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LEGISLATIVE PRESENTATION OF DISABLED AMERICAN VETERANS

JOINT HEARING

OF THE

COMMITTEE ON VETERANS' AFFAIRS

BEFORE THE

U.S. SENATE

AND THE

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

FEBRUARY 28, 2023

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LEGISLATIVE PRESENTATION OF DISABLED AMERICAN VETERANS

TUESDAY, FEBRUARY 28, 2023

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

The Committees met, pursuant to notice, at 10 a.m., in Room SD–G50, Dirksen Senate Office Building, Hon. Jon Tester, Chairman of the Senate Committee, presiding.

Present:

Senators Tester, Murray, Brown, Blumenthal, Hassan, King, Moran, Boozman, Blackburn, and Tuberville.

Representatives Bost, Rosendale, Miller-Meeks, Takano, Pappas, Ramirez, Deluzio, and Budzinski.

OPENING STATEMENT OF HON. MIKE BOST, CHAIRMAN, U.S. REPRESENTATIVE FROM ILLINOIS

Chairman BOST. Good morning. Just so you know, Chairman Tester, he will be along in a little bit but we are going to go ahead and start today.

I want thank all of you for being here, and I want to thank our friends on the other side of the aisle in the Capitol for hosting our first joint hearing of the 118th Congress. It is our honor to be joined by friends, as I said, Chairman Tester will be along later, Ranking Member Moran, Ranking Member Takano, and welcoming you to today's joint VSO hearing.

And before I begin I want to welcome Commander Joe Parsetich—I want to make sure I get it right—and the whole DAV team who are with us today. I also want to welcome his wife, Meg, and thank you for your service as well to this nation, ma'am.

I also want to welcome the DAV members that are here from Illinois, and if I can I would like for the Illinois members, if you could please stand. I want to recognize you.

Absolutely no one here from Illinois. How about that.

[Laughter.]

Chairman BOST. There are some from Tennessee. All right. Just so you know.

So I have been attending these VSO hearings for 9 years now as a member of the Committee, but this is the first time I am doing so as Chairman. Let me first off say that it is very humbling and an honor to do that. I could have never dreamed that an enlisted Marine, corporal by the way, from Southern Illinois would be sit-

ting in a seat today that is the Chairman of the Committee charged with fighting for our nation's men and women in uniform. You know, it is a deep honor, and it is not a responsibility that I take lightly. But as you all know, it is not about me. It is about you and the millions of veterans and voices you represent across this country, our brothers and sisters in arms.

You understand the struggles veterans and their families face. You know where VA is falling short. The DAV's superb advocates in D.C. have made a tremendous difference, and we thank you for that. You have my commitment that we will fight for you, and that the voices of the Representatives just as hard as you fought for us. And you know better than anyone else that the veteran community has earned a system that works for them.

And I am proud of all that we have accomplished together this last Congress, including the President signing the bipartisan PACT Act into law. The legislation means a lot to veterans and their families, and it was long overdue, and I was extremely proud to see it land on the President's desk. Now we will be focusing on how VA implements that law. We will need all of you to let us know what is happening out there in the field when it comes to wait times for toxic-exposed veterans care and claims decisions. Boots-on-the-ground testimonials are vitally important for our oversight of the PACT Act.

We have also made great progress to expand mental health opportunities through the Fox Grant Program and the STRONG Act to support the veterans and their families, and we continue to see a decline in veteran homeless nationwide.

However, our work is not finished. Veterans are still fighting a VA bureaucracy to access health care they want and when and where they need it; being discriminated against and having their Second Amendment rights taken away from them; if they need help managing their health benefits, enduring long wait times for either access to earned benefits or getting a simple question answered; dealing with underperforming VA employees who do not have the veteran's best interest in mind; and reeling with the impacts of a flawed implementation of a new electronic health record system.

These might seem like small things, but when it comes down to it they add up, and they impact veterans every single day.

I am focused on bringing a VA into the 21st century, even if I'm going to do it kicking and screaming, to ensure generations of veterans have access to good care and services that they have earned. And I will ensure the VA getting the budget it needs to complete its mission. And I look forward to accomplishing that goal alongside of you, and I thank you all again for being here today.

And with that I want to turn it over to Mr. Takano, the Ranking Member, for his comments.

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

Mr. TAKANO. Thank you, Chairman Bost, and it is wonderful to see a Marine veteran corporal in the Chairman's seat, so congratulations.

It is great to be back in open format, in person. First of all, the most important question of the day is are there any Californians in the room?

[Applause.]

Mr. TAKANO. Welcome, California.

It is an honor to join all the members of the House and Senate Committees on Veterans' Affairs to hear directly from the National Commander and representatives of Disabled American Veterans. The opportunity to hear from our VSO partners is incredibly important to me. Partners like DAV represent veterans and their families at all stages of life and service.

And hearing from these partners allows the Committees the opportunity to hear directly about what is most important to your members and how we can be of service to our nation's veterans. For example, for years we have heard from members of many VSOs about taking comprehensive action on the effects of toxic exposure. I was encouraged to see the overwhelming support that DAV and other VSOs provided last Congress, to pass my bill, the Honoring Our PACT Act, and get it signed into law. Thank you for the tremendous support you provided throughout the process. Getting the PACT Act to President Biden's desk is a testament to the strong advocacy and support from passionate groups like yours.

I also would like to express my thanks to Chairman Tester, Ranking Member Moran, and Chairman Bost for their efforts to work with me on passing this law. Our bipartisan bill expands VA health care to over 3.5 million veterans living with the effects of toxic exposure. Our bill removes the burden of proof, which, for too long, has prevented toxic-exposed veterans from accessing the care and benefits they need to treat their rare conditions. In total, the PACT Act establishes a presumption of service connection to 23 respiratory illnesses and cancers. Thank you, thank you for your help.

Blue Water Navy veterans waited more than 40 years for benefits related to Agent Orange exposure because of Congress' piecemeal solutions. We were not going to let this happen again, and thanks to our efforts last Congress we kept our promise. Now the hard work begins, and I look forward to continuing to work with my colleagues to make sure this transformational law is implemented effectively.

In the last Congress together we secured several important wins for veterans, including, as already mentioned, the passage of the landmark PACT Act. In addition, passing the Veteran Auto and Education Improvement Act, the Military Sexual Trauma Claims Coordination Act, the REMOTE Act, the THRIVE Act, and the Sergeant Ketcham Rural Veterans Mental Health Act, we were also able to wrap up the 117th Congress with packages of veterans legislation, including the STRONG Veteran Act and the Cleland-Dole Memorial Veterans Benefits and Health Care Improvement Act.

I am very proud of these accomplishments, but we need to build on these achievements and continue our fight for better health care and benefits in this Congress and beyond.

In reading your testimony it is clear your priorities align with my own. My priorities for this Congress include opposing efforts to cut over $31 billion in VA funding, including funding for the 3.5

million newly eligible toxic-exposed veterans; preserving women veterans' freedoms; delivering a VA for all veterans; modernizing VA care for the next generation of veterans; ensuring that no veteran is forgotten; and working to end veteran homelessness and food insecurity; ensuring benefits parity for America's veterans; rejecting efforts to privatize VA; conducting critical oversight and implementation of suicide prevention and toxic exposure bills; and empowering VA to fulfill its fourth mission capabilities.

So we have big goals, and I know with your support and insight here today, along with the support of the Biden-Harris administration, we will be able to achieve these goals and fulfill the sacred promises we made to our nation's veterans.

So I look forward to hearing your testimony today, and thank you for your continued advocacy and support for the veteran community. Thank you, and I yield back the balance of my time.

Chairman BOST. Thank you, Ranking Member Takano, and at this time we would like to recognize the Ranking Member of the Senate VA Committee, Senator Moran.

OPENING STATEMENT OF HON. JERRY MORAN, RANKING MEMBER, U.S. SENATOR FROM KANSAS

Senator MORAN. Chairman Bost, Ranking Member Takano, welcome to the United States Senate. On behalf of Senator Tester and my Senate colleagues we are glad to have you here, and congratulations to you, Chairman Bost, on your ascension. I can tell you, Congressman Takano, all leadership here is fleeting. It can change every 2 years. I have experienced it myself. So hang in there, and there is hope.

[Laughter.]

Senator MORAN. Welcome to our DAV witnesses this morning, and I thank all of you across this room and across the country who are watching at home for joining us here today. I especially thank my DAV members from Kansas who met with me earlier this week in my office and had significantly valuable and enjoyable conversations. I thank them for their leadership at home and here in Washington, DC.

I want to thank the DAV leaders for being here in person. Thank you for your passion and expertise in supporting veterans. The knowledge you have of veterans and their families are hugely important to us, and the experiences each of you have encountered in your lives allow us to fashion legislation and to lobby the Department of Veterans Affairs to do things in a way that benefit all veterans.

My view is that we have accomplished a lot working together, we have accomplished a lot in recent years, and I expect bipartisan efforts to continue in this Congress, and I know the DAV will continue to advocate for those legislative improvements.

A couple of things I want to highlight. Next month marks two significant anniversaries. March 20th will be 20 years since the start of Operation Iraqi Freedom. Millions of U.S. servicemembers and their families have, and continue to serve and sacrifice to defeat our enemies. We remember all those who gave their lives in that conflict, and we commit to taking care of their surviving families.

March 29th marks 50 years since the end of U.S. forces combat operations in Vietnam. To all our veterans we say what should have been said to every one of them 50 years ago—Welcome Home. We recognize and honor your service to our country and we commit to seeing that you receive the support and gratitude that many did not receive those 50 years ago.

Commander Parsetich, DAV's advocacy and its partnership will be vital as we go forward, as we work to make certain that veterans and their survivors can access the care and benefits they deserve in a timely, effective manner that delivers positive, measurable outcomes.

The legislative accomplishments that you have helped to achieve are important. Some receive little attention and some receive a lot of attention, but each one of those successes are worthy on behalf of our veterans. Now we must all work together to see that the VA MISSION Act, the Hannon Mental Health Care Improvement Act, and the PACT Act are implemented and adhered to in a way that Congress and the legislative intent that you helped create is fulfilled.

I will keep working to make certain the VA has everything it needs to deliver the care and benefits under these new laws, and we will count on the DAV to help us identify where additional resources or legislative changes are required.

Thank you again, Commander, for your testimony, and I look forward to hearing it, and I yield back.

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

Chairman TESTER. Senator Moran, thank you. It is a pleasure to be here and I am sorry I am a bit late, but it is great to be here with Congressmen Bost and Takano and my good friend, Jerry Moran.

I have got a big advantage today in that Joe Parsetich is from the State of Montana, so I get to watch you guys butcher his name, up and down the roster.

[Laughter.]

Chairman TESTER. Not to point anything out, Jerry, but that even got a laugh out of Joe, just so you know.

But good morning to DAV Commander Parsetich. You have come a long ways, because I made the same flight yesterday, and you have been a good friend and I welcome you to Washington, DC and the Joint Committee. And I also want to welcome Ken Weinheimer, Chase Natalie, Kevin Grantier, and anybody else from Montana who made the trek. I look forward to meeting with all of you later in the day.

You know, Congress relies on the DAV and your team of advocates in Washington to keep us apprised of the needs of veterans and how we can meet those needs. Nothing more important, by the way, than our disabled veterans. Last year your support was critical in helping Congress address the longstanding priority of caring for toxic-exposed veterans and doing right by those who are served this country.

The Sergeant First Class Keith Robinson Honoring Our PACT Act is the largest expanse of VA care and benefits in decades, and

we could not have gotten it done without the DAV. Now we turn our attention to implement of this law and ensuring that the Department has the capacity to deliver the timely care and benefits that veterans deserve. This means addressing VA staffing shortages, offering more competitive salaries and benefits. It means fostering a culture that tracks and retains the best and the brightest, and it also means building and maintaining modern facilities.

By the way, none of this is going to be done if we roll the budget back 5 years. Okay?

