you joined the Committee this year, so thank you for being a part of it. We appreciate it.

Next is Senator Cassidy.

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

Senator CASSIDY. Hey, anybody from Louisiana? Oh, that is great. Oh, hey.

[Applause.]

Senator CASSIDY. Yeah. They are the only ones that recognize I have a Mardi Gras tie on. Everybody thinks it is just an ugly tie, but, no, it is Mardi Gras. Happy Mardi Gras, everybody, a week early.

Thank you all for being here. I am a physician, a doctor, and one of the things I have been most concerned about is what are we doing about pain management, what are we doing about mental health services.

I will compliment both my Chair, Ranking Member, and my colleagues on both sides of the Capitol, who have expressed a mutual interest.

Let me just open it up. How do you feel the VA is implementing all these programs we have put together to stress greater provision

of mental health, pain management, helping those with addiction, with perhaps a particular focus upon the increasing number of female veterans?

Mr. NIXON. Thank you, sir.

I am going to defer that to Director Randy Reese for comment, please.

Mr. REESE. Thank you, Senator Cassidy.

From a big-picture perspective, the Department of Veterans Affairs has actually taken lead on this. They have done a wide variety of programs. Their opioid program that they have initiated actually has probably benchmarks for the reduction of the use of opioids within the Department of Veterans Affairs.

Senator CASSIDY. Now, Director Reese, let me ask because this is my opportunity to pick your brain. Now, sometimes I find that the VA does things in an uneven fashion. That there are some places that do it really well and other places, a little bit to be desired. And I see some heads nodding back there, so it might be that that resonates.

Any thought about how widespread or how completely implemented it is that these issues are being so well addressed?

Mr. REESE. I will ask Legislative Director Ilem, who is a little deeper on that subject, to respond.

Ms. ILEM. We did hear complaints early on when VA was reducing the opioid use and prescribing, and one of the problems that we saw was those veterans, many of our members, dealing with chronic pain management, and how VA was doing the step-down.

We let VA know immediately this needs to be done in a humane way. There have to be alternatives to that pain management if you are going to reduce or take that person off opioids, specifically when they have prescribed them for maybe decades and they have been on them long term.

So many disabled veterans have come, serious injuries, serious wounds, when suddenly they were just told, "We are going to reduce your opioid use, or we are going to try something else." That impacts their ability to work, to function, to be independent.

So, while we want them to be safe, and we want that, we want to make sure that they are humane in the way that they do it, so we want to work with them.

Senator CASSIDY. Now, at some point, when I talked to the VA—and this is when Dr. Shulkin was still the head—they had a person power shortage in terms of the ability to adequately address this, and we spoke about different things—telemedicine, tele-mentoring, et cetera. But, again, how uniformly is the VA operating at a higher standard in the experience of your members?

Ms. ILEM. I think for pain management, there is still a great deal of variability, and the VA could be doing better.

Senator CASSIDY. OK. And what about mental health services?

Ms. ILEM. Well, bar none, VA has incredible mental health services, specifically with some very specialized services for veterans' issues dealing with PTSD, military sexual trauma, combat trauma, and others.

So, while I think that they make a great effort, they have had shortage in mental health providers, which we see happens in the community, private sector as well, but VA has to be able to provide timely care. They have to have men and women that provides those services.

Senator CASSIDY. I would love to have your kind of thoughts about solutions. As a physician, I can tell you there is a shortage of psychiatrists, period.

Ms. ILEM. Right.

Senator CASSIDY. So, whatever sector you are in, unless it is maybe Downtown Manhattan where, for whatever reason, they have a really high concentration of mental health professionals——

[Laughter.]

Senator CASSIDY [continuing]. Everyplace else, there is a shortage.

Ms. ILEM. Sure.

Senator CASSIDY. So, again, knowing that you all are thinking creatively about these issues I would like that.

Last, I will finish up by asking. We have been really concerned about the suicide issue, as we all are, and we found that the—I am looking at my aide. With the highest frequency of suicide, it is within the first 6 months of separation? The first 6 months of separation, and that is oftentimes when the person is not yet kind of fully integrated. You know this better than I.

Any thoughts among anybody how we can better reach that group of veterans, new veterans, if you will?

Ms. ILEM. Well, we are pleased that VA has brought in a number of new people at their Suicide Prevention Office.

The director of that office is coming from DOD, and he is really working in a collaborative effort to be able to do a better handoff, especially for veterans that are really vulnerable or at risk, making sure that they come home, that they know where they can go for help if they need help, but also deploying—having them also work as a group to make sure that they are watching each other.

In the veteran community, that is what we do, try to watch each other's back, make sure if somebody is suffering, somebody is having a hard time, we make sure that they—there is an intervention. We get them the help that they need.

So, as far as VA, I hope that they are going to continue that collaborative effort and really have a better way of doing a good handoff during that transition phrase where veterans could be very vulnerable.

Senator CASSIDY. Well, thank you all, and one more time, Happy Mardi Gras.

[Applause.]

Chairman ISAKSON. Let me thank all of you for being here.

I will tell you how we are going to do this for just a few minutes. Senator Tester is going to be next, followed by me. I have tried to leave some time for our other members, to give them a chance to have their say.

I do want to say, Director Reese, I want you to listen to me. You were the one making the comments, I think, about the way forward in terms of the access standards.

Let me just give you a thought. I think the VA did a good job of having you all in when we were creating the MISSION Act to get to the point where we were before we farmed out the standards and they went away and nobody inside the veterans service organizations were making any comments or allowed any access or any input into what those standards were. I sense that that has been pretty much repeated around the Country.

I am trying to prevent a problem happening. If we do not address that up front honestly, somewhere down the line it is going to blow up. I sensed it by the spontaneous applause I heard from this corner over here—pardon my finger; I apologize for that—and the spontaneous applause from the back corner back there.

We do not need a revolution in the middle of the implementation of the MISSION Act or getting the access standards to work for Choice.

So, here is what I am going to try to do. I am going to try to create mechanisms for the VSOs to have access and input into the finalization of these standards, which may mean—and I want you to hear this—because the Country is different. Billings is a lot different than Atlanta, and there are lots of differences in between, between our States, our locations, where our veterans are, and where they are not.

It is going to mean that some places might have a different standards because of the nature of where their vet is coming from and because of what is actually available in terms of health care and accessible in that area.

We cannot create a situation where there are more popular areas to go than others because of the rules and regulations we come up with. We have got to come up with rules and regulations that make sense, with veterans input, and VSO inputs.

So, I want you to hear me. I am working toward that right now, and I heard you loud and clear today. I was hoping I would hear that spontaneously. So, Jon and I will work on it with other Members of the Committee, and we are going to try and make sure it happens.

Now it is really a pleasure for me—and I am going to excuse myself for a second, but I will be back—to introduce the Ranking Member, Jon Tester, who has been a marvelous partner throughout all this effort in the last year. I appreciate him very much.

Senator TESTER. Back at you on that, Chairman Isakson. It has been good to work with you, and I support you on the access and input from groups like the DAV. It is critically important.

I can almost bet, Commander Nixon, although you did not tell each one of the States the folks behind you are from, that you have got rural America covered and you have got urban America covered and everywhere in between. So your input on these access standards is critical. It is absolutely critical.

Which, by the way, I would say the same thing for the rest of the VSOs too, but in your case, it is particularly critical because you are disabled veterans. You guys depend upon the VA because, quite frankly, the private sector cannot deliver what the VA does for our disabled veterans.

[Applause.]

Senator TESTER. So, Commander Nixon, I would guess that a majority of your members—do not let me put words in your mouth, but a majority of your members prefer care directly from the VA. Is that a pretty good guess?

Mr. NIXON. Yes, sir, I believe it is.

Senator TESTER. OK. Now, the question when it comes to access standards in the communities, do you believe that the community providers—does DAV believe the community providers should be held to the same standard at VA providers?

Mr. NIXON. Excellent question, and I think I will let Director Reese address that. Thank you.

Senator TESTER. Alrighty. Director Reese.

Mr. REESE. Thank you, Senator Tester. We absolutely believe that is the case.

Senator TESTER. OK. So we did this MISSION Act, and we worked hard on it. We tried to get it right, and now implementation is coming down the pipe, and we have got to get that right.

Do you think the VA would support expansion of care in the community if it meant a reduction in quality or timeliness? What I am saying is do you think the VA—or the DAV—I am sorry—would support community expansion of health care for your members if it meant the health care was less quality and less time?

Mr. REESE. Absolutely not.

Senator TESTER. Boy, I will tell you what, if you had said something different, Mr. Director——

[Laughter.]

Mr. REESE. Well, timely care is important, and I think we all agree with that. High-quality care is the key.

Senator TESTER. That is correct.

Mr. REESE. And the actual measure is going to be positive outcomes.

Senator TESTER. Yeah.

Mr. REESE. The outcomes has got to be equal to or better than the VA, or they have no business being in that private sector.

Senator TESTER. Yeah.

[Applause.]

Senator TESTER. I would agree, and I am not going to get into staffing. But right now, the VA needs more people.

I mean, I talked to their H.R. guy today, and he is a great guy, by the way. And he understands the challenges, and I think he is going to work hard on it.

The bottom line is if they do not have the staffing, then the quality of VA care goes down too, and we do not want that.

I want to talk a little bit about the VA care and the studies around VA care because I think a few years back, there was a lot of information out there that implied that the VA does not have really good health care.

Then there was a Dartmouth study that came out that showed that the VA oftentimes outperforms the private sector.

There is a Journal of American Medical Association that said wait times were equal or better. The VA had wait times equal or better than the private sector, which would tell me that if we do not—and I say "we"—if the VA does not adequately measure quality and wait times, care could go down.

So, the question is to just talk to me about that. Who should the VA be listening to? Quite frankly, not being a veteran myself and not having any connection with any of the VSOs, other than being U.S. Senator, I think you guys can make the case that DAV depends on the VA more than anybody.

Do you think that you have the ability to talk to the VA about those—if there were problems with quality and problems with timeliness, do you have, Director Reese or anybody else, access to the VA to let them know?

Mr. REESE. We have access to the VA to certainly give them feedback about findings, but unfortunately, that would be after the fact.

Senator TESTER. Yes.

Mr. REESE. We need to be a part of the actual access standard discussion. Veterans need to be a part. Our local communities need to be a part of that, and DAV and other VSOs need to be a part of those market assessments in advance.

Senator TESTER. In advance.

Do you feel that you have been listened to so far adequately?

Mr. REESE. We have not.

Senator TESTER. OK. Hopefully—and I do not know if there is anybody here from the VA that is of consequence.

Is this being televised? My God, I hope they are listening, OK? [Laughter.]

Because the truth is that statement means a lot right there. I did not make that statement; you made that statement. As a DAV, as somebody who represents disabled veterans all over this Country, your views have to be listened to, and they have to be sought out.

[Applause.]

Senator TESTER. Now, normally, as this moment in time of the Congress, we would be able to solicit your views on the President's Budget Request for the VA. That is not the case today. We are still waiting on the budget.

But, I would like to provide you, Commander Nixon, for anybody you want to appoint or yourself, on what the DAV's priorities are for the fiscal year 2020, fiscal year 2020 budget, which is what we are going to be working on.

Mr. NIXON. I will give that to Director Reese. Thank you.

Senator TESTER. You are a busy guy, Director Reese. [Laughter.]

Mr. REESE. I am going to delegate some here now. [Laughter.]

For fiscal year 2020, *IB* (the *Independent Budget*) recommendations with our partners from the VFW as well as those from the Paralyzed Veterans of America, the total discretionary portion was $103.3 billion, an increase of $15.1 billion over fiscal year 2019. And for the first time in the *IB*'s history, this is a recommendation that exceeds $100 million.

I will ask Ms. Ilem to fill you in on the finer details of what that entails.

Ms. ILEM. I would just add, without going into specifics on numbers, which can always be difficult, I think the most important thing for DAV moving forward was making sure that we have the sufficient budget for VA to carry out all aspects of the MISSION Act, so not just setting up the community care aspect of network, which is important, but also for making sure that VA's infrastructure, their staffing needs are met, their IT modernization is carried out. It is such a tool for providing health care today.

So all of those aspects that are going to improve the VA health care system, modernize it, to make sure it is truly the best health

care system for veterans, and all the specialized services VA brings behind it, that is the essential piece for us.

And there is a lot of unknowns right now, not only just with the budget, but how the impact of setting up that network is going to be.

For example, there has got to be the care coordination piece. We do not want to be paying third-party administrators to do that. We want VA to be the main provider of care, and when they have to have that care outside in the community, we want them to coordinate that care so the veteran is not just on their own.

We want the training for the quality they are going to have to provide for those providers in the community, to make sure they have the understanding.

You talked about the research that is out there. One research that RAND did, one research indicated—an article noted that only 2 percent of the providers in New York that were surveyed felt that they could take care of the veteran population in a meaningful way.

So there is all these other factors, making sure payments go to those in a timely way to the providers so that veterans are not left with bills hanging over their head and having issues with their credit, and that the IT system and all those things are laid out. All of that is what is going to make a difference.

Veterans will choose VA whenever possible to get that care there because they know they are getting quality care there if VA is sufficiently funded.

Senator TESTER. Let me just ask a real quick question because Patty Murray and the Chairman worked really hard to make sure the caregivers are a part of the MISSION Act. Could you just talk about how important that is and how important it is done right in this next budget?

Ms. ILEM. Yep. Just absolutely, that is another issue. It has been a critical priority for DAV for so many years, and we are not there yet, but a lot of the budget will be going toward this IT certification to make sure that they can roll out without delay, the expansion of the Caregiver Act.

They have missed one of the first deadlines, but we are hoping that they can catch up. But this is so important to our membership. You have seen. You have been here year after year, hearing from our caregivers how important they are to disabled veterans. And we still have not included those caregivers who have been providing for ill veterans, that have an illness that related in their need for caregivers.

So, while we appreciate all that has been done, this is a critical part of the MISSION Act, and we are so pleased that that was included. It is so important.

Senator TESTER. Well, I am one that believes not only is it the right thing to do, but I think that once it gets fully implemented, it will be better quality-of-life for the veteran. And silly me, I really think it is going to save the taxpayer dollars because it is cheaper. It is cheaper to do it this way.

Ms. ILEM. We agree. Thank you.

Senator TESTER. Yeah. I want to talk about mental health, if I might, Mr. Chairman, just for a second. The Senator from Louisiana talked about it for a little bit.

I want to just touch on one thing, and it is a huge issue all over the Country. Montana, unfortunately, leads the Nation in suicide for a number of reasons, including in the private sector, and we are losing far too many veterans.

From your perspective, Commander Nixon or whoever you want to have answer this, what is the number 1 thing that the VA can do to improve how it conducts suicide prevention and mental health outreach, to get these folks before they get to a point where they are going to do something bad?

Mr. NIXON. Again, I think I will defer to Director Rees. Thank you.

Senator TESTER. OK.

Mr. REESE. In regards to suicide, awareness training for all the employees at the Department of Veterans Affairs, the front lines of their employees, the front lines of the VSOs, also using the community resources, the State directors of veterans affairs, county directors of veterans affairs. In some instances, those are the main conduits in the community that would be able to bring them in from the outside and into the resources of the Federal Government.

But it is a crisis in America, and all of our citizens have to participate in crisis intervention.

Senator TESTER. Fair point.

Since I still have the podium, I am going to keep going. [Laughter.]

Chairman ISAKSON. I am timing you.

Senator TESTER. You are timing me? I think I might have run over, but it is OK. These House guys are a bit tardy, so I will take advantage of it.

Commander Nixon, I am sure that DAV is playing close attention 2 years ago when the Department of Defense launched its new Electronic Health Record. We know that as the VA looks to implement its own interoperable health record that it is important we get it right, with as little disruption as possible.

What is the DAV's biggest concerns about the VA's plan for implementing the new EHR and the impact it will have on veterans?

And let me guess. This is going to Director Reese.

Mr. NIXON. Well, actually, I was going to pick somebody else, but I will go with Director Reese. [Laughter.]

Mr. REESE. In regards to IT, I would first like to say that a number of years ago, probably more than a decade now, IT, the Office of Information Technology, was centralized. And we do have feedback that some of the administrations—all of the administrations—VHA, VBA, and NCA—they have some unmet needs because of that centralization.

So we do think that—and we would recommend that the Committees have hearings and find out if that centralized process is actually delivering on the performance that it was supposed to.

In regards to the Electronic Health Record, we know that the first issue that has occurred here in 2014, it was challenges with scheduling. Here we are in 2018. The scheduling software still has not been rolled out, and now there is a debate that is still ongoing between whether it will be the Epic Cadence software or the Cerner Millennium software. And all this time, we still have these challenges. It just seems like there is not a priority on getting the solution deployed in a timely manner, and the deliberation is killing veterans. We have got to do better.

Senator TESTER. I could not agree with you more.

I will tell you that I came out of the State legislature in Montana, and we have been here for 12 years. I have watched hundreds of millions of dollars be spent on IT systems, with never getting the return we are supposed to get on them.

One last question while Chairman Takano takes his chair.

In January, the Court of Appeals for the Federal Circuit ruled that veterans are entitled to the percent of exposure of Agent Orange for Blue Water Navy service and the territorial waters around Vietnam during the Vietnam War. I would say the same as Commander Nixon, who said earlier the VA needs to do the right thing and fully implement the court's decision immediately and not challenge it.

Veterans have waited too long for this. Exposures occurred more than 44 years ago, and we are losing Vietnam veterans due to this exposure literally every minute of every hour of every day.

So, could you explain to me, Commander Nixon, what it would mean to the Vietnam veterans if the VA does not adhere to the court decision?

Mr. NIXON. I am going to let Director Reese respond to that.

Senator TESTER. OK. [Laughter.]

Mr. REESE. Well, I think when we look at the actual events that have occurred here and the court case that rolled out there, *Procopio* actually identified that this was a misinterpretation. It has been years in the making. Not only was it the VA's misinterpretation, but also the court's misinterpretation.

Bottom line, these Vietnam veterans have been waiting for 40 years, and justice delayed is justice denied. So, our feeling is that would be a complete and total betrayal.

Senator TESTER. Yep.

[Applause.]

Senator TESTER. Commander Nixon, Director Reese, thank you very much.

Mr. NIXON. Thank you, Senator.

Chairman ISAKSON. Jon, thank you.

[Applause.]

Chairman ISAKSON. We are going to do something now that you will not very often see done in the U.S. Congress. I am a Republican Chairman that is going to turn it over to a Democratic Chairman to complete the meeting. [Laughter.]

We do that because we have absolute trust in each other, and we have said in our meetings we are a bipartisan Committee. Which we are. That is why we got so far with your issues last year, and that is why we will get so far with our issues.

They had to go to testify a lot this afternoon and could not be here, But Chairman Takano has come back, and I am going to turn it over to him for his remarks as well as recognize any House Members who do come back and wanted to get their statements in.

But before I leave, I want to say this. You have been extremely helpful. Commander Nixon, if I am not mistaken, this is the 50th anniversary of your taking a bullet for the Country or a bomb for the Country years ago?

Mr. NIXON. Yes, sir. Yes, sir.

Chairman ISAKSON. It is also the anniversary of D-Day this year.

Mr. NIXON. Yes, sir.

Chairman ISAKSON. It is a big year for you. It is a big year for the Country. God bless you. We would not all be here if it was not for you, the people like you, and the people in this room, so God bless you in what you do and what you have done.

Mr. NIXON. Thank you, Senator.

[Applause.]

Chairman ISAKSON. I tell everybody, you know, America is a great Country. You do not find anybody trying to break out of the United States of America. They are all trying to break in. [Laughter.]

That tells you something right there. As bad as people might complain about things here, you do not ever see them leaving.

Alec Ginnis [phonetic] is one of those guys in Hollywood who is always talking about he is going to leave after one more election. I wish the hell he would go because we have got a lot of people like you who we care about, who care about your Country, and who have done a lot to make us free. And we appreciate it very much.

Please pardon me for leaving early, but I am leaving it in good hands. Thank you for your service to the Country. Thank you for your input today, and we will continue to work for you and the Disabled Veterans of America to see to it the VA is your VA and works well. God bless you.

Mr. NIXON. Thank you.

[Applause.]

Chairman TAKANO. Thank you.

I will say before the Senator leaves, I know that they had to do a little jawboning while the House Members were going to do a long vote series. The Senators, my friend Senator Tester and Senator Isakson, do what Senators do best, which is to talk a lot and to move really slow, and so I really appreciate that you are both good at that.

I see that some of our House Members are arriving.

So, Senator, thank you for holding down the ship. I really appreciate working with you.

Chairman ISAKSON. Chairman Roe, if he gets in trouble, you take over, OK?

Chairman TAKANO [presiding]. Oh, is Chairman—oh, good. Well, Ranking Member Roe. I am the Chairman.

I am very glad to see our House Members coming in.

I am going to now recognize myself for 5 minutes or however long. I do not plan to go the full 5 minutes.

Commander Nixon, I associate myself with all the remarks that my Senate colleague Isakson said about your 50th anniversary and all the wonderful things that you have done to sacrifice for our Country.

I know a lot of questions have been asked about health care, but I want to move over to the benefits side. I know that the DAV, a big issue for you is benefits.

Congress provided the resources over the past couple years for the Veterans Benefit Administration, the VBA, to hire several hundred new full-time employees, which they have done. The Board of Veterans Appeal, the BVA was given authority for 125 new attorneys.

These are the two agencies, the BVA and VBA, charged with implementing appeals reform. In your estimation, are these two new agencies adequately resources in your opinion?

Mr. NIXON. Thank you, sir. That is a really, really good question, and I think I will ask Mr. Marszalek to answer that question.

Mr. MARSZALEK. Thank you.

We certainly do at this point. It is very hard to tell with Appeals Modernization on whether we are going to need more staff.

What we do know is that over 40,000 veterans elected to participate early into RAMP, which gave veterans options to participate in Appeals Modernization, and over $45 million in benefits were paid to those 40,000 veterans. So we are certainly off to a good start, but it is very early to tell whether we are going to need additional staff at the board or at VBA to fully implement it all.

But right now, we are just going to pay very, very close—provide very close oversight over the implementation and see how it goes.

Chairman TAKANO. I appreciate that.

Commander Nixon, are you concerned about what happens with legacy appeals going forward, specifically the appeals that are not in the new program because the appellant chose to stay with the old system due to being close to their docket dates?

Mr. NIXON. Again, I will defer to Jim, Director Marszalek.

Mr. MARSZALEK. Thank you.

We are certainly concerned. We are going to pay very close attention to that.

Right now, on the legacy process, at any time you receive a statement of the case or a supplemental statement of the case, you can opt-in to the new process if you want. With over 400,000 legacy appeals, over 60,000 hearing requests, we are very concerned about how that is all going to work in the process.

When you file a notice of disagreement, you could wait up to 2 years before you get a statement of the case. So that is the only time you can opt-in now that you are in a legacy process.

So we are going to continue to pay very close attention to that and monitor it and see how quickly it moves this particular year going forward.

Chairman TAKANO. Well, thank you.

I am now going to yield back my time, but, Dr. Roe, 5 minutes.

OPENING STATEMENT OF HON. PHIL ROE, M.D., RANKING MEMBER, U.S. REPRESENTATIVE FROM TENNESSEE

Dr. ROE. Thank you. Can I make an opening statement?

Chairman TAKANO. Oh, go ahead. Go ahead, please.

Dr. ROE. Thank you all, first of all, for being here. I apologize. We have had a busy day, as you have also, and one of the fun

things I got to do this morning was go out and dedicate the property for the Desert Shield/Desert Storm War Memorial for our Gulf War heroes.

[Applause.]

Dr. ROE. Vice President Cheney was there, and he was Secretary of Defense at that time. It was a real honor to be the lead sponsor of that bill, and thank you all for your support.

Thank you, Chairman Takano, and good afternoon, Commander Nixon and members of your panel and your staff.

I want to extend a special welcome to members of the Disabled American Veterans and members of the DAV Auxiliary. I did not see any members from my district. They may be here, but just in case, I want to acknowledge anyone in the audience who made the trip from my homestate of Tennessee.

[Applause.]

Dr. ROE. Oh, yeah. There we are.

And, Commander Nixon, no disrespect, but there would not be a Texas without Tennessee. I want to pass that along. [Laughter.]

You will have the mic back in a minute.

Thank you all for your unwavering commitment to those who have served and equal important to their families. Commander Nixon, as you know, we have enacted several monumental laws last Congress, which will pave the way, we think, for a better VA with your help.

I want to thank you, the DAV's leadership team, and DAV members across the Country for your support, unwavering, I might add.

Congress' job does not end after the President signs a bill into law. Otherwise, it is just a piece of paper. We have got to continue to oversee VA's implementation of these laws. We all share a common mission, and that is to improve the services and benefits for veterans and their families.

Members in this room have different ideas on how we accomplish that goal, but I want to share with you my priorities for this Congress. One issue that is near and dear to my heart and one that DAV has been a tireless supporter of is the fight for our Blue Water Navy veterans, Vietnam veterans. We have to get this passed.

[Applause.]

Dr. ROE. 382 to zero in this place is not easy to get, and that is what we had in the House.

Last Congress, the House did its job, as I said, passed the bill 382 to zero, which is why I was so disappointed that the bill got stuck in the Senate last year.

Therefore, it is my desire that this bill pass the House again and be taken up quickly by the Senate.

I am encouraged, as you all are, I am sure, about the Federal Circuit Court's recent ruling regarding Blue Water Navy veterans in the Procopio versus Wilkie. We cannot stop until these veterans receive the benefits that they have earned.

Another primary focus of mine will be to continue our work on improving the disability claims and appeals approach, as the Chairman was speaking of.

Last week, the Veterans Appeals Modernization and Improvement Act, or AMA, it went live.

And I will just tell you a quick story. I was in Nashville at the RO and at the hospital about a month ago, and I ran into a Marine Reserve veteran, an 8-year veteran, who had tried for 7 years to get his disability claim adjudicated. He was a poster child for the AMA. In less than 90 days, he had a 7-year wait taken care of. That was a very happy veteran. Let me tell you.

The AMA completely revamped the way appeals are processed at the VA and gives veterans a choice and control over how the VA handles their appeal.

I look forward to continue working with the DAV to make sure that veterans are better served by the new process.

Another priority of mine is a strong, effective oversight of the VA MISSION Act. I said it before, and I will say it again. Our efforts to improve how veterans referred to the community providers is intended to supplement, not supplant the VA health care system.

My goal has never been to prioritize the VA. Rather, my goal is to make the VA health care system work better for veterans, as a purpose of improving VA's Community Care Program and the Asset and Infrastructure Review Commission. The AIR Commission is intended to assist VA, modernize, and realign its medical facility footprints across the Country in order to meet the needs of veterans where they live.

I am confident that once and appropriately implemented, the VA MISSION Act will lead a stronger, more stable VA health care system that serves the needs of veterans and their families.

I am also proud to work on the 115th Congress on the Harry W. Colmery Veterans Educational Assistance Act of 2017. I assure you that we hold the Secretary to his commitment that every veteran will receive the benefits to which they are entitled and will be made whole.

We will also continue our oversight of the Department of Veterans Affairs Accounting and Whistleblower Protection Act of 2017. This law gives the Secretary tools to swiftly and fairly discipline senior managers and employees who engage in misconduct or are poor performers. Individuals who rely on VA deserve no less.

Last but certainly not least in my priorities will be to oversee the Electronic Health Record modernization. Without a doubt, the biggest risk right now with EHR implementation is the persistent holes in coordination between VA and DOD. I believe the special oversight that the Committee has devoted to the issue is vitally important, and I commend—I might even like to command him, but I commend to Chairman Takano for retaining the Technology Modernization Subcommittee we established last Congress.

As you can see, there is still a lot of work ahead of us. I look forward to moving through this process with your help and more importantly continue our partnership with DAV to ensure VA provides the very best care possible to every veteran.

I salute all of you and thank you for being here, and with that, I yield back.

[Applause.]

Chairman TAKANO. Thank you, Chairman Roe.

I would like to now recognize the gentlewoman from Nevada, Ms. Susie Lee, for 5 minutes.

HON. SUSIE LEE, U.S. REPRESENTATIVE FROM NEVADA

Ms. LEE. Thank you, Chairman. Good afternoon.

First of all, I want to welcome you all here and thank you very much not only for your service to our Country, but also your service to veterans and making sure that we continue to provide care to men and women who have served our Country, including—my father was a veteran of the Korean War, and so I am proud to serve on this Committee.

I want to thank you, Commander Nixon, for your leadership as well and for providing the DAV's national priorities to Congress.

I would also like to thank—is Nevada in the house? Who do we have here from Nevada? All right. I knew we had at least five of you here.

[Applause.]

Ms. LEE. I am pleased that DAV is the leader on the needs of women veterans, in particular, a growing population in my State of Nevada, where they make up almost 10 percent of an estimated population of 220,000 veterans. These numbers reflect the national trends as well.

I am proud to say that one of my three staff members is a veteran, is a woman who served our Country in both the wars in Iraq and Afghanistan, and as a wrecker operator, my staffer, Jahira [phonetic], was tasked with hauling vehicles off the dangerous roads in the desert in Iraq and the mountains of Afghanistan. She and her fellow Marines on a daily basis left the safety of their armored vehicles and exposed themselves to the potential sniper fire

and the secondary IED detonations to get their fellow troops and vehicles back to the base for safety.

I bring up her story to highlight the role of women in combat and to let the American people know that women veterans have been putting their lives on the line for this Country for centuries, including some of our Federal—our members of our delegation who are here.

As the population of women veterans continues to grow, we need you, the DAV, to continue to champion women's needs, and I am glad that VSOs understand that no veteran should be left behind. And that includes providing parity and care for all veterans. Our women veterans are not asking for anything more than anyone else.

I also want you to know, as I mentioned in your testimony, that it is our intent in Congress to provide proper oversight to the Community Care Program and the new access standards, and that means no privatization.

Veterans constantly tell me that they are happy with the care they receive at the VA, and I want to make sure we build a VA infrastructure, including the technology infrastructure, which I am proud to be the Chairwoman of the Technology Modernization Subcommittee, to keep this quality of care and to improve it when it is not available.