This Congress and our Committee are leading bipartisan, common sense efforts to build on historic investments made by this PACT Act. The VA CAREERS Act, BUILD for Veterans Act, both crafted and supported by the DAV. We must also address an injustice that has been impacting medically retired veterans for far too long that, as I told the American Legion this morning, makes absolutely no sense whatsoever. We need to get the Richard Star Act passed. It is a top priority of mine.

[Applause.]

Chairman TESTER. This bill—you guys are very familiar with—ensures that our combat-injured veterans will receive full DoD and VA benefits that they have earned. We could not have gotten the PACT Act done without you and other VSO partners, and the same goes for the Major Richard Star Act. We will need your support. We will need your strong support and advocacy to get this bad boy across the finish line. Together I am confident that we will get this right.

Commander Parsetich and your team, we have a lot to get to. Your voice is invaluable in prioritizing our efforts on these two committees, and we thank you. We thank you for your work on behalf of disabled veterans, but we thank your membership for the sacrifices that they have given to this country, and they have been great.

And with that I will turn the podium over to you, Joe. Good luck.

Oh God, you are right. I screwed up. I have got voluminous things to say about Joe Parsetich.

It is now my pleasure to—I thought everybody knew him, right Jerry?——

[Laughter.]

INTRODUCTION BY HON. JON TESTER

Chairman TESTER [continuing]. Introduce DAV's National Commander, a Montana boy who hails from Great Falls, a stone's throw away from my hometown of Big Sandy. He is a Vietnam veteran. Joe served honorably in the U.S. Air Force and is himself a service-connected disabled veteran.

Widely known as a champion for veterans of Montana and across the nation, Joe was elected this summer to serve as DAV's National Commander, and I might say that was a damn good choice.

He understands the challenges rural veterans face and conveys the expertise of the VA from his role on the Veterans Rural Health Advisory Committee. He has also served on many other executive committees and governance bodies, working on veteran suicide prevention, addressing veteran homelessness, and much, much, much more.

Joe and his wife Meg have a family that includes 7 children, 3 foster children, 32 grandchildren, 8 great-great grandchildren—I do not know how the hell you do it, man, I tell you.

[Laughter.]

Chairman TESTER. Even with his service commitments and a family with more members than this Committee, he finds time to serve veterans in his community as a volunteer in DAV's transportation network and on the Honor Guard.

Joe, I cannot thank you enough for being here today. More importantly, I want to thank you for your service and your tireless commitment to the military and veterans community.

Joe Parsetich, Commander Parsetich, you may now introduce your leadership team and begin with your opening statement. And I hope I did not miss anything.

STATEMENT OF JOSEPH PARSETICH, ACCOMPANIED BY J. MARC BURGESS, BARRY JESINOSKI, EDWARD R. REESE JR., JIM MARSZALEK, JOY ILEM, JOHN KLEINDIENST, RYAN BURGOS; AND DARLENE SPENCE

Mr. PARSETICH. Thank you so much for that kind introduction.

Chairman Tester, Chairman Bost, Ranking Members Moran and Takano, and members of the Committees on Veterans Affairs, thank you for providing me the opportunity to deliver the 2023 Legislative Program of DAV, Disabled American Veterans, an organization of more than million members, all of whom were injured or became ill as a result of wartime service.

My written statement thoroughly details DAV's key legislative priorities for the 118th Congress and reports on our many programs and accomplishments, so today I am just going to highlight some of more critical policy goals. But first I would like to start off by introducing my DAV colleagues joining me here today: National Adjutant Marc Burgess; National Headquarters Executive Director Barry Jesinoski; Washington Headquarters Executive Director Randy Reese; National Service Director Jim Marszalek; National Legislative Director Joy Ilem; National Voluntary Services Director John Kleindienst; National Employment Director Ryan Burgos; and National Auxiliary Commander Darlene Spence.

In addition to those here with me today many more DAV members are together watching this hearing from our annual Midwinter Conference across the river in Arlington, and there are thousands of dedicated DAV members across the country also watching and supporting us from their hometowns.

I also want to recognize the many DAV leaders who have been vital to our organization's mission over the course of many years, including my Senior and Junior Vice Commanders and leaders in our DAV Auxiliary. Let me also extend my gratitude to our National Executive Committee and the members of the National Legislative Interim Committee as well as my Chief of Staff, Danny Oliver, for their continued support.

And finally I want to thank my wife, Meg, who remains my most steadfast supporter and partner.

Messrs. Chairmen, I am a service-connected disabled Air Force veteran of the Vietnam War. At just 17 years old I requested assignment in Vietnam, where I served as a military policeman with

the 377th Security Police Squadron in the guard towers at Tan Son Nhut Air Base from 1968 to 1969. And although I did not know it them, the truth is my time in Vietnam lived with me long after I returned home. I do not have any John Wayne stories from my time in theater, and fortunately I did not experience any physical injuries. But for many years I could not shake the sounds of the enemy rockets whistling past my post, and I brought back with me the memories of those who lost their lives over there.

I was honorably discharged in 1972, and carried the burden of surviving Vietnam for decades until 2009, when I woke up in an intensive care unit. That is because after 59 years on this beautiful earth I no longer saw my life as being valuable. I saw myself as an unworthy burden to those around me, and I attempted to end it all.

Messrs. Chairmen, I sit before you today with the humble admission that I have never been so happy or so fortunate to have failed at something.

So from personal experience I know just how important veterans' access to mental health services are. DAV appreciates Congress' continued attention to this issue and the significant resources provided to support the VA's inclusive array of specialized mental health programs and services. As these needs continue to grow, it is crucial that Congress provide the VA with all the mental health resources, staffing, and support necessary to prevent veteran suicide. We appreciate Congress' recent enactment of the comprehensive mental health legislation aimed at reducing barriers to care for veterans in crisis by collaborating with community partners. We all have to play a role.

DAV has a mentorship program that supports alternative programming to help veterans overcome difficult transitional challenges after deployment is over. Through our Charitable Service Trust, the DAV provided $2.2 million in grants to support Save A Warrior, a nonprofit organization dedicated to providing a unique healing outlet and intensive therapy options for veterans combatting mental health issues.

DAV has also provided nearly $1 million to Boulder Crest retreats, where DAV leaders and spouses serve as mentors for the latest generation of seriously injured veterans and their caregivers.

DAV has also been a longtime partner in cohosting our annual National Disabled Veterans Winter Sports and Golf Clinics. We are very proud of these adaptive sports programs that directly impact and transform the lives and mental well-being of our most profoundly injured veterans.

We can and we must do more to end the national tragedy of veteran suicide.

[Applause.]

Mr. PARSETICH. There is no more fundamental obligation of our nation than to care for the men and women who were forever changed in wartime service. Over the past decade, the VA has experienced unprecedented stress trying to fulfill that sacred charge, and they have undertaken historic reforms to ensure veterans have timely access to earned benefits and high-quality health care.

The DAV is proud to provide ill and injured veterans free representation with filing claims for their service-related conditions,

and we have the largest and most well-trained benefits advocacy initiative in the country, with over 1 million veterans choosing DAV to represent them.

Last year our nationwide corps of 3,700 benefits experts took more than 2.4 million actions to advocate for veterans and their families and file claims for their earned benefits, more than any other organization.

[Applause.]

Mr. PARSETICH. Messrs. Chairmen, DAV is a fierce advocate of the VA health care system and its specialized programs. Over the past decade, there has been one consistent trend: an increasing number of veterans continuing to choose the VA for their medical needs. Unfortunately, the rising demand for care, coupled with significant staffing shortages and an aging infrastructure, continues to outstrip the VA's capacity to provide timely and convenient access for all veterans enrolled in the VA health care system.

This is especially critical for disabled veterans who rely on the VA for most or all of their care. Congress must ensure that VA has the resources necessary to maintain sufficient staffing to deliver timely care and serve as the primary care provider and coordinator for all veterans using the VA system, and that is why we also ask that funding increases, not funding cuts, be implemented.

[Applause.]

Mr. PARSETICH. You know, the VA and Congress must work together to modernize, realign, and rebuild our aging medical infrastructure to meet the veterans' health care needs both now and in the future. In DAV, we call upon you and your colleagues to work in concert with the VA to develop a workable infrastructure plan and authorize sufficient funding to address this long-standing issue. The VA must have modern facilities to efficiently deliver quality care to the veterans who have earned it.

[Applause.]

Mr. PARSETICH. To help veterans access VA health care, DAV also operates a national Transportation Network, offering veterans free transportation to and from VA health care facilities. You know, last year, DAV volunteers drove more than 500,000 hours, transporting more than 200,000 veterans to their medical appointments, saving taxpayers more than $16 million.

[Applause.]

Mr. PARSETICH. Messrs. Chairmen, providing safe, high-quality health care requires a modern electronic health record system. Unfortunately, VA's initial EHR rollout resulted in some serious concerns about patient safety and training. We know this is a complex issue, but whatever decisions Congress makes on the path forward it is essential that veteran safety and health outcomes remain the first priority.

[Applause.]

Mr. PARSETICH. Another DAV critical goal for the 118th Congress is to ensure equity in services, benefits, and health outcomes for all underserved veteran populations, including our women veterans. And despite shifts in policy and increased staff training, evidence still suggests that many underserved populations are still at higher risk for health disparities and suicide. If the VA is to live up to its mission to care for those who have the borne the battle, it must re-

build trust, tailor programs to meet the unique needs, and ensure a safe and welcoming environment for all veterans that it serves.

[Applause.]

Mr. PARSETICH. Messrs. Chairmen, it is critical to support the veterans during their transition from military service to civilian life, and DAV is committed to providing veterans and their spouses with the tools, resources, and opportunities to pursue meaningful careers or even start their own business. Last year we hosted over 80 job fairs across the country, and our efforts resulted in thousands of job offers to veterans and their spouses, and the DAV also now helps veterans and their spouses pursue their dreams as entrepreneurs, so they can become job creators and benefits providers for veterans.

[Applause.]

Mr. PARSETICH. Finally, Messrs. Chairmen, we thank you and all of your members here today for the historic passage of the Honoring Our PACT Act. With the enactment of this legislation, millions of veterans exposed to burn pits and other toxic substances are now eligible for VA's life-changing benefits and health care. Now it is up to Congress to ensure that this law is fully and faithfully implemented. We need you to monitor the number and type of PACT Act claims filed. We must make certain that the VA has the resources and staffing to provide timely decisions and benefits to all toxic-exposed veterans and their survivors.

[Applause.]

Mr. PARSETICH. For over 100 years, DAV has been providing critical services and support to our nation's ill and injured veterans. Through our program's 1 million-plus members, volunteers, and supporters, we provide direct help to those who need it. That is our mission.

Film producer, Maria Cuomo Cole, said that we must give veterans "the tools to empower themselves and reclaim the self-worth and dignity which comes from occupying a place in the American dream. It is a dream they fought so hard to defend for the rest of us."

If ever there was a need for us to focus our efforts to be united, to be the best, and to rise to meet the occasion, this is it. Our veterans need us and are worth the fight, and together we have the opportunity and the obligation to do better.

Messrs. Chairmen, this completes my testimony. May God bless the DAV, the men and women who have served our great nation, their families, their survivors and caregivers, and, of course, this wonderful country, the United States of America.

[Applause.]

[The prepared statement of Mr. Parsetich appears on page 29 of the Appendix.]

Chairman TESTER. Commander Parsetich, thank you very much. A few housekeeping things to begin with. First of all, the questions will be 3-minute rounds, so pick your best question. And then, Commander Parsetich, questions will be directed to you but you can defer to anybody in your leadership team, and I will go first.

Commander Parsetich, about 2 years ago Senator Boozman and I sponsored a bill called the Deborah Sampson Act, and we got it

across the finish line, but we only got it across the finish line because the DAV, who has long been a champion for women veterans, was a major force in getting that job done.

Two years ago, post-enactment now of Deborah Sampson, how well do you think the VA is doing implementing the law, and what gaps still remain?

Mr. PARSETICH. Thank you for that question, Senator, because the VA has been working on implementing the Deborah Sampson Act. We have a good groundwork laid. There is still a lot of work to do, a lot of gaps that we have.

I am going to direct that question to Director Ilem to expound on that a little bit more, if I may.