I want to make sure we are hiring at the VA and the VBA, and we need to clear the benefits backlog and get our veterans the care they need when they need it.

Commander Nixon, I would like to ask you one question. We share the common belief that equitable health care is deserved, regardless of gender. Now with women veterans, it is 10 percent of the population, and these numbers are expected to grow. What does the DAV anticipate as the ideal future **State of the women's health program?

Mr. NIXON. Thank you, ma'am, for that question I am going to ask Director Reese to comment, please.

Mr. REESE. The ideal **State would be for our women veterans to have equitable access to the same health care as their male counterparts, the care, the services, the programs, including VA specialized services, in addition, substance abuse and disorders, homelessness, treatment for PTSD related to combat or military sexual trauma, and for the most part to actually have the same walk-in facilities as their male counterparts.

Right now, we have women clinics that is for specialized care. Oftentimes, that is where they get shuttled to, but all the resources of the facility are not available to them. We would like to have

them have equal access, each and every location, each and every specialty within the Veterans Health Administration.

Ms. LEE. Absolutely. Thank you.

[Applause.]

Ms. LEE. And I yield the balance of my time. Thank you very much.

Chairman TAKANO. The gentlewoman yields back.

I would now like to recognize the gentleman from Michigan, General Bergman.

HON. JACK BERGMAN, U.S. REPRESENTATIVE FROM MICHIGAN

Mr. BERGMAN. Thanks, Chairman Takano, and thank you and Dr. Roe and all the Members up here.

I am sorry we had to leave. We had to go vote, and you know, as a Marine, it is mission first, right? I did a quick tally here, and it seems like the Marines have taken over this dais. So I am going to use real short words. We are going to be real direct. I am going to be kind, just like your DIs, OK?

The point is, number 1, there are a few things that—any Korea or World War II vets in the crowd? OK. Thank you. Thank you. Thank you.

[Applause.]

Mr. BERGMAN. And for those who served in Desert Shield, Desert Storm, and OEF/OIF, and subsequent, thank you for your service. To my Vietnam brothers and sisters, welcome home. Welcome home. [Applause.]

So, if my remarks are tainted with a little bit of Vietnam-era attitude, it comes because we shared the commonality of service during that timeframe. It was a challenging time for our Country in many different ways.

So, let us start with Blue Water. All I can tell you is there is a pretty good chance that maybe some of you flew on one of my helicopters. We did not discriminate when we landed aboard the ship coming off the Vietnamese soil, back and forth. We did not go through a wash-down. So, the chances of contaminants that were sprayed there on the ship as well as in the aircraft, as well as in this, we need to get that legislation passed to include everybody in the presumption of Agent Orange, pure and simple.

[Applause.]

Mr. BERGMAN. Now, I have got one question for you, and that is, when we talk about health care for veterans or health care for family-related, whatever it happens to me, what is most important? That they get quality, top quality health care in a timely manner,

or that they get it through the VA system? If you had to choose one or the other, what is your choice?

Mr. REESE. Thank you, Congressman, for that question.

We would obviously choose, even if it is the private sector, that the top quality care for our Nation's veterans should be conveyed.

Mr. BERGMAN. Well, thank you, because 2 years ago when I asked the question, there was a different answer in the room. The point is our VA is working hard every day to provide quality health care, but we have to realize there are certain parts of the Country where rural—my district, for example, and I know many others here, that getting it from the VA the number 1 priority, you now limit the veteran's ability to actually get it because you may have to drive through a snowstorm and you have hours or whatever.

We as the VA Committee under Dr. Roe's leadership last term and Mr. Takano's leadership this term, we are going to do everything we can to make sure that the care is quality first, available second, and if you will, long-term reaching.

So I am just thankful to be here with you. This sounds like a speech, but with all of you in the room, you have worn the cloth of the Nation. You know what it is like, and I am honored, as we all are on this dais, to represent you here in the 116th Congress.

Thank you so much. I yield back.

[Applause.]

Chairman TAKANO. The gentleman yields back.

Next, I would like to recognize the gentleman from New Hampshire,

HON. CHRIS PAPPAS, U.S. REPRESENTATIVE FROM NEW HAMPSHIRE

Mr. PAPPAS. Thank you, Mr. Chair, and thank you to Commander Nixon, to the leadership and membership of the DAV and Auxiliary. It is really a pleasure to be with you here today. It is an honor to be in a roomful of heroes, and I thank you all for your service and what you are doing today to speak out loudly and clearly for the veterans.

I received this packet yesterday and spoke with the delegation from New Hampshire, and I do not know if New Hampshire is in the house here today.

[No response.]

Mr. PAPPAS. All right. They are letting us down, but they are with us in spirit. They are roaming the halls, and they are also communicating the message about your priorities. We have got to work collaboratively with you all over the next couple years to ensure that your goals are the goals of Congress and that they get fully implemented into law, and I am committed to ensuring that.

One of my concerns is representing a rural State, a State without a full-service VA hospital, is that we are ensuring that the services are there for individuals when they need them and that individuals are not cutoff, whether they have a disabilities or whether they have to travel a long distance to get to where they need to be to access care.

I am wondering, in particular, about the promise of telemedicine and what you think that holds particularly for a disabled veteran population in a rural State like mine.

Ms. ILEM. Telemedicine has been—we are very pleased that VA has been a leader in telemedicine because it is absolutely essential, and we will be moving forward in terms of the way health care is delivered now in many rural areas. And that will help veterans not to have to drive those distances in inclement weather and all the other challenges that are often in those communities' experience.

So, telemedicine is—VA is really dedicating a lot of effort, a lot of resources to make sure it is topnotch, high quality, and that veterans get the care then when they need. And oftentimes, that can be via video chat, via call, and that is the way for the future.

Mr. PAPPAS. Well, thanks.

Director, I do not know if your veterans have been experiencing any issues working with the VA on this, if they have access to the technology that they need and the expertise to be able to get connected with a specialist, get connected with care through telemedicine.

Ms. ILEM. We have heard a number of good reports that veterans like it. We have heard of it being used in both mental health services and for a variety of services, and VA is just expanding that in a number of uses. So it is really—it is moving in a positive direction, I think, and right now, we have not heard anything negative about that.

Mr. PAPPAS. Great. Well, I appreciate that.

One of the other programs that I have gotten to know a bit is the Adaptive Sports Grant Program, and right now, it is plugged in for $15 million in fiscal year 2019. And, again, this is a successful program that connects disabled veterans with services and is really supportive of their efforts to rehab in particular.

I am wondering if you could comment on whether or not you think that is an adequate funding figure for that particular program or whether you would like to see it increased.

Ms. ILEM. Absolutely critical program. DAV's Winter Sports Clinic relies on veterans being able to have access to adaptive sports equipment through VA's Prosthetics Department. These adaptive equipment make a difference in the life of a veteran, the quality-of-life, them being able to—it makes a difference between them

being able to do something that they have loved, want to continue doing, even though they may have suffered a very severe disability. So we need to make sure that that—that funding is available for that program and make sure that that continues on and veterans get what they need.

Mr. PAPPAS. Thank you all. I really appreciate your work, look forward to continuing to work with you, and I yield back, Mr. Chair.

Chairman TAKANO. The gentleman yields back.

I would like to now recognize the gentlewoman from Guam, Ms. Radewagen.

HON. AMATA C. RADEWAGEN, U.S. REPRESENTATIVE FROM AMERICAN SAMOA

Ms. RADEWAGEN. Talofa. That is "welcome" in American Samoan.

I want to thank Chairman Takano and Ranking Member Dr. Roe for holding this series of joint hearings to hear from our VSOs.

I want to thank all of you, the members of the panel, for coming, and a special thank-you to the DAV for sending your representatives to speak to my staff yesterday. You are always welcome in my office, and I especially want to highlight DAV's efforts regarding community care programs, Blue Water Navy, the burn pits issue, and improving gender-specific services for female veterans.

When my staff briefed me on DAV's priorities for the 116th, I was so pleased to discover that once again their list for the new Congress matched my own. I am proud to cosponsor several DAV-supported bills, and I look forward to continuing work with DAV on veterans legislation in the future.

Our VSOs are the gatekeepers for our veterans' voices in Washington. The work all of you do to ensure that our veterans are afforded the benefits and services they have earned is so very important, and I want to thank you all for your service to our Nation and those who stand in defense of her.

As we move forward with this Congress and continue to address veterans' issues, I know that your priorities and goals will be at the forefront of our mission to improve the lives of our veterans. I want you to know that my colleagues and I on both Committees, both sides of the aisle, value your input, and hold your efforts in the highest regard.

I want to conclude with a special thank-you to the DAV Department of Ohio for working with my office in identifying DAV members in America Samoa.

During my time in Congress, I continue to emphasize our veterans in the U.S. Territories, and I appreciate your efforts in as-

sisting me to ensure that our veterans in the territories are afforded the same opportunities and resources as those in the States.

Thank you again for being here today. My colleagues and I look forward to working with you all.

I yield back the balance of my time, Mr. Chairman.

[Applause.]

Chairman TAKANO. The gentlewoman yields back.

My apologies to the people of the American Samoa and to you for mistakenly saying that you were from another place.

I now would like to recognize the gentleman from California, my fellow Californian, Mr. Levin, for 5 minutes.

HON. MIKE LEVIN, U.S. REPRESENTATIVE FROM CALIFORNIA

Mr. LEVIN. Thank you, Mr. Chairman. Very grateful for the opportunity to be here today, and thank you all so much for being here.

As the new Chairman of the House Veterans' Affairs Economic Opportunity Subcommittee, I value your input. I need your input and your guidance this Congress, and I am so grateful for you all for traveling from everywhere in the Country to be with us today.

My district in San Diego and Orange Counties is home to Marine Corps Base Camp Pendleton, and many of our servicemembers spend time at Camp Pendleton. I realize the weather is pretty good. I just checked. It is 65 and sunny right now in San Diego, and as a result, we have a high number of veterans that decide to come back and stay in our community.

We are strengthened by our veterans as part of an integrated whole in my district, and they help every day facilitate the economic success of our region.

However, there are also a number of veterans who need help as they transition. They face challenges related to high housing costs and job training, and I really hope that together we can make progress on issues this Congress related to the GI Bill, homelessness, vocational rehabilitation, home loans, and much more.

Commander Nixon, I have just a few questions. Veterans homelessness is something we are deeply familiar with in Southern California, and a lot has been done in the last 10 years. A lot of gains have been made, but I think we all would acknowledge that there is plenty more work to be done. If even one veteran is homeless, that is one too many.

So, I wanted to ask you what recommendations you might be able to provide us on ways to address this issue.

Mr. NIXON. Thank you, sir. We certainly share in your concerns, and I would ask Director Reese if he could comment on that, please.

Mr. REESE. We certainly do. As far as homelessness across the Country, it is a shame that we have veterans that are in that mix.

DAV has long had programs, services, to include services from our Charitable Service Trust, where we provide resources necessary so that homeless veterans, those who are indigent or those who are in crisis **States have opportunities to recover.

In just the last year, we have given out 19 grants in the amount of $685,000 to assist programs in order to deliver those goods ourselves as an organization. We are very proud of being able to do that.

In addition to that, within the VA, the resources of the veterans' stand-down programs, we participate across the Nation. We also host one of those stand-downs at our National Headquarters in Cold Spring, Kentucky. DAV is very engaged in regards to the homeless community across the Nation.

In regards to some of the clinical care pieces that go along with the homeless program, I would defer to our National Legislative Director, Joy Ilem.

Ms. ILEM. I would just add one of our focuses with regard to homeless is making sure that women veterans can take advantage of all of the very specialized programs that VA has in its homeless program.

For example, we know that women veterans often have the care of their dependent children—are with them, and VA by law is not able to provide rapid housing for children of a veteran that may need that service. So, they often will not take advantage of it.

Some specialized programs in legislation has been introduced to make sure that does not happen, that VA partners with the community so that they can do rapid housing, and there is a number of other issues like that safe housing with women that have their children with them.

So we look forward to working with your office and also addressing that issue and making sure that all veterans can take advantage of VA's great efforts in this regard.

Mr. LEVIN. Absolutely.

I just had an opportunity to go to the stand-down in my district in North County, San Diego. It was an extraordinary day where we served a couple hundred people either on the brink of homelessness or who were in fact homeless, a whole variety of services, health care, dental, housing, job training.

My hope is that in time, we can achieve effective—zero homelessness for veterans because, as I said, one homeless veteran in my mind is one too many, and I am really hopeful we can do that, certainly, in my district.

So I really want to commend you all for your great work on behalf of all veterans, but particularly those who are facing some tough times. So we really do appreciate your hard work, and thank you for being here with us today.

And I will yield back the balance of my time.

[Applause.]

Chairman TAKANO. The gentleman yields back.

I would now like to recognize the gentleman from Indiana, Mr. Banks. Is he still here? He left. OK.

Then I will move on to the gentleman from Illinois, Mr. Bost.

HON. MIKE BOST, U.S. REPRESENTATIVE FROM ILLINOIS

Mr. BOST. Thank you, Mr. Chairman.

And thank you all for your service. We cannot say thank you enough. It is quite an honor to serve on this Committee, to serve in the capacities that I have the last couple years.

I was just thinking—and the previous speaker, he represents an area that 39 years ago today, I was 3 days short of graduating from Marine Corps boot camp. And let me tell you, it is a beautiful place, but it really was not a pleasant time, so just need to know. [Laughter.]

So, I do want to say thank you to all of you. Thank you for your service.

Let me tell you that last year when we moved forward with the Appeals Modernization Act and we moved forward with that, we were working hard on that because it is vitally important that this process be speeded up. The amount of people that have the appeals out there and the frustration that they can feel, I myself have experienced it in a case on a hearing loss that I had in the Marine Corps.

But let me tell you that I have worked with the VA tremendously to try to make sure we speed this process up, and I want to thank the Members of this Committee, former Chairman Roe, Ranking Member Roe, Chairman Takano, all of them for working hard to make sure we pass that law.

Commander, I want to thank you for your service to our Nation and your service to the DAV.

I know you probably were answering this when I came in a while ago, and I am going to go ahead and ask it again, anyway, so that I can get the answer because, as a Marine, as I just said, I have that hearing loss. I was coming in the door.

When we passed that bill, I had a really, really big concern that our legacy members that were on the legacy side were going to take even longer. What do you see right now with the VA as they are implementing this, and where have they been working with

you? And how can we help to make sure they speed this process up for these legacy appeals?

Mr. NIXON. Thank you, Congressman, for that question.

As you said, you were kind of late coming in. You do not know that I have been handing all of these off to Director Reese. [Laughter.]

Mr. REESE. Well, as you know, Appeals Modernization was absolutely essential because it was something along the lines of a 33-year backlog under the best of circumstances, and something had to be changed in order for veterans to get the justice that they deserve.

In regards to that, the details that you are looking for, Director Marszalek will answer your question.

Mr. MARSZALEK. Thank you.

Ranking Member Roe talked about a veteran that he came across that his appeal was resolved in RAMP in a matter of a few months after waiting 7 years, and that is exactly what this system is designed to do. And RAMP was exactly that, right? It was an opportunity to opt-in if you had a current appeal in the legacy system.

Unfortunately, they did not get the turnout they thought they would get in the beginning. I think it was a little over 50,000 folks that elected to participate in RAMP, and now here we are. It was implemented last week, and there is still over 400,000 legacy appeals pending. So that is certainly a concern of ours, and the two opt-in options right now are when you receive a statement of the case or a supplemental statement of the case.

So, if you have a legacy appeal, those are your two opportunities to opt-in to the new process, when you receive one of those decisions, and it requires a specific from, obviously, to opt-in.

It is really early to tell. We certainly—the focus has to be on legacy appeals. Chairman Mason from the Board presented to this group yesterday at the hotel at our conference and talked about how that is their priority to ensure that legacy appeals are a priority for everybody.

We are going to continue to remain vigilant and really watch over and make sure that they are a priority for everybody. Those are the folks who have been waiting the longest. We have got to make sure they get timely decisions, and then they have their options as well.

With regards to Appeals Modernization, there is really no wrong option there. You can elect any one of those options. Your effective date is protected, and it really puts veterans in the driver's seat on what they want to do.

Mr. BOST. Which is what we want.

Let me tell you that our Committee—I am Ranking Member now—Disability Assistance and Memorial Affairs—we are more than willing. If you see issues come up, you come to us. We will be on it just as fast as we possibly can.

Thank you all for your service, and thank you for being here today. I yield back.

[Applause.]

Chairman TAKANO. The gentleman yields back, and before I recognize my colleague from California, I want to say that Julie Brownley's bill successfully passed the House in the past few weeks by a 400-vote margin, thanks to the work, the bipartisan work, with Dr. Phil Roe and the Republican Members of this Committee in advance to the floor. It was the Access to Child Care bill, which gives veterans who are seeking health care at veterans medical facilities the ability to get child care so they do not have to choose between taking care of their children and getting, say, their mental health treatment. It is a tremendously important bill.

I also want to take note that the first act of this Committee—and I know that a priority of the DAV are addressing specific issues related to women veterans. We have established a special women's task force, and so not only is the next Member I am going to recognize, Julia Brownley from California, the Chair of the Health Subcommittee, but she will also lead our special Women's Veterans Task Force.

I recognize my colleague, Julia Brownley, for 5 minutes.

[Applause.]

HON. JULIA BROWNLEY, U.S. REPRESENTATIVE FROM CALIFORNIA

Ms. BROWNLEY. Thank you, Mr. Chairman. I appreciate that, and I too want to add my voice and welcome the DAV here. I look forward to these meetings every time we convene a new Congress, and I appreciate, Commander Nixon, your leadership, the rest of your directors, all the leadership throughout the DAV across our Country.

Thank you for serving our Country, and thank you for continuing to serve our Country by making sure our veterans, men and women, across the Country are served properly. I appreciate it.

Commander Nixon, I want you to know that the folks here in Washington that represent the DAV every single day do an extraordinary job of advocating for veterans across the Country and particularly veterans from DAV. So they do an outstanding, outstanding job.

Mr. Chairman, I want to thank you, under your leadership, for allowing me to lead this women's task force. I am extraordinarily excited about it.

Our mission is really to try to identify where we are not serving our women veterans properly, whether it is their health care or any of the other benefits that the VA provides, and we want to identify those gaps, if you will, and begin to create policies and/or procedures within the VA to address those.

We have an intention of really utilizing your expertise, but talking to women veterans across the Country to help us identify what those issues are.

Also, we want to figure out where all the barriers are for women to access the benefits that are there, and what we have determined so far is many women leave the military and do not identify as veterans and therefore do not access the services. So we want to be able to try to penetrate on that and identify where those barriers are and figure out how the VA needs to change in order to be a welcoming mat to female veterans.

I know that Congresswoman Lee, when I walked in, she was also asking about services to women veterans, and I too would just like to ask a similar question, if we can, to drill down a little bit more. And I know we will have many more meetings after this, but what are some of the very specific policy proposals that you think this task force should prioritize and to better ensure our services to female veterans? Commander Nixon.

Ms. ILEM. Well, we appreciate the creation of this task force. That is excellent. As you know, DAV, this has been a longstanding critical priority for DAV, ensuring that our women veterans, that their military service is acknowledged, that their contributions in service are celebrated, and that they are treated with dignity and respect. They want what every veteran wants, those things.

I know that there is peer-to-peer assistance provisions in some of the bills that are out there right now. I think that is critical. We know that our women veterans often isolate. They do not have that peer-to-peer interaction, which is so essential to make sure that they can get the services that they need in VA, but also legal and support services. We know from the challenge reports and the homeless reports that often women have problems with having legal services for getting child support payments, any eviction notice with the homeless issue as well.

The newborn care and adoption assistance and there is eliminating these number of access barriers, as you noted, for women not being—not identifying, self-identifying, not realizing about the services that are out there for them.

But we have seen such an increase in the number coming to VA, which is encouraging, but we want to see that growth continue. We want women to use the VA health care system. The VA research that is being done is second to none. We know more about the subpopulation of any veteran, about veterans, and because of their complex health needs, we know it is the best place for them. So we want them to get the services they need.

The Child Care Act that you have been such a champion for and the other bills, that is a barrier that has been identified over and over again. If I do not have access to child care, I just cannot get those specialized mental health services I need or go into the VA.

I think there is a number of things that can be done, and I look forward to providing any assistance for DAV. You know how important this issue is to us in our most recent report. So, we hope that also lays a road map out there for the number of issues that can be tackled, and I think this is excellent news.

Ms. BROWNLEY. Well, thank you for that. I will look forward to working closely with you and all the other VSOs and women veterans across our Country to make sure that we are servicing our women in a way, in addressing the needs that they have. I believe in many cases, whether it is mental health, it might be, a woman—men and women can experience military sexual trauma, but I think in terms of addressing that, men and women may need to deal with that in a different way.

That is just one example, I think, of many where some of the services that are out there, we may want to have a shift in the services specifically to address women.

But it is something that we will investigate and get to the solutions, and I really appreciate your advocacy around this.

Commander Nixon, thank you again for your leadership and being here today.

I yield back, Mr. Chairman.

[Applause.]

Chairman TAKANO. The gentlewoman yields back, and I look forward to the work she will be doing with the Women's Veterans Task Force.

I just want to take note that this year is a first for our Committee. Congresswoman Luria of Virginia is the first woman veteran to serve on our Committee.

[Applause.]

Chairman TAKANO. Of our five subcommittees, three of them are chaired by women Members of the Committee.

I now would like to recognize the gentleman from Pennsylvania, Mr. Meuser.

HON. DAN MEUSER, U.S. REPRESENTATIVE FROM PENNSYLVANIA

Mr. MEUSER. Thank you, Chairman.

Commander Nixon, all members of the DAV, Disabled American Veterans, it is really an honor to be here and work to serve you, all of you who have served our great Country so well.

I had the occasion to be over at the Pentagon yesterday for a good part of the day, and it was fascinating. We got some very good information. We certainly have a very strong and mighty military. We just got to keep it that way, and I think a few of you likely agree.

I am from Pennsylvania, the Pennsylvania Ninth, so it is eastern central Pennsylvania. We do have in the district, Fort Indiantown Gap, and we have the Lebanon VA. We also have many veterans who utilize the Wilkes-Barre VA, which is just outside of the district.

I also have as many as 88,000 veterans. So out of a district population of 705,000, we have 88,000 veterans. So it is certainly a veteran-rich district, and it is one of the reasons that it is such a great district.

Is anybody here from Pennsylvania, by the way? All right. Hoorah.

[Applause.]

Mr. MEUSER. Let us get a Yuengling later. [Laughter.]

All right. I certainly have a number of questions, and I had the chance to speak with a few veterans and members as I came through.

Commander Nixon, I will let you delegate it. I would just like to ask you what you think that we should be doing here in Congress and on the Veterans' Affairs Committee to help employment opportunities for our brave men and women.

Mr. NIXON. Thank you, sir.

I will defer that to Director Hall.

Mr. HALL. Well, thank you, certainly, for the question.

DAV is doing quite a bit in the employment sector. We started our employment program back in 2014, and while it comprises a lot of components, one of the larger parts of it is that we are able to host career fairs across the country, to include some online career fairs.

They are well attended. We have quite a few employers that come and participate in that.

Specifically, over the last few years that we started the program, we have sponsored more than 476 career fairs. More than 175,000 people have attended. That includes spouses. It resulted in a little over 130-, 132,000 job offers.

That alone is only one component of it. We have a lot of online tools and resources that are available to veterans at jobs.dav.org.

Our newest venture that we have is that we launched our DAV Guide to Hiring Veterans with Disabilities, which is really for employers, and it has been met with a lot of favor and a lot of success from those folks in the sector.

We did a hard launch of the guide back in October in light of the National Disability Employment Awareness Month, and that alone, we had more than 50,000—more than 60,000, really, visits to that page on our website because it is free for download, and it is aimed at being able to provide some quick solutions to companies that were apparently meeting a lot challenges when it came to our barriers, when it came to hiring veterans with disabilities.

With that, we have various other components, sponsoring a television program, Hiring America TV (http://hiringamerica.net/tv-show/), which is weekly, to provide a lot of these resources and outlets for veterans and their spouses to be able to access those employers.

Mr. MEUSER. Well, thanks. Thanks for that information. Certainly, if there is ever anything at all that you can provide that we could be or I could be of assistance, please contact my office or, of course, this Committee. And that goes for all veterans in the office. It is truly my honor to serve.

We salute you, and thank you very much for your service.

I yield back my time, Chairman.

[Applause.]

Chairman TAKANO. The gentleman yields back.

I now recognize the Ranking Minority Member of the Committee from the House side, Dr. Roe, for any questions and your final comments.

Dr. ROE. OK. Thank you, Mr. Chairman.

Commander, a shout-out to you for your service. I read your testimony last night, and a shout-out to the DAV for providing almost $9 million in vans in the last couple of years, along with the association you have with Ford Motor Company. Full disclosure, I have got a Ford pickup truck, too.

[Applause.]

Dr. ROE. That is absolutely awesome.

I wanted to thank the Auxiliary. I think one of the things that happens many times—and I did not think about it as a young man when I was deployed, but the families you leave at home. They have to look after a lot of things, a lot of responsibility when we are deployed at not home. I want to thank all the Auxiliary members who serve and supported us and supported you. So, a shout-out to them also.

[Applause.]

Dr. ROE. We have talked about a lot of things, and I know our colleague from California. I was in California about a year and a half ago, and 10 percent of our homeless veterans in the yesterday are in L.A. County. It is an amazing number, I found.

While General Shinseki was the VA Secretary when I first came on the Committee in 2009, we had 100,000 homeless veterans. That number is now under 40,000. That is too many, but the VA is working in the right direction.

The biggest problem I find where I live and I bet everywhere across the country is adequate housing stock. We just do not have enough housing. We have got the vouchers, but we do not have the housing stock to place these men and women.

At that same meeting I had in Nashville, I ran across a female veteran who was homeless, now is in a HUD-VASH voucher program, has a job, and had a smile from ear to ear. So, I know the program works when you get out and talk to our various veterans around the country.

Commander Nixon, I want to go over just a couple of things.

Oh, by the way, just for full disclosure, four of the five Ranking Members on the subcommittees are veterans on the Republican side. I just want to point that out. [Laughter.]

Commander, I know the VA electronic health record modernization is a dense subject, to say the least, but I want to commend Adrian Atizado, your Deputy National Legislative Director, for his work on the issue. I do not want to embarrass him too much, but I want you to know the Committee considers him a tremendous resource. I want to pass that along.

[Applause.]

Dr. ROE. A couple things I want to go through very quickly and then I will finish up, we passed, hopefully, a transformative bill for the VA, which is the VA MISSION Act, and, Commander, very quickly, what are your all's initial impression of the access standards that the VA just rolled out?

Mr. NIXON. Thank you, sir.

I will ask Mr. Reese, the Director.

Mr. REESE. Well, unfortunately, as you know, throughout the process of creating the MISSION Act and its actual work groups at the VA, Members of Congress, staff from Congress, the VSOs, and several stakeholders—it was a great collaborative process. It came to fruition with a bill that we all thought was a nice compromise and a nice consensus document that became law. Unfortunately, since that time, we have not been engaged, and we have not been able to give adequate feedback in regards to those access standards.

We were basically told the same thing as Congress was: It will be coming out in the Federal Register, and you can read them then.

So they did come out about 10 days ago. We are giving a hard look at them. So far, what we have seen is, for the most part, the access standards that were published, they are an average, and unfortunately, our Nation is not based on average.

We think that they are arbitrary, and we will have to have a look at the market assessments in order to determine whether that care would even be there. If the care is there, is it timely? And if it is not timely—or is it high quality? Again, if those categories are not met, the outcomes certainly are not going to meet the standards of the VA.

As you know, today, VA leads the way. VA care in most markets across the country is equal to or better than in the private sector.

A little while ago, I was asked a question by a Member that was along the lines of if you had a choice between getting fast care or getting quality care, which would you choose? Of course, for our veterans, we want quality care, but 99 percent of the time, that is going to be at the Department of Veterans Affairs today.

[Applause.]

Dr. ROE. Thank you.

I agree. We had the same wait that you had, but we will have more bites at the apple before June the 6th, and we will go on.

I want to finish up by just pointing something out to you that is going to happen tomorrow and just ask maybe for your help a little bit. In the House, we just voted on a rule—that is why I was late getting here a little bit—that will permit limited debate on legislation affecting the Second Amendment rights.

A little-known and -understood provision of those bills—we will vote on it tomorrow—would read as follows, "It shall be unlawful to sell any firearm or ammunition to any person knowing or having a reasonable cause to believe such person has adjudicated with mental illness, severe development disability, or severe emotional disability."

There are 1.6 million disabled veterans with a service-connected adjudication by VA of mental illness, including 1 million—about 1 million with PTSD. We need to slow this train down so we can understand what we are doing.

I had an amendment to clarify that veterans with a VA mental illness adjudication were exempt from the bill standard, but that was ruled out of order. I could not get that in the bill.

Just to make you aware, it is 1112, and I just think we need to debate this a little more and a little longer before we say that a veteran who has protected this Nation—my concern is that we will take veterans, and they will be afraid to come in to speak to us

about their mental problems because they might lose their right to own a weapon, and where I live, that is very, very important where we live in the First Congressional District of Tennessee.

I want to finish by thanking Chairman Takano, and I knew this would not be too long of a meeting today because former Sergeant Major Walz, who is now the Governor of Minnesota—I knew if it was going to be a long meeting, he had two 20-ounce Mountain Dews. So I know that the Chairman just has a bottle of Perrier. That is California. I am just drinking our regular water, whatever comes out of the bottle. [Laughter.]

I want to thank the Chairman. I look forward to working with him, as this has been a bipartisan Committee. As you all know, we could never have gotten done in the last Congress what we got done, and with your help, we will continue to do what is right for our Nation's heroes.

I thank you. I salute you, and I appreciate the opportunity to serve.

I yield back.

[Applause.]

Chairman TAKANO. Mr. Reese, I want you to know that what I heard you say in your answers to Dr. Roe is that the new access standard raises more questions than it answers, and I hear at least six or seven questions that need to be answered from what you said.