Chairman TESTER. Okay. Joy?

Ms. ILEM. Thank you, Commander. We want to thank you specifically on the Deborah Sampson Act but everyone working together to really make sure that our nation's women veterans were a priority. And while the Deborah Sampson Act has so many great provisions in it, it does take time for implementation.

I think that VA still struggles with hiring enough women veteran providers that have expertise in women's health. And if I had to say one other point it would be to make sure that their anti-harassment campaign is, you know, that they are fully staffed and they can really work on that issue. I do not think that is quite where we want it to be yet, although it has got a good start. It is going to take a lot of work to complete that.

But we do appreciate all the work on women veterans that has been done. Oversight will be essential, and holding hearings and roundtables, I think, to make sure VA completes all of the provisions within that bill, that important bill. Thank you.

Chairman TESTER. Thank you very, very much.

The PACT Act has been talked about a bit here this morning. DAV and its service officers are eyes and ears on the ground, and we need to ensure that the VA implements the PACT Act properly.

For you, Commander Parsetich, or your team, has the VA included you, the DAV, in PACT Act implementation?

Mr. PARSETICH. You know, we have been in very close communication with the Secretary. He shared with us, as far as staffing needs, from a funding perspective as well as facilities. DAV is well plugged into VA. Their passion to implement this much needed bill is tremendous.

But I am going to ask Director Marszalek if he can expound a little bit further on that, if I may.

Mr. MARSZALEK. Thank you, Commander. I appreciate it.

You know, we have been working very closely with Josh Jacobs and his team. We think it is more collaboration now than ever. They have really pulled us in, working on overdevelopment task force. But it is critical that we ensure they have the resources necessary to be able to process these claims, not only timely but accurately. We want decisions right the first time, so we are paying very, very close attention. We urge Congress to make sure that we are taking a look at the number of claims that are filed, the decisions that are made, the denials, and why they are being denied. So we have got to continue to work together.

Chairman TESTER. Thank you all for being here. And by the way, it is great to have a crowd meeting in person again. It beats the hell out of teleconferencing.

Senator Moran.

Senator MORAN. Mr. Chairman, thank you. I will call your fellow resident of Montana by the name I can pronounce, Commander. Good day.

[Laughter.]

Senator MORAN. Senator Tester may try to demonstrate that he is smarter than I am, but I think I can find a way to prove that we at least have equal intelligence.

I am pleased that you are here and I appreciate the testimony, and I listened closely. I stepped out to speak to a couple of groups of University of Kansas and Kansas State University students who are in the Capitol today, and I told them of your presentation and why we were here. And I was pleased to hear them say what respect they had for veterans, and wanted to make sure that they gave me the instructions, these 19-, 20-year-old kids, to make sure that we take care of those who served our nation, and we want to do that.

Let me ask, I guess in my 3 minutes, my priority question. Congress has never failed to provide the resources that the VA needs to care for veterans. Sometimes it takes us a little while to get it done. We are not going to miss the opportunity to make sure the resources are there. I am an appropriator as well as a member of this Committee.

You can see that in significant budget increases that the VA continues to receive year after year, even when we supposedly have strict austerity measures in place, than the rest of government. But the VA is not immune from waste, fraud, and abuse. I heard you testify particularly about infrastructure and buildings. What would be your suggestion for ways that we can find the necessary resources to put into those new structures? It probably takes reducing or eliminating structures that are no longer as important, but those are difficult priorities to make, and we need your help in trying to reach a conclusion about how we can spend less here on something that is deteriorating to make sure we have something new and available for veterans across our nation.

So a bit of an infrastructure question but also anything that you see in which the VA could do a better job in being more efficient.

Mr. PARSETICH. Thank you for that question, Senator, or Congressman, because it is critically important, and also thank you for your constituents' kind comments.

But I am glad you brought that up because our men and women have already paid the price once to this country. We should not have to pay the price a second time as far as having the facilities and services that we have earned.

That being said, however, having updated facilities are very important, but not to the extent where we close the other ones that exist prior to having the new ones in place so that our veterans out in remote areas can still access the health care facilities that they need to address their injuries or illnesses that they are receiving services from.

Senator MORAN. I thank you for your answer, and I share with your state, Kansas shares that rural aspect for access to care. Part of that is the MISSION Act, but part of that is making sure the facilities, the physical facilities we have in the VA are updated, and we ought not discriminate against a single veteran by where he or she lives. Thank you.

Chairman TESTER. Thank you, Senator Moran. Senator Murray.

HON. PATTY MURRAY,
U.S. SENATOR FROM WASHINGTON

Senator MURRAY. Thank you very much, Mr. Chairman. Commander, welcome. It is great to have you here, and I can say Parsetich because I am from the great State of Washington. My mother was born in Butte, so Senator Tester has nothing on me there, so great.

Good to have you here and thank you for your comments. Thank you to all of your members who are here supporting you and all of your team and for all the work that you do.

I appreciate your answer to Senator Tester on the Deborah Sampson Act and know we have more work to do there, as well as making sure that we have the resources for the VA to implement the PACT Act.

But in my few minutes I did want to talk about the millions of children who are living with a disabled veteran and how we make sure we are taking care of them as well. Senator Boozman, who just left, and I are introducing the Helping Heroes Act, that will help support the families of disabled veterans, including those children who are taking on caregiving roles, because I really believe that we have a serious obligation to support our veterans when they come home, and that includes supporting the children and grandchildren of those veterans who are helping care for their families.

So I wanted to ask you today about what else we can do and what the VA should be doing to support those families who are supporting veterans.

Mr. PARSETICH. Thank you for that question because I think that the very start of the solution for that is just what you brought out, your compassion and obvious recognition of the criticalness of making sure that our veterans' families and caregivers do have adequate compensation so that they can stay home and take care of their loved ones who came back with injured conditions.

Director Ilem, do you have anything you would like to add to that?

Ms. ILEM. I would just add, you know, we are happy to support your bill, and it is important to remember that the entire family is impacted, and obviously the children of service-disabled veterans, our members are fully aware of that and we are happy to support that legislation.

Senator MURRAY. Thank you very much, and I will yield back my time because there are many members here, but thank you all again for all the work you do.

Senator MORAN [presiding]. Senator Murray, thank you. Representative Rosendale.

HON. MATTHEW ROSENDALE,
U.S. REPRESENTATIVE FROM MONTANA

Mr. ROSENDALE. Thank you very much, Mr. Chair. Thank you, Commander Parsetich, Joe, and the rest of the Disabled American Veterans for coming to Washington, DC to testify before us. I enjoyed meeting with your whole delegation yesterday—Ken Weinheimer, Kevin Grantier, and Chase Natalie—and I always value your insight on veteran issues.

Commander Parsetich is from my district, and I have my first granddaughter there in Great Falls, so I am hoping maybe she will grow up with one of your 25 that you have already got going there.

I really appreciate your willingness to speak so openly about your own personal battle with PTSD. Your bravery serves as an inspiration for other veterans who are facing similar challenges, and makes them more likely to come forward and get the treatment that they deserve. That is really, really admirable and I appreciate it.

I agree with your written testimony that the Oracle Cerner electronic health record system's initial rollout in Spokane, Washington, resulted in serious concerns pertaining to patient safety, and led to the burnout among staff. It was a really big problem.

As Chairman of the Technology Modernization Subcommittee I introduced the Department of Veteran Affairs Electronic Health Record Modernization Termination Act, which ends the Oracle Cerner EHR system. We must hold the VA to a high standard of care promised to our veterans, and be good stewards of taxpayer dollars. I welcome the opportunity to work with you to ensure that we have an EHR system that works for our veterans. We absolutely cannot be putting the safety of our veterans at risk by dumping money into a system that has failed and shown that it is not functioning properly.

Can you please touch on some of the problems your members have experienced with the Oracle Cerner EHR system.

Mr. PARSETICH. Thank you so much for that question, Congressman, because, you know how much I respect you and all of the 535 men and women in the body. But I would encourage you not to throw out the baby with the bathwater because, yes, it had problems when it first came out. But rather than doing away with it we just need to dig in and fix those problems because it is the start of a tremendous process that is going to enable the veterans to get better-quality care by having the collaboration between the various physicians, something that has been lacking right now, because if they do not get the hard copy medical records many times the veteran is finding that they are starting over or a contraindication or problem that they may have been encountering the first time, the new person is not going to know.

So the electronic record system is so critical, and you are right, we need repairs on it. But again, repairs do not come by doing away with it completely. So would just ask that we would continue to get the support that is going to benefit the veterans in a safe and effective manner and enhance physicians' capability to give us the best quality care possible.

Mr. ROSENDALE. Thank you so much. It seems my time has expired. I yield back.

Senator MORAN. Thank you, Congressman. Senator Blackburn.

HON. MARSHA BLACKBURN,
U.S. SENATOR FROM TENNESSEE

Senator BLACKBURN. Thank you, Mr. Chairman, and Commander, thank you so much. We appreciate that each of you are here. And in Tennessee we really appreciate the work that DAV and the VSOs do for our veterans.

Commander, I want to go back to something you said in your testimony about access to care in a timely manner. I agree with you that that access to care in a timely manner should be a top priority of this Committee, and that is why I have been such a proponent of expanding the Veterans Community Care Program, so veterans can get that. When you look at wait times in Tennessee, sometimes it is 100 days to get a primary care appointment, and that is not acceptable. And this program's success is going to be vitally important to the proper implementation of the PACT Act.

So I would like to know if DAV has done any outreach to educate veterans on the Community Care Program and informing them when they are eligible for this care, allowing veterans to make informed decisions about how they seek their care, whether they want it through the VA system or in their local communities. I know many times it is hard to get somebody to take off work and get you 180 miles to the VA, and I find it inappropriate that many times the VA is the middleman between the veteran and that access to care. So if you would speak to that.

Mr. PARSETICH. You bet, and thank you for that question because, you know, one of the things—and I will answer your question first as far as where you asked if the DAV is doing anything proactively to get the word out, how to circumvent and interact with the community care process. Our NSOs nationwide, national service officers, are putting out what is called information seminars, where the entire community, not just our DAV members, are invited to address these various things, questions, procedural type things. Because so many times various issues come up where they say, "Well, should we do this? Should we do that?" and they are listening to their neighbors and not knowledgeable people.

So yes, DAV is very proactive when it comes to getting the word out, and also through our commercials that we try to have, and our website is very informative. But for those who are not part of our members, veterans nationwide are able to access that information.

But also when it comes to a little bit further knowledge I am going to see if Director Ilem can expound a little bit.

Ms. ILEM. I would just add that Community Care Network is an important part of VA health care, and while we want to make sure that VA can be a primary provider and coordinator of that care, we know that VA cannot be in every location, and there are often times when veterans have to seek care in the community. We want to see improvements in that care, transition that process, because we think that is where a lot of the delays are occurring.

So we are on board. We want to help make sure that smooth transition, that veterans get care when they need it, where they need it.

Senator BLACKBURN. Thank you.

Senator MORAN. Thank you. Representative Budzinski.

HON. NIKKI BUDZINSKI,
U.S. REPRESENTATIVE FROM ILLINOIS

Ms. BUDZINSKI. Thank you, Mr. Chairman, and it is great to be with you, Commander, and thank you to all the Disabled American Veterans for being here today.

You know, as well documented, suicide rates for our veterans are at a historic high. In fact, veterans are 1.5 times more likely to die by suicide than non-veterans. We know there are many reasons for this, including trauma experienced while in service, stress, burnout, isolation, and difficulties transitioning back to civilian life. So I want to thank you, Commander, for sharing, in your testimony, your personal experience and your story, which for me, representing the 13th District in Illinois, is not unique for many of the veterans that I have the privilege of representing.

So my question for you, Commander, is in your opinion and from your professional and personal experiences, what are some of the actions that Congress needs to take to improve access to behavioral health services for our veterans? Thank you.