With that, I just want to thank everybody for being here. I want to thank Dr. Roe for the example he set and all that he achieved under his leadership.

This Committee was enormously productive. It passed just a huge number of bills, and some of the bills that are unfinished, I am going to take them up. I am going to pass them and make sure that we pass them early enough so that we get them through the Senate.

The priorities that you have outlined, every one of them, I want you to know this: your priorities are my priorities. I look forward to working with you and all of your Members.

Commander, I want to thank you for the time you put in to serve this organization as its leader, for what you have done to serve our Country, and what all of your members have done to serve our Country.

Let me also say this. God bless all of you, and God bless the United States of America.

This hearing is now adjourned.

[Applause.]

[Whereupon, at 4:31 p.m., the Joint Committee was adjourned.]

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TO THE MEN AND WOMEN WHO SERVED

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STATEMENT OF
DENNIS R. NIXON
DAV NATIONAL COMMANDER
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
FEBRUARY 26, 2019

Chairman Isakson, Chairman Takano, and Members of the Committees on Veterans' Affairs:

Thank you for providing me the opportunity to present the 2019 legislative program of DAV—Disabled American Veterans—an organization of more than one million members, all of whom were injured or became ill during wartime service.

Ever since I was 4 years old, I knew I wanted to be a Marine. In 1964, when I turned 17, with my mother's consent, I enlisted in the Marine Corps. Less than a year later I began my first tour in Vietnam as a combat engineer. I was a proud Marine and might have spent my career in the Corps if fate had not intervened. However, during my second tour in 1969, while on patrol in Danang, I tripped a "booby trap" and was severely wounded. I underwent numerous surgeries, ultimately losing my left leg and was medically retired in 1970. It was a devastating personal blow, as my only plans in life were to serve my beloved Corps, but this ending was also a new beginning for me.

During my extensive recovery period at the VA hospital in Big Spring, Texas, I learned about DAV and the free assistance our organization offers veterans and their families. With the advocacy of a DAV service officer, I was able to obtain all my earned benefits, which allowed me to focus on my recovery and to begin planning a new direction for my future. I was so personally moved by the help I received from DAV that, just a couple of years later, I entered DAV's on-the-job training program, became a service officer myself, and spent the next 36 years assisting my fellow veterans. Since my retirement in 2008, I have continued volunteering for DAV, helping to train and mentor a new generation of ill and injured veterans who will continue to serve as benefits advocates.

I strongly agree with my fellow Texan and Hall of Fame coach of the Dallas Cowboys Tom Landry, who said, *"I've learned that something constructive comes from every defeat."*

From my decades working with veterans, I saw firsthand how critical VA benefits and services are, not just to disabled veterans but also to their families and caregivers who sacrifice so much. I know how important my wife, Maxine, has been to me and every success I have achieved. I want to ensure that she continues to have adequate support when I am gone. As this new 116th Congress considers ways to strengthen and expand support for veterans, I implore you to also consider how to empower and support our families and survivors.

Messrs. Chairmen, 100 years ago in 1919, in the aftermath of World War I, millions of America's doughboys left Europe's trenches and began returning to their country, their homes and their families, seeking to restart lives that were so dramatically interrupted by what was once called The Great War. Over 4 million American soldiers, sailors and Marines were mobilized during World War I. All were forever changed by what they had done and seen. More than 116,000 lost their lives and another 200,000 were wounded, many bearing visible and invisible wounds of war that would last a lifetime.

To ease their transition back home, Congress established a new system of benefits—including disability compensation, life insurance and vocational rehabilitation. It authorized the leasing of hundreds of private hospitals and began building new hospitals for thousands of returning injured war veterans. However, limited funding and bureaucratic red tape left too many seriously injured and disabled veterans without the support they needed and had earned.

Today, we are once again approaching a critical point in time—a crossroads that will determine how well our nation fulfills its promises to veterans. As we move forward, we should keep in mind the words of another Texan, former President and World War II veteran Lyndon Johnson, who once said, *"We can draw lessons from the past, but we cannot live in it."*

Strengthening and Reforming Veterans Health Care

Over the past couple of years, Congress has approved several landmark laws that will make historic changes in how VA delivers health care, benefits and transition services. The most important of these is the VA MISSION Act, which will expand veterans' access to health care through a new integrated community care program and make major investments to increase VA's internal capacity to provide care. The law also establishes a comprehensive process to modernize and realign VA's physical infrastructure of hospitals and outpatient clinics. In addition, the MISSION Act will expand VA's caregiver support program to include seriously injured veterans from all military service eras.

The origins of the VA MISSION Act can be traced back to the access crisis and waiting-list scandals that exploded in 2014, leading to enactment of the Veterans Access, Choice, and Accountability Act, which provided veterans with a new way to access community care. This new "Choice" program offered veterans the option to use specified community providers when VA care could not be scheduled within 30 days or if a veteran would be forced to travel more than 40 miles to a VA facility to receive needed care. However, the short and unrealistic 90-day implementation period hindered the program from the outset, creating almost as many new problems for its veteran patients and VA as it resolved.

The Choice Act also created a "Commission on Care" to study and propose recommendations on how to strengthen VA health care and expand access for enrolled veterans. In June 2016, the Commission released its final report and recommendations, calling for establishment of "high-performing, integrated community-based health care networks" to replace the Choice program. The Commission envisioned a system in which VA was the coordinator and primary provider of care, and recommended that community providers be used to expand access only when VA was unable to meet local demand for care. VA, DAV and other veterans service organizations offered similar plans that would keep VA at the center of veterans' care, while integrating community providers to expand timely access.

Over the past two years, DAV and other VSOs have worked closely with the House and Senate, VA and the Administration to find common ground on a replacement for the Choice

program that addresses all major stakeholders' concerns. The final result, the VA MISSION Act, represents a consensus and compromise to expand access to and improve the quality of health care provided to enrolled veterans, while strengthening the VA health care system. With provisions of the law beginning to take effect this year, it is now up to the 116th Congress to ensure that the MISSION Act is fully, faithfully and effectively implemented. However, if the law is not implemented as intended, particularly if expanded community care is funded by diverting money out of the VA health care system, there could be millions of ill and injured veterans who lose access to VA hospitals and clinics they choose and rely on for their care.

The VA MISSION Act consolidates several existing community care programs, including the current Veterans Choice Program, into a single Veterans Community Care Program (VCCP), using local integrated networks of community providers, including the Department of Defense and VA's academic affiliates. By June 6, 2019, VA must complete market area assessments, develop strategic plans to provide care to enrolled veterans in each market and promulgate all regulations necessary to operate the VCCP. VA will remain the primary provider of care and be responsible for coordinating care, including scheduling appointments.

VA is also required to develop new access standards to replace the current 30-day, 40-mile standards, as well as new quality standards. It is important that new access standards are realistically achievable and clinically appropriate. VA must establish standards that take into account both VA's capacity to meet these standards as well as that of community providers, using comparable measures between VA and private-sector access. It does not help veterans to offer them a community care option if those community providers are unable to meet their clinical needs in a timely manner.

Ultimately, the new Veterans Community Care Program will be judged on how well it meets the needs and preferences of veterans. It is essential that veterans, their representatives and leaders are fully engaged from the outset, particularly when VA begins developing market area assessments and strategic plans. Unless veterans and other stakeholders have input and confidence in this process, it is unlikely to be successful in the long run. Therefore, VA must develop these assessments and plans in a fully open and transparent process with opportunities for meaningful participation from veterans at every key decision point.

Unfortunately, the development of the VA access standards has not been an open or collaborative process up to this point. The access standards that VA recently announced must be carefully analyzed to determine whether they will lead to better health care for enrolled veterans, and what level of funding increases will be needed. While all enrolled veterans should have access to care as quickly as medically necessary, we are concerned that the time and distance standards VA is considering could require tens, if not hundreds of billions of dollars to pay for care in the community in the coming years. At a time when the Administration is calling for budget reductions across all federal agencies, we have concerns about whether the only way to pay for expanded community care will be to cut funding for VA's hospitals and clinics, and thereby take away access and choice for injured and ill veterans who rely on VA, particularly for the specialized services VA offers. Congress must use all of its oversight tools, including the power of the purse, to ensure that no veteran loses access to VA-provided care that they choose and rely upon.

As VA makes critical decisions about how best to deliver medical care to veterans in each geographic market, there must also be a fundamental understanding that VA is more likely to produce better health care outcomes for veterans than community providers, even those selected for integrated networks. For this reason, preference must be given to maintaining a full

continuum of care within VA health care facilities, whenever and wherever feasible. While at times there may be unique circumstances or justifiable exceptions, VA must seek to maintain all foundational services in all locations to assure its long-term viability to provide comprehensive care for veterans. This requires a robust VA health care system. Cost should never be the sole determinant for dropping a foundational service in a market area unless there is a very high degree of certainty that the private sector will offer at least the same level of quality and veteran-centric expertise that VA is capable of providing.

In developing and managing the new community care program, it is critical that non-VA providers who wish to be part of the integrated networks demonstrate a high level of expertise in veteran and military medicine, significant cultural competency about the veteran and military experience, and a commitment to improving and maintaining their skills and expertise. Unfortunately, numerous studies – including by RAND Corp. – have found that most private health care providers have limited experience and lack cultural competency in treating military veterans. VA must carefully manage the new community care network to ensure that the overall quality of care provided to veterans remains high.

Perhaps most importantly, VA must request, and Congress must provide, sufficient and timely funding to meet the full demand for care by enrolled veterans within VA facilities and through non-VA providers through the VCCP, including full funding for advance appropriations. As DAV and our partners have testified for years, and the Commission on Care agreed, the primary reason for the 2014 access crisis was *insufficient funding provided to VA to meet the rising demand for care by enrolled veterans*. The Choice program also demonstrated that when access to care is improved, more veterans enroll in VA and overall utilization rises, both necessitating additional resources. It is imperative that Congress be prepared to fund the full demand for care that will likely be generated by increased access through integrated networks.

Additionally, with VA reporting over 45,000 vacancies in its August 31, 2018, report to Congress, it is imperative that VA be provided adequate resources and additional tools to make VA the preferred employer for medical professionals. The VA MISSION Act contains numerous provisions to strengthen, expand and create new programs, including the VA Health Professional Scholarship Program; Education Debt Reduction Program; VA Specialty Education Loan Program; Veterans Healing Veterans Medical Access and Scholarship Program; Recruitment, Relocation, and Retention Bonuses; and a Pilot Program on Graduate Medical Education and Residency. The law also expands VA's authority to operate telehealth programs across state lines and requires VA to develop new health care programs specifically targeted to rural and underserved areas, both of which must remain priorities for VA. VA must fully and faithfully implement these new programs, as well as provisions to expand VA care to rural and underserved areas.

The MISSION Act also establishes a multiyear Asset and Infrastructure Review (AIR) process to examine VA's existing health care infrastructure and develop a long-term plan to realign and modernize it. The plan must be reviewed and approved by VA, an independent Commission, the President and Congress. The Commission will consist of nine members chosen by the President, including three specifically representing major veterans service organizations.

Although the AIR process will not begin to take effect until 2021, Congress and VA can take several steps now to ensure a smooth and successful outcome. Prior attempts by VA to realign its infrastructure have been significantly hampered and curtailed due to public and congressional opposition based on local and parochial concerns. The AIR process will be most

effective if the process is open, transparent and well understood by veterans who will be affected by changes. In addition, Congress should enact legislation to align and harmonize the two different "market assessments" in the VA MISSION Act—one for the VCCP and one for the AIR—to eliminate any confusion. As part of this legislation, Congress should further emphasize the importance of performing market assessments in an open and transparent manner in collaboration with veterans groups and other veteran stakeholders.

Improving and Expanding Caregiver Support for Severely Disabled Veterans of All Eras

The fourth major section of the VA MISSION Act is the expansion of VA's caregiver program to support severely injured veterans of all eras. When the very first severely injured veterans were returning home from the wars in Iraq and Afghanistan, DAV immediately recognized the critical role family caregivers played in veterans' successful recovery and reintegration into civilian life. We also helped identify their need for support services and worked with both the House and Senate Veterans' Affairs Committees to develop legislation that was eventually enacted as the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163).

This groundbreaking law, passed in May 2010, required the establishment of the Program of Comprehensive Assistance for Family Caregivers (Caregiver Support Program) to provide respite, peer support, mental health care, medical training and caregiving education, a modest stipend and health insurance through CHAMPVA to mitigate the greatest impact the caregiving role has on family members of veterans and service members seriously injured in the line of duty on or after September 11, 2001.

Since 2010, DAV has worked tirelessly to expand this critical benefit to family caregivers of ***all*** severely ill and injured veterans. We released an important and consequential report in 2017, *America's Unsung Heroes: Challenges and Inequities Facing Veteran Caregivers*. This report includes the results of a qualitative online survey of over 1,800 family caregivers and veterans of all eras, which confirmed that caregivers of veterans ill or injured before September 11, 2001, actually provide more physically demanding assistance with activities of daily living. These findings are concerning since caregivers of veterans ill or injured before 9/11 are, on average, older than their peers caring for post-9/11 veterans (60.9 versus 43.1 average years of age) and have provided more years of care to their loved ones (10.5 versus 6.8 years).

In May 2018, eight years after passage of the bill creating the Caregiver Support Program, Congress finally passed the VA MISSION Act of 2018 (Public Law 115-182), which contains provisions that will finally bring relief to family caregivers of veterans severely injured before September 11, 2001. We appreciate the strong leadership of members of both the House and Senate Veterans' Affairs Committees who, with steadfast support and advocacy efforts from DAV, worked tirelessly to make this happen.

While we are extremely appreciative of the inclusion of caregiver program improvements and expansion of supports, we are concerned that VA has already missed the October 1, 2018, deadline set forth by Public Law 115-182, which requires VA to implement an information technology system that fully supports the Caregiver Support Program and allows for data assessment and comprehensive monitoring. Despite this setback, we are cautiously optimistic as VA continues to work on meeting the October 1, 2019, deadline to certify that the required information technology system has been implemented prior to expansion of access to family caregivers of veterans severely injured before 9/11.

Today, there are thousands of family caregivers struggling to maintain physically demanding duties such as lifting and transferring their loved ones in addition to maintaining the household. Some of these caregivers have now assisted their loved ones for up to four decades. Caregivers in our survey report that there is a significant impact related to caregiving, particularly on their relationships with other family members and friends. They indicate that their healthful habits of preventive care, exercise and diet are often delayed or sacrificed for their loved ones. Help for them is long overdue. For these reasons, we urge both Committees to conduct strong and transparent oversight to hold VA accountable to the October 1, 2019, deadline.

As with all cutting-edge programs, strong management and oversight is essential to ensure it is achieving its intended purpose. DAV applauded VA's decision in April 2017 to suspend, for eight weeks, all Caregiver Support Program revocations and tier reductions of family caregivers and their veterans due to reporting that some VA medical centers were removing and reducing family caregivers at alarmingly high rates.

On December 21, 2018, VA once again decided to temporarily suspend revocations and decreases in tier assignment due to inconsistent application of eligibility and evaluation requirements. It is imperative that VA fix these systemic and serious problems with all deliberate speed to improve this important and unique program.