Mr. PARSETICH. You are welcome, and thank you for that question. One of the challenges that not just military environment with veterans face as well as civilian sectors is that many times the invisible traumatic scars of injuries, whether it be, like I said, as a child, as a person who has been violated, whether it be women or men, but especially our military. When they come back many of them that are faced with the invisible scars are not getting the support that many who have the visible wounds are getting as far as in the way of encouragement, validation that is lacking. And after a while, those who are struggling with those invisible scars start believing, and sometimes we are even given judgmentalism which makes you question whether or not, you know, why you should even be in that state.

So I think with the VA's thrust to make more services available to the veterans and their families—because they have many support groups for veterans who are having suicidal tendencies or have dealt with those in the past—the VA has come a long way. And we just want to make sure that they have adequate funding and staffing to continue with the progress that they have been making so far and need to continue to make.

Ms. BUDZINSKI. Thank you, and I will yield back my time, Mr. Chairman.

Senator MORAN. Thank you very much. Senator Hassan.

HON. MAGGIE HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE

Senator HASSAN. Well thank you, Ranking Member Moran, and to Ranking Members and Chairs in both chambers for this hearing. Thank you, Commander Parsetich, for testifying before us today, and to add to the Congresswoman's comments, for being so candid. It is really, really important.

In New Hampshire, many veterans have to travel significant distances for their VA health care, as we have been talking about, and in many places there is no public transportation available. For dis-

abled veterans or those simply without a car, this is a huge barrier to care and can lead to veterans missing appointments, among other things. As a result, many Granite State veterans turn to DAV's dedicated network of volunteer drivers who drive them to their VA health care free of charge, and Commander, I understand that you volunteer to do this driving as well, so thank you very much.

The service that DAV drivers are providing is critical to veterans accessing care and it provides a lifeline for many disabled veterans. So how can the VA better support DAV's volunteer drivers, and what could the VA do to ensure that no veteran has to worry about finding a ride to an appointment?

Mr. PARSETICH. Thank you for that question because I am very passionate about that. This country is not lacking in volunteers wanting to serve the veterans by volunteering driving, helping out in different facilities, and problems with getting volunteers processed and cleared to be able to volunteer is not coming from the Federal level. National VA is very, very supportive.

But we find nationwide that the lack of communication between the director encouraging the voluntary services, to get these applications processed in an expedient fashion, dragging out for 3 to 6 months or longer, in many cases, and it is just unacceptable.

So I think it is going to come from, to use a secular term, we need to have some coaching going on, first from the VA to the directors, saying, "Hey, you need to get busy with coaching your voluntary services people," and then voluntary services approaching it with the severity and the criticalness of getting those drivers cleared, because like you pointed out, it is critical to getting these veterans to their medical appointments, and many times that can make the difference of life or death, in many cases.

Thank you for that question.

Senator HASSAN. Well thank you so much, and thank you for your service. And I will yield back and submit a couple more questions, particularly about the caregiver program, for the record. Thank you.

Senator MORAN. Senator, thank you. Senator Tuberville.

HON. TOMMY TUBERVILLE,
U.S. SENATOR FROM ALABAMA

Senator TUBERVILLE. Thank you, Mr. Chairman. I want to start by saying thank you to Disabled American Veterans for everything you do, day in and day out, for veterans across the world.

To address PTSD and TBI, veterans are trying innovative alternate treatments and therapies through clinical trials every day. Some even leave the U.S. to access these therapies. If you hear of effective treatments among your members do you raise it to the VA? Anybody. Is that information passed on?

Mr. PARSETICH. You know, with our younger veterans there are many effective programs, like CPT, they have electronic programs, there are different programs for the younger veterans where it is fresh, still in their memory.

I find that what I am hearing from my era, back not only Vietnam, Korea, and even a few World War II stragglers around, that

we are very honored to be in their presence, is that it is not as effective dredging up those old memories.

I am going to ask Director Ilem to expound a little more because she also has her hand on that pulse.

Ms. ILEM. To address your question specifically, yes, when we do hear about new treatments, alternative treatments, we are always curious about what VA is doing. Certainly we encourage VA to give us briefings on different treatments for PTSD, military sexual trauma related PTSD. So we think that is an important thing to continue to grow and see what is available. And what veterans want to use is often not more of a standard treatment but some of these new treatments that are available to them.

Senator TUBERVILLE. Do you encourage members to report anything that has helped them, you know, anything that has been successful?

Ms. ILEM. Yes, and we have actually done a couple of magazine articles about some of the different new drugs and treatments that are being provided that would be considered alternative treatments.

Senator TUBERVILLE. If a veteran claims a certain alternate treatment has helped him, what does the DAV consider successful enough as a result to share with the VA? Does it have to be a certain number?

Ms. ILEM. Well, we think that research is important. VA is very focused on evidence-based treatments, and we courage them to expeditiously do any research that is needed. We want to make sure treatments are effective not harming in any way.

Senator TUBERVILLE. Thank you.

Commander, in your testimony you also mentioned the dissatisfaction among veterans with the Community Care referral process. I too, and I think we are dissatisfied with the red tape veterans go through to get referred to a provider in the community, especially as it relates to treatment for substance use disorders. What experience have your members have with accessing treatment clinics in the community through the Community Care system?

Mr. PARSETICH. You know, care in the community process where you contact your primary provider first to get the referral to other resources available, and understand we encourage those being utilized if and only if the VA does not have a specialized person that can address that within the mileage or time element aspect. That being said, however, you are 100 percent right that it is not uncommon for veterans being asked to wait 4 to 6 weeks or more just trying to get a referral and then get the runaround.

So we need encouragement when it comes to that because we are very grateful and appreciative as far as to have these services available to us, but like I said, we have to just work on refinement. We have a good foundation. Care in the community was a tremendous benefit for the veterans as far as when we cannot access other specialists. It kind of like an alternative. Sometimes we can get telemed, but telemeds are not always going to address the situation where you need a face-to-face, because many veterans respond better when they are sitting across from somebody than looking on a screen.

But thank you for bringing up the point that, yes, we have challenges, but challenges mean that we are doing something in the right direction. We just have to refine it.

Senator TUBERVILLE. Yes. Yes. Are you hearing a lot of lengthy wait times? Is there a lot of wait times for our vets?

Mr. PARSETICH. Sometimes, and again, many times it depends on the availability of whoever they are trying to access. Sometimes it is just with the paperwork glitch. But the VA is very much on top of that and the Secretary does have a hotline. We have real good relationships with the Secretary, and when we find a particular problem area he usually addresses it right away to make sure that we can smooth out some of these rough edges.

Senator TUBERVILLE. Thank you very much. Thank you, Mr. Chairman.

Senator MORAN. Thank you, Senator Tuberville. Senator King.

HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE

Senator KING. Thank you, Mr. Chairman. First I want to explain to the DAV members here what is going on. If you think the computer system at the VA is inadequate, they have not figured out how to schedule committee meetings.

[Laughter.]

Senator KING. Two floors above us I am in a meeting of the Armed Services Committee on Ukraine, a meeting that I think you will all agree is worth going to. So Senator Tuberville and I, if you see us bouncing back and forth and in and out it is not a lack of attention or interest. It is because we are trying to do our duty as best we can, to the multiple responsibilities that we have. I am sure you are thinking, where are all these people going? We are not going out for coffee, I can assure you.

Commander Parsetich, I want to look ahead a little bit. The VA estimates that in the next 25 years or so the number of veterans over 85 is going to go up by like 40 percent. There is going to be a huge demand for long-term care. I do not expect a short answer here, but I want to put the DAV's good thinking to help us think through this problem that I think is coming at us. It is much better to prepare and think ahead rather than to react to a crisis when it sweeps over us. Is that something the DAV can help us with?

Mr. PARSETICH. You bet there is, Senator King, and thank you for that question. But I am going to give you the short answer. Director Marszalek, can you address that?

[Laughter.]

Senator KING. Hey, I like that deal.

Ms. ILEM. I will take this one, Jim. Yes, we see the impending number of aging veterans coming. In fact, it is one of DAV's critical policy goals for this and this Congress. And we know veterans want to remain at home as long as they can, with their loved ones and their families, and that requires support.

When we do need community living centers or nursing homes or state veterans home that is key to have that option, but there are so many steps in between, from assisted living to veteran-directed care, just to having support in the home to be able to maintain that. So we want to work with you.

Senator KING. I am a great believer in home care. I have never met anybody yet who wants to go to a nursing home.

Ms. ILEM. Right.

Senator KING. You want to stay home. It is also less expensive for the taxpayers, and I just think that is something. There is bill that we just reported out, the Elizabeth Dole Home Care Act. We want to keep working on that. Help us get that through the Senate, would you please?

Ms. ILEM. Absolutely. We will be 100 percent behind you there.

Senator KING. In just a few seconds, the other issue that I am really concerned about is the transition, and you mentioned that, Commander, in your comments. That is where there is a disproportionate number of suicides in the first 2 or 3 years after separation. I hope you can work with us to develop a program of a truly warm handoff. I have told the Department of Defense and the committee upstairs, in Armed Services, I think they should spend as much time, money, and effort on the transition out as they do on the recruiting in, and I hope that is something you can help me with.

[Applause.]

Mr. PARSETICH. Senator, the DAV would be honored to support such legislation because the transition is critical. And giving our men and women the encouragement, resources, programs that they deserve to make a successful transition—and I am not talking from a pharmacological perspective right now. I am talking from a peer perspective, where they can help each other and be guided by the professionals in a way to where they are going to be able to reestablish self-respect, self-esteem, and self-worth, that they can be reestablished, not only within themselves but within their communities.

Senator KING. My vision is a VSO officer meeting the veteran at the airport, saying, "Welcome back. Here are the resources that are available to you." Literally. I mean, literally meeting them at the airport to know that there is that community of veterans in their state. That is the direction I want to move in.

Thank you very much, Commander, for being here. Thank you, Mr. Chairman. I have got to go back upstairs.

Chairman TESTER [presiding]. Thank you, Senator. Senator Boozman.

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

Senator BOOZMAN. Thank you, Mr. Chairman, and first of all I have got to give a big shout-out to my Arkansas folks. Thank you for making the trip and the great job that you do at home representing the state, and again, all you do for veterans.

Commander, thank you. You and your team do an outstanding job. We really do appreciate that.

I had the opportunity to serve in the House on the Veterans' Affairs Committee and now in the Senate, and I know firsthand that we have been able to achieve a lot, but it simply would not have gotten done without your help. So thank you for your advocacy. The idea of looking out and seeing so many people sitting here, talking to their representatives, there is just no substitute for that. So again, that is a big deal.

The VA CAREERS Act is a crucial piece of legislation for reducing vacancies and staffing shortages in the VA. VA continues to be at a disadvantage when it comes to recruiting and retaining those talented medical professionals across the country, especially in rural areas. Can you briefly speak to what this legislation would mean for the VA and why it is important to ensure the VA has the ability to recruit and retain the best health care professionals?

Mr. PARSETICH. You bet. You know, I have had the pleasure of serving under three Secretaries of the VA right now on veterans rural health and that is always the very first topic of conversation—what can we do to recruit and retain those professionals. But to give you further information I am going to defer over to Director Ilem to expound a little bit more.

Senator BOOZMAN. Thank you.

Ms. ILEM. DAV is a proud sponsor of that legislation. We know right now that it is more critical than ever to be able to hire and recruit the best and the brightest for VA. Our veterans deserve no less. And the bill is jam-packed with provisions that will really help to do that. It is essential the VA is able to be competitive for some of these scarce medical specialties, and again, our veterans deserve to have the very best and brightest, and we are happy to be behind you to get that across the finish line.

Senator BOOZMAN. We appreciate that. And one of the things that we were able to get put in it was how do you deal with directors being detailed to different positions, being gone for long periods of time. Leadership truly does make a huge difference. Can you talk specifically about that, about not having leadership in place at the medical centers and filling those? And it is hard because, you know, we are competing with the private sector, and they probably pay them many times more. On the other hand, we simply have to get those positions filled.

Ms. ILEM. And we really appreciate that provision specifically because we know when there is poor care that happens or a problem, it is usually a place where the leadership has been lacking, or to move somebody in and out that was not able to be there to really advocate and make sure that facility is run top notch. And VA has to be able to attract those people that have the experience and the ability to really run a medical center. It is essential.