Since the program's inception, DAV has provided VA several important recommendations to make program operations efficient, transparent and accountable to ensure effective program management, consistency in decision-making, and meaningful communication with veterans and their family caregivers. Unfortunately, most of our recommendations have yet to be implemented. As staunch advocates for our nation's ill and injured veterans, their families and survivors, we stand ready to work with VA and Congress as we did during the previous suspension of all revocations and tier reductions. We will continue to press VA to implement our recommendations, provide suggestions to improve the program for current participants and successfully implement VA MISSION Act of 2018 requirements for expanding eligibility to family caregivers of veterans severely injured before 9/11.

Finally, we continue to call on Congress and VA to further expand the caregiver program to include not just severely injured veterans, but also veterans whose serious disabilities were caused by service-connected illnesses. While we are grateful that Congress included the caregiver expansion for pre-9/11 severely injured veterans, we must not leave behind those equally deserving disabled veterans simply because their conditions were caused by illnesses, such as DAV Past National Commander Dave Riley, who as a Coast Guard rescue swimmer lost all four limbs due to a waterborne bacteria that nearly cost him his life. Like my predecessors, as National Commander, I plan to continue to press Congress to end this remaining inequity in the law.

Women Veterans Deserve Equitable Services

Messrs. Chairmen, another priority for DAV is ensuring our women veterans have equitable access to VA health care services and benefits. Today, women are serving in greater numbers in the U.S. military and likewise, the number of women veterans seeking VA health care services continues to increase—more than doubling over the past decade. While VA continues to make progress in meeting the needs of this rapidly growing population, there is far more to be done to ensure that programs and services are designed to meet their unique needs

and that women veterans have access to timely, comprehensive health care services at all VA points of care, including its network of community providers.

For these reasons I am proud to follow in the footsteps of my immediate predecessor, Delphine Metcalf-Foster, the first woman to hold the position of DAV National Commander. I have pledged to continue her commitment to address the health care, benefits and transition needs of women veterans. Last year in September, DAV released a second report on women veterans, W*omen Veterans: The Journey Ahead.* This publication, a follow-up to our 2014 report *Women Veterans: The Long Journey Home,* looks back to see what progress has been made and identifies remaining gaps in federal programs and the challenges women still face in accessing VA health care and benefits. *The Journey Ahead* includes 45 recommendations to improve VA health care and specialized services for women veterans of all service eras.

VA researchers have been key to identifying barriers to providing care to women veterans by looking at the specific demographic characteristics, health care utilization patterns and medical conditions of women veteran patients to help policymakers determine how they can improve health outcomes and better serve this population. VA research indicates women veterans are more intensive users of VA outpatient and mental health services compared to their male veteran counterparts, and are at higher risk for homelessness and suicide relative to nonveteran women peers. Notably, 63 percent of women veteran patients in the Veterans Health Administration (VHA) have a service-connected disability, and are eligible for a lifetime of medical treatment, compensation, education and other VA benefits. VA has dedicated significant resources to train hundreds of designated women's health providers. To ensure these clinical providers have the necessary skills and are proficient in women's health, VA holds mini-residencies that afford hands-on training and mentoring.

Wartime deployments and the recent integration of women into all military occupations have also resulted in a number of new transition and reintegration challenges for women veterans and new challenges for VA. Because women are now eligible to serve in all military occupations, they have increased exposure to combat and hazardous duties and thereby are at increased risk for serious war-related injuries such as limb loss, including amputations and traumatic brain injury, as well as the consequent risks of developing post-traumatic stress or other post-deployment behavioral health issues.

As VA is evolving to meet the needs of a more diverse patient population, it is also making critical changes to its community care program under the VA MISSION Act. These changes may be particularly impactful for women veterans since they are often required to leave VHA to receive gender-specific care such as genitourinary care or maternity services in the community. Based on the complex health needs of many women veterans, it will be essential that care coordinators, policies and best practices are in place to carefully coordinate and monitor women veterans' care, especially for women veterans with service-connected conditions that place them at higher risk for complications during pregnancy.

However, despite more access to services in the community, one study found that only about 2 percent of private-sector medical practices in the area surveyed felt they were prepared to meet the needs of service members and veterans. Women have special needs within the veteran population that may not be commonly understood outside of VHA, such as the high prevalence of PTSD due to military sexual trauma and intimate partner violence. Therefore, it will be essential for VA to develop specific training modules to help ensure community providers are aware of specific issues women veterans experience during military service and subsequent

transition issues they commonly confront, as well as supportive VA resources available for helping them.

As VA moves forward with its modernization efforts in the years ahead, it must ensure women veterans have equitable access to the same health care services and programs as male veterans, including VA's specialized services for substance-use disorders, homelessness and treatment for PTSD related to combat or military sexual trauma. Most importantly, these programs must be tailored to meet their unique needs. VA must also ensure proper coordination of care for women patients with complex care needs who must frequently access gender-specific health care services in the community and especially for women veterans with war-related injuries and/or service-related conditions who may routinely split their care between VA and community providers.

Hundreds of thousands of women have answered the call of duty and put themselves at risk to preserve our nation's security. They have kept their promise and served faithfully; now it is time we keep our promise to them. We can do this by acknowledging and celebrating their contributions in military service, by treating them with the respect and dignity they deserve and by providing equal access to high-quality health care tailored to meet their unique needs. It is imperative for VA to proactively conduct women veteran health-related research as appropriate; periodically review, adjust and improve its women's health programs; and seek innovative methods to address known barriers to care, thereby better ensuring women veterans receive the quality treatment and specialized services they so rightly deserve.

We strongly encourage Congress to increase its oversight of the VA's Women Veterans' Health Program and dedicate appropriate resources specifically to help the Department address identified deficiencies and improve programs and services for our nation's women veterans.

Justice for Blue Water Navy Vietnam Veterans and Burn Pit Exposure

Another critical issue for DAV this year is Blue Water Navy veterans. Like all 2.7 million men and women who served in Vietnam, "Blue Water Navy" veterans answered the call of their nation and put themselves in harm's way. Tragically, many of them became sick or died from cancers and other illnesses caused by their exposure to Agent Orange.

When the VA implemented the Agent Orange Act of 1991, they determined that veterans who received the Vietnam Service Medal, to include those who served in the waters offshore, were exposed to Agent Orange. In 1993, a VA General Counsel Opinion held that veterans with service in the waters offshore were exposed to Agent Orange.

The Veterans Benefits Improvements Act of 1996 extended the wartime period for service in Vietnam. Subsequently, a VA General Counsel opinion in 1997 misinterpreted that statute and determined only veterans who physically served in Vietnam were exposed to Agent Orange. In 2002, the VA updated its manual reiterating that exposure to Agent Orange was conceded only to those physically in Vietnam. The decision to exclude Blue Water Navy veterans from exposure to Agent Orange was not based on medical or scientific evidence, law, or actual Congressional intent; it was based on a misinterpretation.

In 2006 the Court of Appeals for Veterans Claims held that VA's interpretation was incorrect; however, the VA subsequently appealed that decision to the U.S. Court of Appeals for the Federal Circuit. In 2008 the Federal Circuit upheld VA's decision to exclude Blue Water Navy Vietnam veterans.

Lawmakers began introducing legislation in 2008 to clarify their intent of including Blue Water Navy Vietnam veterans as exposed to Agent Orange. During the 115th Congress, H.R. 299, Blue Water Navy legislation, passed the House of Representatives with a vote of 382 to 0 in June 2018. However, the bill was not successful in the Senate. Senate leadership tried to pass the bill by unanimous consent, but due to the objections of two Senators, the bill failed as the 115th Congress closed in December 2018.

We are pleased to see that House Veterans' Affairs Committee Chairman Mark Takano and Ranking Member Dr. Phil Roe have reintroduced legislation—H.R. 299 and H.R. 203—the Blue Water Navy Vietnam Veterans Act of 2019. These bills contain the same essential language as was introduced in the 115th Congress.

Subsequently, the U.S. Court of Appeals for the Federal Circuit (Federal Circuit), made a landmark decision on January 29, 2019. In *Procopio v. Wilkie*, the Federal Circuit overruled the VA's previous misinterpretations and held that it was Congress's intent to include the territorial seas as serving in Vietnam. The Court defined the territorial seas as 12 nautical miles from the coast of Vietnam.

VA now has an important decision to make about whether it will attempt to overturn *Procopio v. Wilkie* by appealing the decision to the U.S. Supreme Court, or whether it will allow this long and overdue justice to be delivered to aging Vietnam War veterans and their survivors. We have urged VA not to appeal this decision and instead begin implementing it immediately by reviewing and readjudicating every incorrect decision going back to 1997 when the error was made. It is the right thing to do for Blue Water Navy Vietnam veterans.

However, if VA does decide to appeal this decision, DAV calls on the House and the Senate to quickly move forward and pass H.R. 203/299 or similar legislation to protect and codify the *Procopio* decision. And even if VA does not appeal the decision, it is still imperative for Congress to take action to ensure the Court's correct interpretation and application is applied for all affected veterans back to the date when VA misinterpreted the law. Therefore, we call on Congress to enact H.R. 203/299 or similar legislation to protect and codify the Federal Circuit Court decision, to ensure all Blue Water Navy Vietnam veterans receive the benefits earned through their service.

Messrs. Chairmen, Agent Orange is just one of the many environmental hazards military personnel are exposed to during deployments to combat zones. These hazards include a variety of toxins such as herbicides, pesticides, chemicals, solvents and the burning of waste products. Exposure to many such hazards has been associated with long-term adverse health outcomes. In particular, DAV is deeply concerned about possible health risks associated with emissions from open-air waste burning, commonly called burn pits, that can be traced back as far as Operations Desert Storm/Desert Shield in 1990–1991. In fact, during Operations Desert Shield/Desert Storm, burn pits were utilized not only in Iraq but also in Kuwait, Oman, Qatar, United Arab Emirates, Saudi Arabia, and Bahrain. In response to a constellation of unexplained symptoms and illnesses reported by returning Persian Gulf War veterans, the Department of Defense (DOD), the VA and Congress sponsored a series of studies. These studies indicated that exposures to smoke from oil-well fires and from other combustion sources, including waste burning, were stressors for troops.

During Operation Joint Endeavor in Bosnia in 1995–1996, military preventive-medicine personnel recognized that open burning of waste might be an operational necessity during

combat operations. They recommended that burning should be limited and open-air waste burning in Bosnia and Kosovo was eventually replaced with incinerators.

In the past couple of years, almost all burn pit legislation has been specific to post 9-11 veterans, those who served in Afghanistan after September 11, 2001, and those who served in Iraq after March 20, 2003. However, since veterans of Operations Desert Storm/Desert Shield and Operation Joint Endeavor and veterans who served in Djibouti after September 11, 2001, have also been acknowledged by the DOD as being exposed to burn pits, we call on Congress to include veterans from all eras and conflicts who served in areas where burn pits were known to have operated when considering legislation for burn pits exposures.

We are also troubled that many veterans exposed to toxins from burn pits may not have access to VA health care or the ability to obtain service-connected benefits for diseases or illnesses related to those toxins. In October 2018, the VA announced they are contracting with the National Academy of Medicine to provide a comprehensive study of burn pit effects. The study findings are expected to be issued in 2020. This means that we are still years away from potentially establishing presumptive diseases related to conceded burn pit exposures.

In the interlude, Congress should enact legislation to concede burn pit exposure. A concession of burn pit exposure will not establish presumptive service connection; however, it will remove the obstacles to veterans proving their individual exposure to burn pits and the types of toxins emitted for claims based on direct service connection. The concession of exposure should include the same veterans currently eligible to join the VA Airborne Hazards and Open Burn Pit Registry, which includes those exposed prior to 9/11.

Accessing VA health care for symptoms, illnesses and diseases related to toxic exposures remains a major concern for those veterans exposed to toxins. Although combat veterans who were discharged or released from active service on or after January 28, 2003, are eligible to enroll in the VA health care system for five years from the date of discharge or release, this does not address many of the illnesses or diseases that may develop after the five year period, such as cancers and multisystem diseases. Veterans exposed to burn pits, in many cases, have no alternatives for health care beyond the established period.

Therefore, we urge Congress to enact legislation to either extend or eliminate the five-year period for VA health care for combat veterans or to amend title 38, United States Code, Section 1710 to include VA health care for veterans exposed to burn pits.

Improve Benefits for Disabled Veterans' Spouses and Survivors

Messrs. Chairmen, DAV's mission has always been to assist this nation's wartime service-disabled veterans, their dependents and survivors. While most of the attention is paid to the veteran, and rightfully so, we cannot forget those who must share in the burden of sacrifice. When Abraham Lincoln gave his second inaugural address, he spoke of those who had "borne the battle," but he also made sure to include the "widows and orphans" who had also "laid so costly a sacrifice upon the altar of freedom." We honor their sacrifice to this nation and seek legislation that reflects the impacts of military service on the spouses, children and caregivers of our nation's disabled veterans and their survivors.

Dependency and Indemnity Compensation (DIC) is a monthly benefit paid to eligible survivors of veterans who pass away due to a service-connected condition or from a nonservice-connected condition if the veteran had a totally disabling service-connected

condition for a period of time, generally 10 years before their death. The value of the current benefit, however, is insufficient to provide meaningful support to survivors of severely disabled veterans. A veteran who is receiving 100 percent disability compensation today would receive approximately $3,227 a month, whereas the current DIC benefit is $1,283 a month.

When a veteran receiving compensation passes away, not only does the surviving spouse have to deal with the heartache of losing their loved one, but they also have to contend with the loss of approximately $24,000 a year. This loss of income to a survivor's budget is often devastating, especially if the spouse was also the veteran's caregiver and dependent on that compensation as their sole income source. For these reasons, DAV calls on Congress to adjust the DIC benefit to a more equitable 55 percent of the amount provided for disability compensation to a veteran rated totally disabled, and then index it annually for inflation.

If the veteran passes away due to a non-service-connected condition before that 10-year period, their dependents are not eligible for any DIC benefit, even though many of these survivors were caregivers who sacrificed their own careers to take care of the veteran and could potentially be left destitute. The DIC program would be more equitable if survivors were eligible for a partial DIC benefit based on the number of years they were married to a totally disabled veteran.

Another questionable aspect of the existing DIC law is that surviving spouses lose their benefit if they remarry before the age of 57. By contrast, federal employee survivors in receipt of Civil Service Retirement System benefits and veterans who are signed up for the Survivor Benefit Plan (SBP)—which is an out-of-pocket insurance purchased by military retirees—are able to remarry at age 55 without penalty. Congress should enact legislation that is comparable to these other plans and allows surviving spouses to remarry at age 55 whilst maintaining their eligibility for full DIC benefits.

Congress should also correct the longstanding inequity in law that offsets DOD SBP payments against VA DIC benefits. Upon the death of a military retiree who was enrolled in SBP, the SBP payments to their survivors would be reduced by the amount of DIC that the survivor was already entitled to receive, thereby removing any financial benefit from enrolling in the plan. It is important to point out that SBP is not a government gratuity benefit; rather, it is an out-of-pocket insurance that is purchased by service members for their survivors' protection in case of their death. Thousands of survivors are adversely affected by this unfair offset every year.