Senator BOOZMAN. Thank you very much. Thank you, Commander, and again, thanks to all of your team for the great job they do, and for all of you that made the trip and do such a tremendous job in your states. Thank you, Mr. Chairman.

Chairman TESTER. Thank you, Senator Boozman. Ranking Member Takano.

Mr. TAKANO. Thank you, Chairman Tester. Commander Parsetich, I just got to personally express my gratitude for just the courageous way that you have spoken about your own personal struggles and what a great service you are to veterans who are struggling themselves, to know.

But yes, I want to reiterate probably something that has already been reiterated here but I think it needs reiteration. Republican leadership in the House has suggested funding levels for departments and the agency should be capped at fiscal year 2022 levels while the Department of Defense is held harmless. In the case of

VA, that would mean a loss of $31 billion, or roughly 24 percent of VA's budget, just as Congress is tasked with implementing the PACT Act, opening up medical eligibility for 3.1 million veterans.

As members of the independent budget VSOs, DAV has vital insight into the annual budget and VA funding. Do you believe that this stake, this stance that the House Republicans have taken puts veterans' access to care and services in jeopardy?

Mr. PARSETICH. Congressman, thank you for bringing that forward because any cuts to our veterans would be devastating financial cuts. These men and women have earned the right to get the highest quality care, and we are not insensitive to budgets and things of this nature, but we have already paid the price in full, many times over. Some of whom who did not make it back, they paid the ultimate price, and those of us left behind.

I think we deserve the best.

[Applause.]

Mr. TAKANO. Well, I do too, and what was demonstrated in an unprecedented way was the way that the political will was generated by you, the veteran service organizations, to change the way that the Federal Government and this Congress have looked at toxic exposure. No longer should you have the burden of proof on your shoulders, but you should have the benefit of the doubt, in my opinion. You should be given the benefit of the doubt. And we created the toxic exposure fund so that funding toxic-exposed veterans would not pit you against other veterans. There would not be a Hunger Games played by veterans having to compete against one another, and more than that, for veterans to not compete with programs that benefit all Americans.

And so you can count on me, and I know that you can count on Senator Tester, that we are simply not going to stand for any kind of talk about returning to 2022 funding levels, which would put the VA and all veterans just in an untenable place. I hope that as all of you visit folks on Capitol Hill you let them know the true skinny on all of this. So thank you.

Mr. PARSETICH. Thank you for that.

[Applause.]

Chairman TESTER. Thank you, Ranking Member Takano. I appreciate those comments, and I do not usually have you speak for me but I like those comments. That is fine. That is good. We appreciate it.

Look, I am going to close this out, and I am going to close it out by thanking the DAV. You have got some of the best folks on the Hill that you could ever get. These folks are straight shooters. They tell us what you need. They do not BS around. And I am going to tell you because of the DAV's influence up here on the Hill we have been able to get some good things done. So all you guys' memberships and gals' memberships out there, just know that they are doing really, really, really good work representing you in Congress.

I have been here long enough, both as the Ranking Member, Chair, and as a member of this Committee to watch people come up and give you lip service and then do things like fist bump on the Senate floor or vote against a budget that actually funds things like the PACT Act or the Deborah Sampson Act. You guys see

through that stuff, and you guys pull away all the chafe from the wheat and make sure that we are doing our job.

So what I am saying to you is thank God for the DAV. Thank you guys for the work you are doing.

[Applause.]

Chairman TESTER. Thank you very much.

Joe Parsetich, Commander Parsetich, you make Montana proud. We appreciate you being here. I want to thank you for giving the 2023 legislative priorities for the DAV and putting them out there very clear and forthright. We appreciate that.

Look folks, we have got a lot of work to do ahead of us. We have got a couple of great Committees here, and I will not speak for the House side. We have got a great Committee in the Senate, and we are going to work together to make sure we do right for the veterans. But we have got a lot of work to do, and your input is going to be critically important.

With that we will keep the record open for a week if you have additional comments you would like to put forth, and this hearing is now adjourned.

[Whereupon, at 11:13 a.m., the hearing was adjourned.]

A P P E N D I X

Prepared Statement

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STATEMENT OF
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BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
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Chairman Tester, Chairman Bost, Ranking Members Moran and Takano, and Members of the Committees on Veterans' Affairs:

Thank you for providing me the opportunity to deliver the 2022–2023 Legislative Program of DAV—Disabled American Veterans—an organization of more than 1 million members, all of whom were injured or became ill as a result of wartime service.

I am a service-connected disabled Air Force veteran of the Vietnam War. At just 17 years old, I requested assignment to Vietnam, where I served as a military policeman with the 377th Security Police Squadron in the guard towers at Tan Son Nhut Air Base from 1968 to 1969. We called ourselves "sky cops." It was—to us at the time, anyway—an unserious, humorous moniker we used to help temporarily separate ourselves from the seriousness of the situation we were in.

Although I didn't know it then, the truth is, my time in Vietnam would live with me long after I returned home. I don't have any John Wayne stories from my time in theater and, fortunately, I didn't experience any physical injuries. But for many years, I couldn't shake the sounds of the enemy rockets whistling past my post, and I brought back with me the memories of those who lost their lives there.

I was honorably discharged in 1972 and carried the burden of surviving Vietnam for decades until 2009, when I woke up in an intensive care unit. That's because, after 59 years on this beautiful earth, I no longer saw my life as valuable. I saw myself as an unworthy burden to those around me, and I attempted to end it all.

Messrs. Chairmen, I sit before you today with the humble admission that I've never been so happy or fortunate to fail at something.

Shortly thereafter, I was diagnosed with post-traumatic stress disorder (PTSD) and major depression and sent to the Department of Veterans Affairs Medical Center in Sheridan, Wyoming, where I spent six months in an inpatient treatment center to finally address the issues that had plagued me for decades. I can tell you, without a doubt in my mind, that being brought into the VA health care system and connecting with my

fellow brothers- and sisters-in-arms prevented me from ever thinking about taking my life again.

While at the Sheridan VA, I met a young Marine we all called Pappy. When Pappy was only 20 years old, his platoon was ambushed as they entered a Vietnamese village. He lost 28 of his brothers in mere minutes.

One night, Pappy told me he was being haunted by them. Understanding the feeling, I attempted to change his mindset. "I thought you said you were all brothers?" I asked. Well, that brought out the Marine in him. He tersely shot back, asking what I meant. I asked him if the roles were reversed and he had given his life, would he come back to haunt his brothers. He was puzzled for a minute until I suggested that maybe they're trying to tell him, "We're OK. Our war ended over there, but you're still fighting yours. Don't disrespect our memory by giving up the fight."

I'm no psychiatrist and I cannot say that my words changed him. But I can tell you that Pappy is still with us and now lives nearby in Montana. Unfortunately, he is still fighting his demons and struggles with substance use, but he's still with us. That in itself is a victory.

Gen. Douglas MacArthur once said, "The soldier above all others prays for peace, for it is the soldier who must suffer and bear the deepest wounds and scars of war."

That idea has been timeless across all the world's conflicts up until this point, but it doesn't have to be in the future. Together, we have the opportunity—and the obligation—to do better. I am honored to be here today to help underscore these and other areas in further detail by presenting DAV's 2022–2023 Legislative Program.

BOLSTER MENTAL HEALTH RESOURCES TO ENSURE CONTINUED PROGRESS IN REDUCING VETERAN SUICIDE

One of DAV's critical policy goals for the 118th Congress—one that is deeply personal to me—is to ensure service-disabled veterans have timely access to the VA's specialized mental health care, services and supports to address post-deployment mental health challenges. Veterans' needs for mental health care and readjustment services have grown substantially following two decades of wartime service. We appreciate Congress' continued attention to this issue and the significant resources provided to support the VA's comprehensive array of mental health programs and services, including care in inpatient, residential, outpatient and telehealth settings, in addition to its Vet Centers.

The Vet Center model, providing community-based counseling for those who have experienced trauma, as well as their families, is popular among wartime veterans, has high satisfaction rates among users and has a proven track record over several decades. Through brick-and-mortar facilities and call center, Vet Center staff—often veterans themselves—logged 1.34 million visits and outreach contacts last year alone.

Since July 16, 2022, the Veterans Crisis Line (VCL) has been easily accessible via its new 988 phone number. The shorter number, implemented thanks to Congress and passage of the National Suicide Hotline Designation Act of 2020 (Public Law 116–172), directly addressed the need for ease of access and clarity in times of crisis, for veterans and nonveterans alike. To date in fiscal year 2023, over 200,000 calls have been answered by the VCL. While access during the holidays was somewhat problematic due to significant increases in volume, the VCL was able to maintain an average "time to answer" below 10 seconds, with 95% or greater of all incoming calls answered on average within 20 seconds.

According to the VA, its full complement of services, increased access to care and holistic approach to support veterans using VA health care resulted in a 4.8% overall reduction in suicides in the veteran population for 2020 when compared with the previous year, equating to 343 fewer suicides. While this news is encouraging and we hope this trend continues, veterans remain at a much higher risk of suicide (almost double) than their nonveteran peers. And in many locations, mental health care wait times are still too long for individual counseling and inpatient services. Adequate funding, staffing and training are critical if the VA is to meet the needs of our veterans, especially those who are in crisis or at high risk of suicide. In short, we clearly still have a lot of work ahead to reduce the number of veterans lost each year to this senseless and preventable epidemic.

DAV appreciates Congress's recent enactment of comprehensive mental health bills aimed at reducing barriers to mental health care for veterans in crisis and focused on suicide prevention through collaboration with community partners. We are pleased that lethal-means safety is a key component of the VA's and the administration's strategic plans, but we understand that more providers require training to effectively and consistently address this issue with veterans. Firearms were used in 72.1% of male veterans' and 48.2% of female veterans' suicides in 2020. Access to and familiarity with firearms is common among veterans, and we urge mandatory training for all mental health and primary care providers on how to counsel veterans about the importance of lethal-means safety, especially when a veteran is in emotional crisis.

The VA has trained more than 15,000 providers in evidence-based therapies to improve a variety of behavioral health problems, including depression, PTSD and substance use disorders. These treatments are tailored to each veteran's needs, priorities, values, preferences and goals for therapy, which greatly reduces suicide risk among veterans. Veterans also have access to care in the community through the VA Community Care Network. However, many community providers are not as familiar with the post-deployment mental health challenges veterans face or do not have expertise in providing VA evidence-based therapies for military sexual trauma and combat-related PTSD. The VA must institute strong, evidence-based practices and make them available across the system to screen veterans for these conditions and effectively address them. Focusing on a public health model for suicide prevention and collaborating with community partners are key to engaging veterans who do not use or

are not eligible for VA services, but veterans deserve to receive treatment from mental health providers who are properly trained and certified to deliver effective care.

We urge Congress to enact legislation that requires specific training protocols for VA Community Care Network mental health providers and to ensure they meet the same quality and access standards as VA mental health providers. Mandating training in evidence-based therapies will ensure community partners develop core competencies for addressing veterans' unique mental health care needs—specifically for conditions frequently associated with military service.

While most veterans reintegrate successfully into civilian life, some face social, economic and health challenges that impede their transition. Through the VA's REACH VET initiative, the VA identifies veterans with existing conditions that increase their risk of suicide so it can proactively enhance care. We look forward to evaluating new programs that focus on reaching out to veterans and providing the care, benefits and supportive services they need to avoid job loss, homelessness or a mental health crisis. The VA must also improve support to veteran families and caregivers to prepare and sustain them as they take care of their veteran.

Finally, through clinical and community strategies, the Veterans Health Administration (VHA) must continue to proactively identify and provide interventions for at-risk veterans, for those using VHA care and those using other care systems, to prevent suicide and overdose death. The VA must continue to increase the implementation of its Safety Planning in Emergency Departments initiative and partner with the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services to develop statewide plans to end veteran suicide. DAV calls on Congress to ensure that the VA maintains a strong suicide research portfolio that benefits from interagency collaboration.

DAV looks forward to continuing our work with Congress on oversight of the implementation of mental health legislation enacted during the last Congress and to crafting meaningful and innovative legislation this year that is effective in eliminating barriers to care and eliminating suicide among veterans.

EXPAND THE VA'S CAPACITY TO DELIVER TIMELY, HIGH-QUALITY HEALTH CARE TO VETERANS

Messrs. Chairmen, there is no more fundamental obligation of our nation than to care for the men and women who served and are suffering from injuries, illnesses and disabilities due to their service. Over the past decade, the VA health care system has experienced unprecedented stress trying to fulfill that sacred charge. It's undertaken historic reforms to ensure that veterans have timely access to high-quality care.

From the access crises and waiting list scandals of 2014 to the COVID-19 pandemic, there has been one consistent trend: an increasing number of veterans continuing to choose the VA for their medical needs. Unfortunately, the rising demand

for care continues to outstrip the VA's capacity to provide timely and convenient access for all enrolled veterans, which is especially critical for disabled veterans who rely upon the VA for most or all of their care. As numerous studies have concluded, there has been a long-standing misalignment between the demand for VA health care and the availability of funding, staffing and facilities to provide timely access.

In 2018, following two independent reviews of the VA health care system, Congress passed the VA MISSION Act (Public Law 115–182) to expand veterans' options for care. There were initial delays in implementing the VA Community Care Network, and the onset of the COVID-19 pandemic further complicated the rollout. In response to the pandemic, the VA and other health care providers made significant investments in telehealth services and other virtual modalities. The pandemic altered veterans' use of health care—including delaying routine and preventive care. Many veterans now prefer telehealth as a more flexible and convenient means of receiving care, and for the VA, it often allows the system to use scarce resources more efficiently.

In September 2022, the VA testified about the impact of the VA MISSION Act on the balance of care between the VA and the community, noting that reliance on VA care (both internal and in its community network) has grown but that the use of community care has grown faster (from 23% of the VA's total workload in fiscal year 2018 to 35% in 2021). The VA cited the growing health care demands across the system and increased volume of veterans seeking care to meet deferred care needs. However, there is dissatisfaction among veterans with the community care referral process, citing lengthy administrative processes that delay access to care, burdensome scheduling issues, and significant challenges with interoperability and transfer of health care documents between the VA and its community partners.

Reduce Vacancies and Staffing Shortages

We share the same concerns noted by veterans regarding timeliness and access to quality of care. DAV wants the VA to maintain a sufficient internal staffing capacity to serve as the primary provider and coordinator of care for all veterans using the system. However, this will require targeted changes to overcome health personnel recruitment and retention challenges due to the competitive job market; burdensome hiring practices; delays in infrastructure, information technology and electronic health record modernization efforts; and complicated scheduling processes.

The VA and Congress must work together to improve and resolve these existing issues. We urge the VA to take decisive action to ensure that its Community Care Network providers meet the same access, quality, training and certification requirements as VA providers. Congress must provide oversight and the resources necessary for the VA to maintain sufficient internal capacity to serve as the primary provider and coordinator of care for enrolled veterans and to ensure timeliness and quality of care to veteran patients. In addition, the VA must carefully study the effectiveness of virtual health care to determine its optimal use to ensure the best possible health outcomes for veterans.

Health Care Infrastructure

The VA MISSION Act also established an Asset and Infrastructure Review (AIR) process to develop a plan to modernize, realign and rebuild VA medical facilities to meet veterans' health care needs in the future. VA medical facilities—on average decades older than private-sector health care facilities—have not been properly maintained or modernized, primarily due to insufficient infrastructure funding. Many buildings require corrections for critical life safety issues that allow facilities to better withstand natural disasters, floods or fires.

The AIR process required the VA to conduct market assessments to determine demand, capacity and non-VA options for delivering care in each of its regional health care markets. However, when the VA released its recommendations for potential changes to VA medical centers, clinics and other care facilities based on these assessments, Congress lost confidence in the process. While Congress has deemed that the AIR process is over, some of the review's calls for significant restructuring, including billions of dollars in infrastructure investments, are valid. The VA must have modern and efficient facilities to deliver care to veterans in a way that is cost-effective to the American people, especially when staff resources are scarce. It must also incentivize use of capital leases and sharing agreements when these options offer better alternatives to making space available to meet veterans' health care needs.

Information Technology and Electronic Health Record Modernization

Another critical initiative is the VA's ongoing transition to a new electronic health record (EHR) system developed by Oracle Cerner, intended to allow interoperability between VA and Department of Defense health records and, ultimately, all public and private health record systems. Success of this initiative is essential for a fully integrated care network. Unfortunately, the VA's initial rollout in Spokane, Washington, resulted in serious concerns about patient safety and problems with morale and burnout for many key staff members involved in implementation. Several government studies have found substantial problems with the massive project's design, management and implementation process. Following a four-month strategic review, the VA paused its national rollout plan to address earlier problems but still maintained the original 10-year modernization timeline for full implementation.

As the VA moves forward, it must pay careful attention to ensure the development of a seamless electronic scheduling system that offers veterans real-time options in the VA and in the community and that includes quality and timeliness metrics to help them make truly informed decisions about their care options. The new EHR system must also support seamless clinical care coordination so that veterans receive integrated care, even when some of it is delivered outside the VA system. Over the next several years, Congress must aggressively oversee implementation of the VA's new EHR system to ensure veterans' safety and health care outcomes remain the primary focus.

VA's Fourth Mission for National Emergencies

As demonstrated during the COVID-19 pandemic, the VA also plays a significant role in responding to national health emergencies, which is just one aspect of its Fourth Mission. The VA is also the backup health care system for the DOD and has additional federal responsibilities during national disasters. Since the COVID-19 pandemic began, the VA has provided almost a million articles of personal protective equipment to other systems, deployed thousands of medical personnel to more than 50 states and territories, led research efforts on developing vaccines, shared its COVID-19 testing resources and admitted hundreds of nonveterans for treatment in its medical centers.

Messrs. Chairmen, there is no comparable federal or private health care system capable of playing this role during national emergencies, disasters or wars. Congress must ensure that the VA continues to have sufficient health care capacity to meet its Fourth Mission responsibilities while it simultaneously provides veterans with uninterrupted care.

IMPLEMENT THE PACT ACT AND ADDRESS GAPS IN TOXIC-EXPOSURE BENEFITS

Messrs. Chairmen, we thank you and all of the members here today for the historic passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act, or PACT Act. Millions of veterans exposed to airborne hazards and burn pits are now eligible for the VA's life-changing benefits and health care. We know this was no small undertaking and greatly appreciate the determination and dedication to the men and women affected by toxic exposures.

As a Vietnam veteran, I am pleased by the inclusion of hypertension and monoclonal gammopathy of undetermined significance (MGUS) as presumptive diseases to Agent Orange exposure. The addition of six new locations of conceded Agent Orange exposure acknowledges the exposures my fellow veterans have been citing for years; this provides some measure of justice to Vietnam veterans and families who suffer and have suffered from the illnesses and diseases associated with herbicides.

The PACT Act will provide benefits and health care to millions of veterans exposed to burn pits, radiation, Agent Orange and other toxins. Monitoring the implementation of Public Law 117–168 will be key to ensuring veterans can access their benefits and services. It is imperative that Congress monitors the number of claims filed related to the PACT Act, how these claims affect the overall workload, and how many are approved or denied and why. Understanding how the VA is managing the increase in claims will help Congress understand where resources are needed. In addition, resources, including adequate funding and appropriate staffing, must be provided to properly implement the PACT Act. DAV urges Congress to conduct oversight of all disability claims, including those related to the PACT Act. The VA should also provide

data on the number of claims granted and denied, the quality and number of exams conducted, and transparency regarding quality assurance.

The PACT Act recognizes those veterans who served at Karshi-Khanabad Air Base (K2) in Uzbekistan as being exposed to burn pits; however, it did not address the other known and DOD-recognized toxic exposures at K2. Between 2001 and 2005, more than 15,000 service members deployed to K2 in support of military operations into northern Afghanistan following 9/11. This former Soviet air base contained residuals of chemical weapons, radioactive depleted uranium and jet fuel, among nearly 400 other chemical compounds. The DOD knew that service members there were exposed to these dangerous toxins, and a 2015 Army study found that K2 veterans have a 500% greater chance of developing certain cancers.

While the PACT Act includes K2 veterans in the burn pit presumptive diseases, the VA has still not recognized the other toxic exposures and potential diseases unique to K2. Because of these gaps, many veterans will be denied access to life-changing health care and benefits. DAV urges Congress to enact legislation that concedes exposures to radiation, jet fuel and chemical weapons at K2; provides for studies; and recognizes presumptive diseases related to them. Additionally, K2 veterans should be provided eligibility to health care based on toxic exposures, per section 1710, title 38, United States Code.

The PACT Act recognizes additional locations of radiation risk activities for veterans who participated in the cleanup operations in Thule, Greenland; Enewetak Atoll; and Palomares, Spain. However, there currently exists an inequity between the VA radiation-exposed presumptive process and another federal government program. Under current law, to establish entitlement of VA benefits for presumptive diseases due to radiation exposure, the VA requires proof of not only the veteran's on-site participation but also radiation dose estimates from the Defense Threat Reduction Agency and then a medical opinion if that dose estimate caused the claimed presumptive disease.

The Radiation Exposure Claims Act (RECA) program of the Department of Justice establishes compensation for individuals who contracted specified diseases related to atmospheric nuclear weapons development tests in the American Southwest. The RECA program is available to uranium workers and miners, civilians exposed in downwind areas and veterans. A lump sum is payable to veterans who were on-site participants at the atmospheric nuclear weapons tests. RECA does not require claimants to prove causation of the diseases related to the radiation exposure, nor does it require dose estimates of exposures. Veterans who were exposed on-site can receive compensation from the government without dose estimates and without proving that the claimed disease is directly caused by the dose estimate of radiation exposure.

The PACT Act does recognize three new locations of radiation risk activities; however, it does not address the inequity between the VA radiation presumptive disease process and the DOJ RECA program. We urge Congress to enact legislation to remove the VA dose estimate requirement for radiation exposure. This will provide

parity with the governmental RECA program and treat veterans' radiation exposure claims on equal footing with civilians who were not participants but only downwind from nuclear testing.

Messrs. Chairmen, millions of veterans now and into the future will benefit from the monumental enactment of the PACT Act; however, Congress must provide rigorous oversight to its implementation, recognize the specific exposures and related diseases at K2, and ensure parity for radiation-exposed veterans and remove the dose estimate requirement.

IMPROVE THE VA COMPREHENSIVE CAREGIVER PROGRAM PROCESS

One of the most important ways the VA supports seriously injured and disabled veterans is by helping to support their family caregivers. The creation of the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) has provided a lifeline for tens of thousands of family members who have taken on the full-time role of caregiver for a seriously disabled veteran.

The second phase of the comprehensive program was finally rolled out Oct. 1, 2022, covering Persian Gulf War veterans and others from the post-Vietnam and pre-9/11 eras, making caregivers of veterans from all service eras now eligible to apply. While the program has been life-changing for so many veterans and caregivers, the VA has not been able to consistently, transparently and equitably administer the eligibility, reassessment and appeals processes associated with the program. While we are pleased the program was expanded to cover caregivers of veterans from all eras, the current regulations, which were adopted in 2019, have not addressed the long-standing systemic problems related to eligibility.

In April 2021, the Court of Appeals for Veterans Claims, in the *Beaudette v. McDonough* decision, determined that veterans and caregivers have the right to appeal unfavorable decisions related to PCAFC to the Board of Veterans' Appeals, including full due process rights under the Appeals Modernization Act. For the past two years, the VA has been working with caregivers and veterans organization stakeholders, as well as Congress, to develop new eligibility criteria, reassessment rules and appeals processes to address problems with the program, with the goal of adopting new regulations. As a result, VA Secretary McDonough suspended reassessments and removals from the program until solutions could be found.

In March 2022, the VA announced it was extending the time that legacy participants, legacy applicants and their family caregivers within PCAFC will remain eligible for the program. This will include their eligibility for all services, supports and benefits for another three full years, until Sept. 30, 2025. These changes will have a significant financial impact on the program.