Another aspect of the law that negatively affects dependents and survivors is the lapsing of education benefits under Chapter 35. This program, similar in function to the Montgomery G.I. Bill, gives an eligible dependent or survivor a 10-year period to apply for and complete these programs of education beginning either from the date the veteran is evaluated by VA as permanently and totally disabled from service-connected disabilities or the date of the veteran's death due to a service-connected condition. However, in many instances, most notably in the cases of caregivers' family obligations or the need to provide care for the veteran, dependents, spouses and surviving spouses must defer using these benefits for years, leaving many unable to apply in a timely manner resulting in a loss of earned educational opportunities. Congress should remove the 10-year delimiting date for spouses and surviving spouses to use their educational benefits provided under Chapter 35, Title 38, United States Code.

Messrs. Chairmen, just as we must fulfill the promises to the men and women who served, we must also meet our obligations to those who did not wear the uniform but have

served our nation as the daughters, sons, mothers, husbands, wives and fathers of a service member. So many men and women gave up their financial stability to take on the role of caregiver to ensure that their veteran could be cared for by the loving hand of a family member. These unsung heroes need to be assured that our nation recognizes their sacrifices as well and will cherish their legacy of service and support them now and in the future.

Sufficient Funding for Veterans Benefits and Health Care

VA has generally enjoyed strong bipartisan support in the Congressional appropriation process resulting in the Department's budget being enacted before the start of the fiscal year (FY). Such bipartisanship will be needed to ensure VA's budget for FY 2020 and FY 2021 advance appropriation is sufficient to support daily operations, sustain significant reform efforts and meet any new requirements imposed on the Department.

As part of *The Independent Budget*, DAV recommends for FY 2020 a total of $103.3 billion to ensure VA fully and faithfully implements the VA MISSION Act of 2018, makes needed improvements contained in the law, and is able to deliver timely benefits and services to ill and injured veterans, their families and survivors. Congress should also provide $90.8 billion in FY 2021 advance appropriations for VA's medical care accounts.

We estimate VA will require $88.1 billion for veterans' medical care for FY 2020. Of this amount, $56.1 billion would go towards the Medical Services Account, which includes $75.8 million designated for gender-specific health care for women veterans, $253 million for implementing a phased eligibility expansion of VA's comprehensive caregiver support program to severely injured veterans of all eras, and $534 million to meet the significant demand from veterans in need of long-term services and supports. VA's Medical Facilities and Medical Support and Compliance should be funded at $6.6 and $7.4 billion, respectively.

DAV also recommends $18.1 billion for the Medical Community Care account for FY 2020, which includes $8.5 billion to meet related requirements in the VA MISSION Act of 2018 as the Veterans Choice Program is completely phased out at the start of FY 2020 to be replaced by the Veteran Community Care Program, implementation of the new Urgent Care benefit, and Veteran Care Agreements.

For Medical and Prosthetic Research, DAV proposes $840 million to avoid stagnant overall purchasing power, for VA research to maintain current research efforts, address emerging research needs in areas such as chronic pain, gender-specific health needs, behavioral health and leverage the only known integrated and comprehensive caregiver support program in the U.S. to help inform policy makers and other health systems looking to support informal caregivers. In total, funding for the Veterans Health Administration for FY 2020 amounts to $89 billion.

For FY 2020, DAV and the *IB* recommends approximately $3 billion for all Veterans Benefits Administration (VBA) operations, an increase of approximately $79 million over the estimated FY 2019 appropriations level, which reflects maintaining current services with increases for inflation and federal pay raises. Until the full impact is understood of the Veterans Appeals Improvement and Modernization Act (AMA), Public Law 115–55, which is to take full effect this month, we believe it is too early to make projections about changes in full-time employee (FTE) levels needed. Accordingly, the IB is not recommending any FTE increases for VBA.

In addition, the Vocational Rehabilitation and Employment (VR&E) program is hiring an additional 174 Vocational Rehabilitation Counselors (VRC) this fiscal year to meet the recommended ratio of 125:1 veterans to VRC. Until we are able to determine the effect of this hiring initiative on the ratio and eventual caseload, we do not make any recommendations for additional staffing increases for VR&E.

To continue VA's modernization efforts of its electronic health record (EHR) system, DAV recommends $1.8 billion for FY 2020 during which initial operating capability will be completed, deployment of the new EHR throughout the remainder of VISN 20 will continue, and the deployment in much larger VISNs 22 and 21 will be initiated. We urge Congress to make such funds available for three years to provide VA the necessary flexibility to meet its deployment schedule.

In total, we recommend $6.14 billion for FY 2020 for VA's Information Technology account to sustain the existing Veterans Information Systems and Technology Architecture (VistA) during EHR modernization. This amount includes EHR modernization funding and an additional $230 million in development funding to address emerging needs in VBA, the Board of Veterans' Appeals, and VA Medical Research.

DAV NATIONAL SERVICE PROGRAM

Claims Assistance

Messrs. Chairmen, while much of our focus in Washington is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program. To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV directly employs a corps of more than 260 professional national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through the VA's Vocational Rehabilitation and Employment (VR&E) Service. The military experience, personal claims and treatment experiences of our benefits advocates through military and VA health care not only provide a significant knowledge base but also help promote their passion for helping other veterans through the labyrinth of the VA system.

With the addition of our chapter service officers, department service officers and transition service officers, DAV has a total of 3,942 service officers, including county veteran service officers accredited by DAV, all of whom are on the front lines providing much-needed claims services to our nation's veterans, their families and survivors. With the generous support of a grateful American public and public-spirited businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need. DAV national service officers reside in office space provided by VA in all its regional offices as well as other VA facilities throughout the nation.

I can proudly state that DAV has the largest and most well-trained service program in the country. No other organization has more impact on empowering disabled veterans to become even more productive members of society. We are the only veterans service organization that holds more than one million powers of attorney (POAs) to represent veterans and their survivors. During 2018, DAV service officers interviewed over 330,000 veterans and their families, filed over 203,000 new claims for benefits and obtained more than $20 billion in benefits for the injured and ill veterans we represented before VA.

Appellate Representation of Denied Claims

In addition to our work at VA regional offices, DAV employs national appeals officers (NAOs) who serve appellants in the preparation of written briefs for Board of Veterans' Appeals (BVA/Board) review and represent appellants in formal hearings before Veterans Law Judges. The BVA is the highest appellate level within VA, responsible for the final decision concerning entitlement to veterans' benefits. More than 96 percent of the claims before the Board involve disability compensation issues.

In FY 2018, DAV appeals officers provided representation in 26.5 percent of all appeals decided by the Board, which is a caseload of approximately 22,600 appeals. Of appeals represented by DAV at this level, 72 percent were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims (Court). DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Of the cases on which our national appeals office took action in calendar year 2018, each was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,718 of these cases previously denied by the BVA were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms—Finnegan, Henderson, Farabow, Garrett & Dunner, LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 12,736 veterans and have provided free representation in over 10,640 cases.

Appeals

As a longtime advocate of appeals reform, we are very pleased that the Appeals Modernization Act became effective on February 14, 2019. In fact, DAV has continuously been working with VA, veterans service organizations and other stakeholders to develop commonsense reforms to the appeals system. DAV helped lead a workgroup in 2014 to help build consensus for commonsense ways to improve appeals processing. Building on the progress made, in 2016 VA reconstituted a workgroup comprised of DAV, other veterans groups, stakeholders and the Board to develop a new framework that would streamline and reform the appeals system. After months of intensive collaboration, legislation was introduced and passed in both the House and Senate, and on August 23, 2017, the Veterans Appeals Improvement and Modernization Act of 2017 became law. We thank the Senate and House Veterans' Affairs Committees for your dedicated efforts to make this legislation a reality. This is an example of true collaboration and partnership among Congress, VA and leaders in the veterans community.

We are pleased that under the new appeals framework, claimants may choose the option that best meets their needs. This new framework will reduce the time it takes to process, review and make a final determination on appeals, all while ensuring veterans receive a fair decision. Additionally, the new framework includes safeguards to ensure claimants receive the earliest effective dates possible for their claims. Injured and ill veterans, their dependents and

their survivors will have more options and a streamlined process to receive more expeditious decisions on their appeals.

With the law now fully implemented, we urge Congress to join us in providing vigilant oversight of these new appeals and claims processes. This includes monitoring the processing of decisions on legacy appeals, timely processing under the new appeals system and monitoring the appeals system with metrics and goals to ensure that sufficient resources are provided proactively when needed.

Transition Services for New Veterans

Messrs. Chairmen, DAV also provides services to military members as they transition back to civilian life. DAV currently employs 32 transition service officers who also provide free services through direct on-site assistance to injured and ill active-duty military personnel through our Transition Service Program, now in its 18th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through VA. DAV remains committed to advocating for these service members to ensure that they are better informed about the benefits they have earned as a result of their military service. It is through this program that DAV is able to advise service members of their benefits and ensure that they know about the free services DAV is able to provide during every stage of the claims and appeals process.

Our transition service officers have been trained specifically to provide transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the continental United States and Hawaii. In 2018, these advocates conducted over 1,268 briefing presentations to groups of separating service members, with 44,014 total participants in those sessions. They also counseled 25,432 persons in individual interviews, reviewed the military service treatment records of 18,467 individuals and presented 24,649 benefits applications to DAV national service officers for filing with VA.

DAV Mobile Service Office Program

DAV also has a fleet of 10 mobile service offices to assist veterans wherever they live and help increase accessibility to their earned benefits. These specially equipped mobile offices visit communities across the country on an advertised and scheduled basis. This outreach effort generates a considerable amount of claims work from veterans who may not otherwise gain an opportunity to seek face-to-face assistance at a DAV national service office.

DAV also uses its mobile offices for outreach to veterans at other public events, including Native American reservation events, military retiree conventions, homeless veterans “stand downs,” community fairs and parades, Veterans Day and Memorial Day activities, veterans’ job fairs and various information seminars. During 2018, the mobile offices traveled 45,242 miles and visited 494 cities and towns. DAV benefits advocates interviewed 6,086 veterans and other potential claimants during these visits, which resulted in 2,881 claims being filed with VA.

Service Seminar Program

Another important tool to provide outreach to veterans is DAV’s information seminars, which are held to educate veterans and their families on specific veterans benefits and services. With the support of DAV’s network of state-level departments and local chapters, these free

seminars are conducted by DAV national service officers across the country. During 2018, we conducted 130 seminars with 8,726 attendees and interviewed a total of 1,132 veterans and other potential claimants. These seminars also resulted in 334 claims for benefits being filed through VA.

College and University Outreach

We are in our fourth year of deploying mobile service offices to colleges and universities and conducting service seminars for student veterans on campuses throughout the nation. In calendar year 2018, our efforts with these programs resulted in more than 63 events being conducted throughout 38 states and Puerto Rico, where many of your constituents are attending institutions of higher education.

When a DAV mobile office visit or service seminar occurs in your state or district, I encourage you and your staff to stop by to learn firsthand about the free services DAV is providing to your student veteran constituents. I would also highly recommend that you refer any of your constituents who may need assistance with their VA claims to a local DAV national service office.

Disaster Relief Program

Another service DAV is very proud of is our Disaster Relief Program. When natural or manmade disasters strike, our national service officers, along with departments and local chapters, deploy into devastated areas enabling DAV to provide much-needed monetary assistance; conduct benefit counseling; and offer referral services for veterans, service members and their families in need. Our Disaster Relief Program provides grants and supply kits in the aftermath of natural disasters and emergencies in various areas around the nation, to help veterans and their families secure temporary lodging, food and other necessities. Our supply kits include backpacks, blankets and hygiene kits to provide an additional resource for safety, comfort and self-sufficiency in an extended emergency, disaster or evacuation. The hygiene kit includes basic necessities like a toothbrush and toothpaste, razors and shaving cream, hand sanitizer, deodorant, shampoo and soap.

During 2018, a total of 3,569 drafts totaling in excess of $1.2 million were granted and 305 supply kits were provided to hurricane, tornado, flood, volcanic eruption and fire victims throughout Alabama, California, Colorado, Florida, Georgia, Hawaii, Iowa, Kansas, North Carolina, Oklahoma, Puerto Rico, South Carolina and Texas. Since the program's inception in 1968, over $12.7 million have been disbursed to veterans in need.

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

Equally vital to the success of DAV's service mission are the activities of more than 23,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist America's injured and ill veterans. Our Voluntary Services Program ensures that sick and injured veterans are able to attend their medical appointments and that they receive the comfort, companionship and care they need and deserve. Our volunteers are at their posts in VA medical centers, clinics and community living centers. They also visit and provide services to veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they empower veterans to lead high-quality lives and provide a special thanks to our nation's heroes.

DAV and DAV Auxiliary volunteers serve our nation by providing more than 1.3 million volunteer hours of essential services to hospitalized veterans in VA facilities, saving taxpayers more than $33.5 million in costs if federal employees had been required to provide similar services. Many DAV members serve as hospital service coordinators and drivers in DAV's nationwide Transportation Network or volunteer to help veterans in their homes and in the community. In addition, DAV chapters and Auxiliary units have donated items valued at more than $3.3 million to their local VA facilities.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) in order to meaningfully touch the lives of more veterans in need of assistance. A variety of opportunities have always existed for individuals to assist veterans and their dependents—and DAV and Auxiliary volunteers have answered that call in full measure. We see examples of this each and every day highlighting the principal objective of our organization: fulfilling our promises to the men and women who served.

Our LVAP volunteers contribute time and energy for various activities that include, but are not limited to:

- Chapter and department service officer work.
- Outreach at events, such as the DAV 5K, homeless stand downs and a volunteer presence at National Guard mobilization and demobilization sites.
- Direct assistance to veterans, their families and survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities.

Since its inception in 2007, 18,683 volunteers have participated in DAV's LVAP for a total of nearly 8.4 million hours of voluntary service. We believe this important program makes a difference in the lives of all of those we serve.

DAV National Transportation Network

DAV relies on 178 hospital service coordinators at VA medical centers across the country to oversee the DAV Transportation Network. This program provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed VA health care services.

In 2018, volunteer drivers spent over 1.4 million hours transporting veterans to their VA medical appointments. These volunteers logged nearly 17.7 million miles and provided more than 625,000 rides to veterans to VA health care facilities, saving taxpayers more than $34.6 million. Since our national transportation program began in 1987, nearly 19 million veterans have been transported over 734 million miles.

I am very pleased to report that in 2018, DAV donated 124 new vehicles to VA facilities to use for transporting veterans, at a cost of nearly $3.8 million. In 2019, we plan to donate an additional 161 vehicles to VA, at a cost of over $4.8 million.

DAV's efforts were again supported by Ford Motor Company with the presentation of eight new vehicles to DAV for the Transportation Network. Since 1996, Ford has donated nearly $5.2 million toward the purchase of 223 vehicles to support this critical program. DAV is very

thankful for Ford Motor Company's collaboration and its continued support and commitment to the men and women who have served our nation in uniform.

DAV's commitment to our national Transportation Network is lasting. We have deployed DAV vehicles in every state and nearly every congressional district serving our veterans, many of whom are your constituents. Since 1987, a total of 3,517 vehicles have been donated to VA for transporting veterans to their medical appointments, at a cost of over $80.1 million.

Messrs. Chairmen, DAV is extremely proud of the service provided by our volunteers, many of whom are injured or ill veterans themselves, or family members of such veterans. These volunteers, some of whom are seated before you today, continue to selflessly serve the needs of our nation's disabled veterans on a daily basis and everyone applauds their compassion, dedication and efforts.

Boulder Crest Mentoring Retreat

Another innovative program we offer is our mentorship program in collaboration with Boulder Crest Retreat in Bluemont, Virginia. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military, veterans, first responders and their family members. In 2017, DAV funded our first all-female veteran retreat, and Boulder Crest expanded its efforts with a second location in Sonoita, Arizona. DAV is proud to explore and collaborate on new and holistic ways to help the veterans we serve overcome the challenges that often follow military service.

Among many programs designed to help military members, veterans and their families deal with the challenges they face after illness or injury is the Warrior PATHH (Progressive and Alternative Training for Healing Heroes). Warrior PATHH is the nation's first nonclinical program designed to cultivate and facilitate growth among those struggling with post-traumatic stress disorder. Warrior PATHH enables these remarkable men and women to transform times of deep struggle into profound strength and growth. They deliver short-duration, high-impact programs based on the science of post-traumatic growth. Since its inception, this program has helped severely injured veterans through a weeklong program where they are introduced to yoga, meditation, equine therapy, archery and career-building exercises.

DAV leaders, including Past National Commanders James Sursely, Roberto "Bobby" Barrera, Dennis Joyner, Richard Marbes, Dave Riley and Ron Hope, have served as mentors to the latest generation of seriously injured veterans. Their spouses, Maricelia Barrera, Donna Joyner and Yvonne Riley, have also served as mentors to the caregivers of participants, and imparted the knowledge and understanding that comes with decades of service as caregivers to their spouses.

Adaptive Sports

Messrs. Chairmen, all of us at DAV are especially proud of our adaptive sports programs that directly impact the lives and well-being of our most profoundly injured veterans. Working in cooperation with VA's Adaptive Sports Program, DAV is proud to be the longtime co-host of the National Disabled Veterans Winter Sports Clinic. Since 2017, DAV has also served as co-host of the National Disabled Veterans TEE (Training, Exposure, Experience) Tournament.

Both of these exceptional physical rehabilitation programs have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries and regain balance in their lives.

Often referred to as "Miracles on the Mountainside," the Winter Sports Clinic promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are not barred from adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

DAV also has a robust adaptive sports program for veterans with other interests. The TEE Tournament provides legally blind and eligible disabled veterans an opportunity to develop new skills and strengthen their self-confidence through adaptive golf, bowling, horseback riding and other events. Attending veterans participate in therapeutic adaptive sports activities that demonstrate having a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan.

For anyone who has attended these events and observed our participants and their efforts, it is an inspiring moment, unlike anything you will experience anywhere in the world. Through adaptive sports programs, these injured heroes' lives are forever changed, as are all the inspired observers, family members and volunteers who participate.

I invite all members of these Committees to come and experience these miracles with DAV leaders this year. The 33rd National Disabled Veterans Winter Sports Clinic is scheduled for March 31 through April 5, 2019, in Snowmass Village, Colorado. The 26th National Disabled Veterans TEE Tournament will take place near Iowa City, Iowa, from September 8 to 13, 2019. If you want to believe in miracles, please join us for these awe-inspiring events.

The Next Generation of Volunteers

Sadly, Messrs. Chairmen, over the past decade as the veteran population has declined, DAV and other veterans organizations are witnessing a significant loss of veteran volunteers. We are constantly seeking new ways to recruit and engage DAV members and volunteers, and have begun identifying and developing a new generation of younger VA volunteers. As part of that effort and in remembrance of former VA Secretary and former DAV Executive Director Jesse Brown, we launched a memorial scholarship program. Annually, the DAV Jesse Brown Memorial Youth Scholarship Program honors outstanding young volunteers who participate in the VA Voluntary Service Program and/or through DAV's Local Veterans Assistance Program, donating their time and providing compassion to injured and ill veterans.

Since its inception, DAV has awarded 187 individual scholarships valued at over $1.4 million, enabling these exceptional young people to pursue their goals in higher education and experience the significance of volunteering. We at DAV are very proud of the Jesse Brown Memorial Youth Scholarship Program, and we thank the Ford Motor Company for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Another corporation that has stepped forward to help veterans of all eras is Golden Corral, which this past November opened its doors again to all veterans for Military Appreciation Night, serving more than 300,000 free meals to veterans as a means to thank them for their military service. Golden Corral events also yielded more than $1.3 million in donations to support DAV chapters and departments. Since 2001, Golden Corral restaurants have served more than 5.7 million thank-you meals to our nation's veterans and raised more than $15.7 million in donations for DAV chapters and departments to use in outreach and service programs in their communities.

This year, DAV began its latest initiative, VolunteerforVeterans.org, to give veterans and volunteers a new platform to request and give assistance. VolunteerforVeterans.org is a nationwide resource designed by DAV to connect volunteers with initiatives, veterans, their families, caregivers and survivors. It creates a database to match opportunities with civic-minded individuals and organizations. The opportunities are as limitless and varied as the needs of our nation's veterans, particularly those changed by wartime service, from basic assistance around the house to unique opportunities that require special skills and services to improve the lives of veterans. Veterans, caregivers and survivors in need of assistance or mentoring can post opportunities based on their needs. Individuals who know veterans, caregivers and survivors who are in need of help can act as coordinators to populate opportunities on their behalf. There are no age restrictions. Volunteers can choose opportunities based on their abilities and skills. Within its first year, VolunteerforVeterans.org has had over 1,500 new registrants participate.

DAV NATIONAL EMPLOYMENT PROGRAM

Messrs. Chairman, DAV understands that the journey from injury to recovery cannot be completed until a veteran is able to find meaning in life and regains purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Thousands of men and women continue to make the transition from military to civilian life, with more than 200,000 expected to enter the workforce again this year. DAV is fully committed to ensuring that these new veterans gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment.

Realizing the challenges that many veterans, especially our service-disabled veterans, continue to face in the employment marketplace, be it unemployment or underemployment, DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans service organizations in providing assistance to veterans and their spouses seeking a new or better career. One primary component of this program was DAV forming a staunch strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to co-hosting more than 125 traditional and 15 virtual career fairs with RecruitMilitary annually, DAV uses a multitude of online and offline resources to connect employers, franchisers and educational institutions with active-duty, Guard and Reserve members, veterans and their spouses.

In less than five years, our National Employment Program has already made a huge impact toward helping veterans obtain employment opportunities and new careers. In fact, from June 2014 through December 2018, DAV sponsored 463 traditional and virtual career fairs with nearly 172,000 active-duty, Guard and Reserve members, veterans and their spouses attending and nearly 132,000 receiving job offers. In 2019, DAV will continue our efforts by sponsoring

more than 140 traditional and virtual career fairs, including 20 events on military bases such as Joint Base Lewis-McChord, Fort Bragg, Fort Hood, Camp Lejeune and Camp Pendleton. Virtual career fairs afford active-duty, Guard and Reserve members, veterans and their spouses who cannot attend our traditional career fairs the opportunity to connect with employers without the need to travel.

DAV's National Employment Department also works directly with companies who are seeking the many talents and skills possessed by veterans. Our program provides a multitude of resources that veterans can access within our employment resources webpage, www.jobs.dav.org, including a job search board boasting more than 200,000 current employment opportunities around the world and direct links to company website job boards. We are very happy to report that our employment resources website has grown in content and resources with nearly 14,000 views monthly, which is indicative of veterans and employers recognizing DAV as a valuable resource in the employment sector. Online or digital resources are always evolving, so we will continue to update and retool our website on a constant basis in order to feature an array of highly useful employment and educational resources.

Additionally, DAV has partnered with "Hiring America," which is the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran hiring initiatives; shares insights from CEOs, career counselors, and human resource (HR) specialists; and gives valuable information to help ease the transition for veterans entering the civilian workforce. With a reach of nearly 3 million viewers, we are very excited about this particular addition to the growing tools and resources that we are providing to veterans seeking employment and companies who want to hire them.

One of the resources we added last year, both digitally and in published version, was *The Veteran Advantage: DAV Employer Guide to Hiring and Retaining Veterans with Disabilities* (Hiring Guide). The genesis for this project was a four-year study involving interaction with hundreds of companies who were asking questions about best practices for hiring veterans with disabilities. Our resulting Hiring Guide is aimed at providing companies, hiring managers or other HR professionals a solution-oriented practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased to share that we have had an overwhelmingly positive response to the guide since its official release. In fact, in October 2018 as part of DAV's recognition of National Disability Employment Awareness Month, we set out to ensure employers were aware of our newly released Hiring Guide, which resulted in an astonishing 54,616 views of the online version. We are certainly pleased with the initial response to the *DAV Guide to Hiring and Retaining Veterans with Disabilities* and committed to keeping this valuable information up to date and available to companies who visit our employment resources every day. We encourage you and your staff to visit www.jobs.dav.org to download a copy of our Hiring Guide, or we would be happy to provide you with copies of the published version.

Messrs. Chairmen, DAV's National Employment Program was launched less than five years ago; however, the excitement surrounding this new program and its accomplishments thus far continues to grow. DAV is extremely optimistic about the future of this program and its mission of providing vital employment assistance, not only to ill and injured veterans but to all veterans and their spouses, as well as active-duty, Guard and Reserve members.

DAV CHARITABLE SERVICE TRUST

Finally, DAV also has a charitable arm that works to improve the lives of veterans, their families and survivors. Organized in 1986, the DAV Charitable Service Trust (Trust) is a tax-exempt, not-for-profit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of injured and ill veterans through financial support of direct programs and services for veterans and their families.

DAV established the Trust to advance initiatives, programs and services that might not fit easily into the scheme of what is traditionally offered through VA programs, DAV departments and other veterans service organizations in the community. Not-for-profit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, more than $112 million has been invested to serve the interests of our nation's heroes. In an effort to fulfill the Trust's mission of service, support is offered to ensure quality care is available for veterans with post-traumatic stress disorder, traumatic brain injury, substance-use challenges, amputations, spinal cord injuries and other combat-related injuries. It also supports efforts to combat hunger and homelessness among veterans, and priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

- Food, shelter and other necessities to homeless or at-risk veterans.
- Mobility items or assistance specific to veterans with blindness or vision loss, hearing loss, or amputations.
- Qualified therapeutic activities for veterans and/or their families.
- Physical and psychological rehabilitation for veterans.

The Trust is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones. As long as veterans experience unemployment, homelessness, and physical and psychological illnesses, the need continues for innovative programs and services to address these challenges.

By supporting these initiatives and programs, it furthers the mission of DAV. For nearly 10 decades, DAV has directed its resources to the most needed and meaningful services for the nation's wounded and injured veterans and their families. Significantly, the many accomplishments of both DAV and the Trust have been made possible through the continued support and generosity of corporate partners, individuals and DAV members who remain faithful to our mission.

DAV NATIONAL LEGISLATIVE PROGRAM

Messrs. Chairmen, every summer, DAV's members assemble at our national convention to determine future direction and policies for the organization. During convention, our membership considers and adopts a number of resolutions, calling for public policy changes for wartime service-disabled veterans, their dependents and survivors. Outlined below is a partial list of DAV's legislative priorities approved at our 97th annual convention in Reno, Nevada, last July. On behalf of DAV, I ask the members of these Committees and your staffs to consider the

merit of these proposals and use them to enact legislation to help improve the lives of injured and ill veterans.

The complete text of our Legislative Program is available for you and your professional staffs to review on DAV's website, at https://www.dav.org/wp-content/uploads/ResolutionBook.pdf.

Disability Compensation and Other Benefits

- Support legislation wherein service in the waters offshore Vietnam establishes a presumption of exposure to Agent Orange.
- Support legislation to remove the prohibition against concurrent receipt of Survivor Benefit Plan and Dependency and Indemnity Compensation.
- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation to increase VA disability compensation rates.
- Support legislation to remove prohibition against concurrent receipt of longevity retired pay and veterans disability compensation for all longevity retired veterans.
- Support oversight of VA practices in evaluating disability claims for residuals of military sexual trauma.
- Support legislation to provide realistic cost-of-living adjustments.
- Expand presumptions for service connection for former prisoners of war.

Health Care Services

- Strengthen, reform and sustain the VA health care system for service-disabled veterans.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, injured and ill veterans from all eras.
- Enhance medical services and benefits for women veterans.
- Improve program and enhanced resources for VA mental health programs.
- Support enhanced treatment for survivors of military sexual trauma.
- Support VA research into the efficacy of cannabis for service-connected disabled veterans.
- Support humane, consistent pain management programs in the veterans health care system.
- Improve the care and benefits for veterans exposed to military toxic and environmental hazards.
- Enhance long-term services and supports to service-connected disabled veterans.
- Support sustained and sufficient funding to improve services for homeless veterans.

Employment and General Issues

- Support veterans' preference for service-disabled veterans in public employment.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Create an Economic Opportunity Administration within VA.
- Support the elimination of employment barriers for veterans that impede the transfer of military occupations to the civilian labor market.

- Eliminate the 12-year rule to request VA vocational rehabilitation benefits, leaving the date to apply open-ended.
- Support for the Defense POW/MIA Accounting Agency.
- Seek the immediate release of any Americans who may still be held captive following any war and the return and identification of the remains of any Americans who died during these wars.
- Extend eligibility for mortgage protection life insurance to service-connected veterans rated permanently and totally disabled.
- Increase the face value of Service Disabled Veterans' Insurance (RH).

CONCLUSION

Messrs. Chairmen, next year in 2020, DAV will celebrate its 100th anniversary, marking a century of service to America's veterans, their families and survivors. Having dedicated my entire adult life to service—first for our nation in uniform and then in support of the men and women who wore the uniform—I am extremely proud of DAV's legacy of service.

A century ago, Judge Robert S. Marx, who was wounded in the final days of World War I, together with a number of other distinguished disabled veterans, began talking about how they could play a role in making the government keep its promises to those who served. Within a year, this led to the establishment of DAV in Cincinnati, Ohio, beginning a long and unbroken line of service to the men and women who served.

I am proud to continue this noble legacy, as someone who was helped by DAV when I was down and later worked for DAV to help others who served, suffered and sacrificed. I know firsthand that it's not about how far down you fall but how high you rise afterward.

Finally, Messrs. Chairmen, we have a saying in Texas: *"You should never miss a good chance to shut up.*" So let me conclude with the words of another fellow Texan, Roger Staubach, a Navy veteran who served in Vietnam and began his legendary career for the Dallas Cowboys 50 years ago:

> *"All of us get knocked down, but it's resiliency that really matters. All of us do well when things are going well, but the thing that distinguishes [us] is the ability to do well in times of great stress, urgency and pressure."*

To me, those words describe the men and women I have had the honor and privilege to serve with and provide service to throughout my career. I am proud to have spent my life in service to them and to DAV. And it is on their behalf that I call on everyone here today to work together to fulfill all of our nation's promises to the men and women who served, their families and survivors.

May God bless all who have stood, are standing and will stand in defense of this great nation. And may God bless the United States of America. This concludes my statement. Thank you for the opportunity to testify and provide information about DAV's mission of service to our nation's wartime disabled veterans and their families.