Messrs. Chairmen, DAV is very concerned that the revised regulations on eligibility have made it far too difficult for so many deserving caregivers to enter and

remain enrolled in PCAFC. We are confident this does not reflect the congressional intent when the program was first created or when it was expanded by the VA MISSION Act of 2018.

We urge Congress to continue working with the VA, DAV and other veterans organizations supporting caregivers by enacting legislation and ensuring the VA promulgates regulations to create fair, consistent, transparent and equitable eligibility criteria and reassessment rules to ensure that this invaluable program has the proper rules and resources to meet our nation's obligations to veterans' family caregivers. Also, Congress should enact legislation to appropriately grandfather eligibility for veterans in the program before enactment of any new eligibility regulations and guarantee the continuation of full due process, notification and appeal rights provided by the *Beaudette* decision and the Appeals Modernization Act.

IMPROVE SURVIVOR BENEFITS

Messrs. Chairmen, DAV's mission to assist this nation's wartime service-disabled veterans is clear. However, wounded, ill and injured veterans and their survivors face barriers and inequities in maintaining financial security for themselves and their families due to unjust practices, failures to address parity and the negative impact of disabilities on a veteran's quality of life. DAV would like to see Congress and the VA correct these inequities and provide parity in compensation benefits for veterans and their survivors.

Currently, there are two groups of veterans that are allowed to receive both their full retired pay and VA compensation benefits: those under the concurrent retirement plans and those longevity military retirees with at least a 50% VA disability rating. Unfairly, veterans with a 40% or lower VA disability rating and those forced to medically retire under Chapter 61 have their military retirement pay offset for every dollar of VA disability compensation received and are essentially funding their VA compensation with part of their retirement pay. These are two separately earned benefits, and any offset between longevity military retired pay and VA compensation is completely unjust.

DAV urges Congress to enact legislation to repeal the inequitable offset between rightfully earned military retired pay and VA disability compensation for all veterans, including medically retired veterans.

Similarly, veterans who were given separation pay from the DOD are required to pay back those funds if they become eligible for VA disability benefits. The lump-sum separation payment is not based on or due to disabilities incurred in service. Withholding a veteran's VA disability compensation based on receipt of a nonrelated military separation benefit must end.

DAV urges Congress to afford justice for these veterans by enacting legislation that allows them to keep military separation payments based on their military service, which differs from VA disability compensation.

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: their families, caregivers and survivors.

Created in 1993, Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of service members who die in the line of duty or veterans whose death is due to a service-connected injury or disease. DIC provides surviving families with the means to maintain some semblance of economic stability after the loss of their veteran spouse. However, the current DIC benefit paid to survivors is insufficient. Today, married veterans who are receiving 100% disability compensation through the VA are being paid approximately $3,824 a month, whereas DIC payments for survivors are set at $1,563 a month. This difference is approximately 41% of the compensation paid to the service-disabled veteran who was rated at 100% with a spouse. As a result, surviving spouses have to not only deal with the heartache of losing their loved one but also contend with the loss of approximately $27,000 a year. This particularly affects survivors who depend on that compensation as a primary source of income.

In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55%. This is a difference between 41% and 55% and presents a significant inequity for survivors of our nation's heroes compared with survivors of federal employees.

To ensure survivors of disabled veterans receive a meaningful benefit, DAV urges Congress to enact legislation that would index the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse, to achieve parity with similar compensation federal employees' survivors receive, and adjust the benefit annually for inflation. These unsung heroes need to be assured that their nation also recognizes their sacrifices, cherishes their legacy of service, and will support them both now and in the future.

Finally, the VA compensation system was designed to offset the loss of earning capacity based on service-related disabilities. In 2007, the Veterans' Disability Benefits Commission found that current compensation payments do not provide a payment above that required to offset earnings loss and recommended that compensation payments be increased up to 25% with priority to the more seriously disabled. DAV urges Congress to enact legislation for a study to address the negative impacts on veterans' quality of life and enact compensation-level increases commensurate with those findings.

ADVANCE EQUITY IN HEALTH SERVICES AND BENEFITS FOR WOMEN VETERANS, UNDERSERVED AND MINORITY VETERAN POPULATIONS

Trying to improve outreach and services for an increasingly diverse veterans population poses challenges for the VA—specifically, to ensure equity in services,

benefits and health outcomes for all the minority veterans populations it serves. Black, Latino, and other ethnic and racial minority groups now comprise about 20% of the VA's patient population; women veterans make up around 9%; and an estimated 1 million veterans identify as LGBTQ+.

In working toward equity, the VA has recently prioritized outreach to inform veterans they may be eligible for certain presumptive conditions, renewed its partnership with the Indian Health Service and expanded engagement with minority communities by informing them of their memorial benefits. VA researchers are assessing health outcomes and perceptions about care for specific subpopulations, including Native American/Alaskan Natives, LGBTQ+, Hispanic, Asian-Pacific/Native Hawaiian veterans. VA studies have also examined health disparities among women, Black, older and rural veterans.

The VA must respond to disparities in access, usage and health outcomes among underserved groups by promoting strategies for meeting the unique needs of women, LGBTQ+ and minority veteran populations through the Veterans Experience Office, targeted outreach efforts, improved case management and care coordination, and specialized programming.

Minority Veterans Representation

In a large bureaucratic system such as the VA, it is easy for minority veteran populations to feel marginalized, believe their voices are not heard, and perceive their needs are not understood or being addressed. VA program offices and federal advisory committees are essential to identify and implement strategies to meet the unique needs of these veterans.

Peer support networks and VA peer support specialists help personalize veterans' care journeys and make treatment more culturally relevant, which in turn increases veterans' engagement and may ultimately aid in their recovery. For example, Native Americans living on Indian reservations may experience access challenges and cultural barriers to care. Indian reservations are largely in rural communities, which are often remote from a VA facility. The VA must improve outreach to these and other rural and remote veterans and develop telecommunications infrastructure to better serve populations living in rural communities. Establishing strong peer support networks can help Native Americans and other veterans create meaningful and culturally relevant goals for recovery and care.

The VA must also increase its efforts to diversify its staff to better reflect the veteran patient population it serves. Likewise, every employee should feel their contributions are valued and that they have opportunities for professional development and career growth. A recent study showed that only 4% of Black VA employees compared with 12% of white employees are in leadership roles.

Researchers must make special efforts to recruit women and veterans of color to ensure they are adequately reflected in research findings. For example, the Million

Veteran Program—a genomic research initiative to collect data and samples from all veterans in order to look at factors that may affect their health and personalize treatments for them—has struggled to find enough women and certain minority groups to ensure clinically significant research findings for these populations.

Trust Among Minority Veterans

The VA must continue its efforts to acknowledge and celebrate the service of minority veterans, including LGBTQ+ veterans. This includes taking concrete steps to ensure they have access to the care and benefits they have earned.

Many minority veterans have experienced systemic prejudice and discrimination in the military and in the VA. Despite shifts in policy and increased staff training, existing evidence suggests many subpopulations are still at high risk for health disparities. LGBTQ+ veterans, for example, may be at higher risk for mental health and physical health risk behaviors. Black veterans have greater rates of uncontrolled high blood pressure and diabetes. Women veterans need providers trained to deliver gender-specific and sensitive care. Building clinical capacities and conducting sensitivity training for front-line staff are essential components to addressing barriers to care and will likely improve patient satisfaction and health outcomes for all minority veterans.

As the VA continues to become a provider of choice for women veterans, it must ensure it allows women veterans to select providers by gender and receive appropriate care in gender-exclusive settings to the extent possible. This may be particularly important for women veterans seeking recovery from the effects of military sexual trauma (MST) or interpersonal violence and risk being retraumatized in mixed-gender groups. MST and substance use disorders are risk factors for suicide, so assessing the use of gender-exclusive care and accommodating this gender-specific programming is important to ensure the rates of suicide among minority veteran populations continue to subside.

All veterans should feel welcome, safe and supported from the moment they walk into a VA facility. Stranger harassment is a barrier to VA care and deters many women, LGBTQ+ and other minority veterans from seeking the medical care and specialized services they need and deserve. The VA must continue to promote its Stop Harassment and White Ribbon campaigns to eliminate sexual assault and harassment at all VA facilities and promote strategies for recovery. Ensuring safe and accommodating care environments is another essential element to providing effective care. VA leadership must provide strategic, comprehensive plans to effectively address these long-standing issues.

Many veterans approach DAV after having long been at odds with the VA through the disability claims and appeals process, but those who have experienced the betrayal of MST are especially vulnerable. For these veterans, fighting to prove their case to the VA—sometimes for years—takes a damaging emotional toll that may affect their willingness to engage in specialized treatment and counseling. The systems for processing MST-related claims are in dire need of reform—and we are grateful that

congressional efforts with the recent passage of legislation will begin to ease these processes. However, knowledgeable and sensitive staffs are key to addressing ongoing discrepancies in the approval of claims for residual effects of MST compared with other assault or PTSD claims and effective treatment for survivors.

PROVIDE A FULL SPECTRUM OF LONG-TERM CARE OPTIONS FOR SERVICE-DISABLED AND AGING VETERANS

Another key legislative priority for DAV is ensuring that our nation's service-disabled veterans have access to a full continuum of care—including a full spectrum of long-term care options and supportive services to address veterans' unique needs.

The VA Geriatrics and Extended Care program includes a broad range of long-term supports and services for aging and disabled veterans. The VA's institutional long-term care services are provided through 131 VA-operated Community Living Centers (CLCs), 161 VA-supported State Veterans Homes and hundreds of community-based skilled nursing facilities under contract with the VA. In addition, the VA offers a range of noninstitutional support services, including home- and community-based services such as home-based primary care, adult day health care, respite, and homemaker and health aide care, as well as its caregiver support program.

High demand for care, gaps in staffing and infrastructure, and inequitable access to a full complement of services across the system continues to strain availability and veterans' access to appropriate long-term supports and services furnished and purchased by the VA.

While the overall veteran population is decreasing, over the next two decades, an aging veteran population, including a growing number of service-disabled veterans with specialized needs, will require more long-term care services. The VA estimates that by 2039, the number of elderly veterans will double and the number of enrolled veterans 85 years or older will grow by almost 40%. More alarming, the VA estimates the number of veterans in priority group 1a who are at least 85 years old is expected to grow by nearly 600%, and the number of women veterans in this age group is expected to grow by 278%. As a result, VA expenditures for long-term care are projected to double by 2037. Additionally, the number of women veterans will require the VA to ensure that institutional care settings meet appropriate environment of care standards, including safety and privacy, to accommodate their needs.

Through its CLCs, State Veterans Homes and contracts with community nursing homes, the VA supports approximately 40,000 long-term care beds in skilled nursing and domiciliary facilities. Some VA CLCs can address specialized care needs of seriously disabled veterans with traumatic brain injuries (TBIs) and spinal cord injuries (SCIs), which most nursing homes in the community are not able to do. In addition, veterans with neurobehavioral issues or who need memory or dementia care are a challenge for all long-term care facilities.

We urge the VA to request, and Congress to provide, sufficient resources to maintain, renovate and modernize its CLCs and State Veterans Homes to accommodate the future institutional long-term care and specialized care needs of veterans with service-related TBI, dementia and SCI, including younger veterans who have sustained catastrophic injuries during military service.

It is equally critical for the VA to consider the need and demand for noninstitutional or home- and community-based services, such as home-based primary care, adult day health care, Veteran-Directed Care, and homemaker and health-aid services. These services fill critical gaps, are preferred by most aging veterans and are less expensive than institutionalized care. But for noninstitutional care to work effectively, these programs must focus on prevention, engagement and support before veterans have a devastating health crisis that requires more intensive care in a skilled nursing facility for an extended recovery period.

The VA must also continue to expand innovative programming—such as medical foster homes, its Veteran-Directed Care program, home-based primary care teams and adult day health care services—to address veterans' unique needs, preferences and goals as they age. These types of services allow them to remain in their homes and live more independently however, not all services are available across the system. While many veterans prefer to remain at home, many will unfortunately not have the support they need to safely do that and will need to transition to an institutional care setting. The VA must establish measurable goals to address an aging veteran population; increased demand for services; and systemic challenges, including workforce shortages, proper geographic alignment of care and meeting veterans' specialized care needs.

DAV NATIONAL SERVICE PROGRAM

Claims Assistance

Messrs. Chairmen, while much of our focus in Washington, D.C., is on advocacy, DAV's core mission around the country involves providing direct services to America's ill and injured veterans and the families who care for them. DAV fulfills the mandate of service most prominently through our National Service Program by directly employing a corps of national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed our 16-month formal on-the-job training program. DAV NSOs' own military, personal claims and VA health care experiences not only provide a significant knowledge base but also help promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in spaces provided by the VA in all its regional offices, as well as in other VA facilities throughout the nation.

With our national, department, chapter and transition service officers, as well as county veteran service officers, over 3,700 DAV benefits experts represent claimants around the country. They serve on the front lines providing much-needed benefits advocacy to our nation's veterans, their families and their survivors. With the generous

support of a grateful American public and patriotic businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

In 2022, DAV's service program took more than 2.4 million actions to advocate for veterans and their families, such as representing claimants in hearings and appeals for benefits, reviewing and developing records, providing professional advice and responding to inquiries, and establishing new claims for earned benefits.

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 organization that holds over 1.1 million powers of attorney to represent veterans and their survivors. During 2022, DAV national and transition service officers interviewed over 285,000 veterans and their families and filed more than 174,000 new claims for over 512,000 specific injuries and/or illnesses. Thanks to the great work of our service officers, claimants represented by DAV obtained more than $26.4 billion in benefits.

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 and presentation of written briefs for Board of Veterans' Appeals review. NAOs also represent appellants in formal hearings before Veterans Law Judges. The Board is the highest appellate level within the VA, responsible for the final decision concerning entitlement to veterans benefits. More than 96% of the claims before the Board involve disability compensation issues.

In fiscal year 2022, DAV NAOs provided representation in more than 18.3% of all appeals decided by the Board, which is a caseload of approximately 13,054 appeals. Of appeals represented by DAV at this level, 81.6% of original decisions 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. DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Each of the cases acted upon by our national appeals office in calendar year 2022 was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,030 of these cases previously denied by the Board 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 19,686 veterans and have provided free representation in over 15,347 cases.

Transition Services for New Veterans

DAV continues to provide direct, on-site assistance to ill and injured active-duty military personnel through our Transition Service Program. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA. Our transition service officers (TSOs) are trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations throughout the country.

DAV currently employs 27 TSOs who also provide free assistance to those who need it. In 2022, DAV TSOs conducted over 640 briefing presentations to groups of separating service members, with more than 24,900 participants attending those sessions. They also counseled in excess of 43,000 people in individual interviews and electronic communications, reviewed over 14,500 military service treatment records and presented over 15,700 benefits applications.

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.

Information Seminar Program

Another important outreach program for veterans is DAV's information seminars, which 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, DAV NSOs conduct these free seminars across the country.

During 2022, DAV held 393 in-person seminars, briefing nearly 13,000 veterans and their families about benefits they may be entitled to as a result of their military service. Service officers interviewed veterans and their families at the seminars and assisted in filing new claims for benefits as well.

Disaster Relief Program

Our Disaster Relief Program provides grants and supply kits to help veterans and their families secure temporary lodging, food and other necessities in the aftermath of natural disasters and emergencies in various areas around the nation. During 2022, DAV provided over $2 million to nearly 3,100 veterans affected by natural disasters, including hurricanes, tornados, floods and fires throughout 15 states, Puerto Rico and the District of Columbia.

Since the 1968 inception of the Disaster Relief Program, over $19.5 million has been disbursed to veterans in need.

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

Another vital part of DAV's success is the more than 14,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality lives with respect and dignity. Our Voluntary Services Program ensures that ill and injured veterans are able to attend their medical appointments and receive assistance in VA medical centers, clinics and Community Living Centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

If the VA had to pay federal employees for the nearly 550,000 hours of essential services to hospitalized veterans that DAV volunteers provide at no cost, the cost to taxpayers would be more than $16.3 million.

Although the COVID-19 pandemic has affected volunteer efforts across all charitable organizations since 2019, our DAV and DAV Auxiliary volunteer hours within VA medical facilities increased by more than 37% in 2022. While these numbers have not returned to pre-pandemic levels, we know that our dedicated corps of DAV and DAV Auxiliary volunteers will continue to assist wherever there is a need.

DAV Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed care and services. The program is operated by 156 hospital service coordinators and more than 4,400 volunteer drivers at VA medical centers across the country.

During fiscal year 2022, volunteer drivers spent over 556,000 hours transporting veterans to their VA medical appointments. With most VA medical facilities returning to full operation, volunteers logged more than 9.2 million miles and provided nearly 210,000 rides to VA health care appointments, saving taxpayers more than $16.6 million. Since our national transportation program began in 1987, nearly 20 million veterans have been transported over 741 million miles.

We are also very pleased to report that in 2022, DAV donated 49 new vehicles to VA facilities to use for transporting veterans, at a cost of more than $1.5 million. In 2023, we plan to donate 100 additional vehicles to the VA, at a cost of nearly $4.3 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of eight new vehicles to DAV for the Transportation Network. To date, Ford donations have exceeded $6 million toward the purchase of 256 vehicles to support this critical transportation program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to our national Transportation Network is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district in order to serve our nation's ill and injured veterans, many of whom are your constituents. With a value of more than $86.5 million, DAV has donated a total of 3,665 vehicles to the VA since 1987 for transporting veterans to their medical appointments.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and DAV Auxiliary volunteers have answered that call in full measure. From July 1, 2021, to June 30, 2022, LVAP volunteers performed buddy checks, delivered groceries and provided help to our nation's heroes in a variety of ways. Overall, they donated more than 1.7 million hours of service to ensure that no veteran in need of help was left behind. We see examples of this each and every day, highlighting the principal objective of our organization: keeping our promise to America's veterans.

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

- State department- and chapter-level volunteer benefits advocacy.
- Outreach at events such as Homeless Veterans Stand Downs and a volunteer presence at National Guard mobilization and demobilization sites. Last year during the annual Homeless Veterans Stand Down at DAV National Headquarters in Erlanger, Kentucky, presented in partnership with the Cincinnati VA Medical Center, we provided medical examinations; inoculations; claims assistance; haircuts; and backpacks filled with clothing, blankets and toiletry items to more than 200 veterans.
- Direct assistance to veterans, their families and their survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities.

To date, LVAP volunteers have donated more than 14.3 million volunteer hours. We believe this important program makes a difference in the lives of all of those we serve.

Boulder Crest Mentoring Program

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Foundation at locations in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in annual retreats for ill and injured veterans. DAV also annually sponsors an all-female veteran retreat. In 2022, 30 participants shared in these life-changing retreats. Since

2015, 254 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

DAV leaders, including DAV past national commanders, national services officers and other DAV members have served as mentors at these retreats to the latest generation of seriously injured veterans. Leaders' spouses have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of serving as caregivers.

Adaptive Sports

Messrs. Chairmen, DAV is especially proud of our adaptive sports programs. These programs and associated events directly affect the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to be the co-presenter of the annual National Disabled Veterans Winter Sports Clinic and the National Disabled Veterans Golf Clinic. 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.

For nearly four decades, DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, often referred to as "Miracles on the Mountainside." This unique 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 able to participate in 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.

After the cancellation of the clinic for 2020 and 2021, we are happy to say that we were back on the mountain in 2022. The 36th National Disabled Veterans Winter Sports Clinic was hosted in a restricted capacity due to the VA's COVID-19 mitigation plan. We expect to be back to full capacity for the 37th annual event, which is scheduled for March 26–31, 2023.

DAV has also teamed up with the VA to offer a vigorous adaptive sports program for veterans with other needs and interests. The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that 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. DAV has proudly co-presented this event since 2017. While this clinic was also hosted in a limited capacity

for 2022, we are happy to say that the 30th anniversary event is scheduled to take place near Iowa City, Iowa, September 10–15, 2023, at full capacity.

I invite all members of these committees to come and experience these events with DAV leaders this year.

The Next Generation of Volunteers

Each year, DAV awards scholarships to deserving youth volunteers. These outstanding young people, who participate in the VA Voluntary Service Program and/or DAV's Local Veterans Assistance Program, donate their time and provide compassion and support to injured and ill veterans. They represent not just our next generation of volunteerism but also the future of our nation.

We are grateful that we are able to present 10 scholarships for a total of $110,000, with the top scholarship of $30,000. These awards will be presented at the 2023 DAV National Convention.

Since the scholarship program's inception, DAV has awarded 221 individual scholarships valued at more than $1.7 million, enabling exceptional young people to pursue their goals in higher education and experience the significance of volunteering. DAV is very proud of this program, and we thank Ford Motor Co. for its support in helping us to continue awarding these scholarships to worthy student volunteers.

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 continue to selflessly serve the needs of our nation's disabled veterans on a daily basis, and we applaud their compassion and dedication.

DAV NATIONAL EMPLOYMENT AND ENTREPRENEURSHIP PROGRAM

The journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who do, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women make the transition from military to civilian life, and DAV remains dedicated to providing our services to all who have served. DAV remains 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 or pursue their own paths through entrepreneurship.

DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans organizations in providing assistance to veterans and their spouses seeking a new or better career. One primary component of this mission was DAV forming a strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to hosting nearly 100 traditional and 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 service members, Guard and Reserve personnel, veterans and their spouses.

DAV's efforts to connect veterans with careers have unquestionably made a huge impact on reducing the number of unemployed and underemployed veterans and are intertwined with the historically low veteran unemployment rate of approximately 3% we arrived at just before the dramatic, adverse effects of the COVID-19 pandemic. In fact, from June 2014 through December 2022, DAV hosted more than 860 in-person and virtual career fairs, resulting in 168,116 job offers extended to 274,812 participants. During 2022, we returned to both in-person and virtual job fairs across the country, with 62 in-person and 23 virtual events. In 2023, we will be hosting 90 job fairs for active-duty service members, Guard and Reserve personnel, veterans and their spouses, which is still a much lower number of events than pre-pandemic. We do encourage you to share with your constituents our full schedule of job fairs, which can be found at davjobfairs.org, and reassure them that companies are aggressively recruiting and hiring military veterans.

In addition to our sponsored veteran career fairs each year, DAV works directly with more than 300 companies seeking the many talents and skills they know only veterans possess. Moreover, DAV provides a multitude of resources that veterans can easily access within our employment resources webpage, jobs.dav.org, including a job search board offering more than 350,000 current employment opportunities around the world, direct links to companies, resources for employers and other helpful information. Additionally, DAV expanded our efforts to recognize outstanding companies that are not only veteran-friendly but veteran-ready—companies that fully understand the value and importance of veterans in their workplace and demonstrate solid recruiting, hiring and retention efforts. DAV's Patriot Employer Recognition Program provides well-deserved recognition to many outstanding companies. We invite you to visit patriotemployers.org and nominate one or more companies in your respective districts and states.

Furthermore, DAV continued our partnership with "Hiring America," the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With the program's projected reach of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies that want to hire them.

DAV has expanded our published resource, *The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans With Disabilities*, for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased with the ongoing positive response to our hiring guide, and we will keep 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 jobs.dav.org to download

a copy of our hiring guide. We would also be happy to provide you with copies of the printed version upon your request.

In 2021, DAV took a dramatic leap forward in assisting entrepreneurs in the veteran- and military-connected community, including spouses, with the acquisition of DAV Patriot Boot Camp, which was formerly an independent 501(c)(3) charity. In doing so, DAV absorbed a community of thousands of entrepreneurs, supporters and mentors who participate in formal and informal training and mentorship.

DAV hosted two significant in-person training events in DAV Patriot Boot Camp's inaugural year and provides monthly training and resources to empower founders to succeed. It complements DAV's ongoing efforts to support and advocate on behalf of service-disabled veteran-owned small businesses.

DAV plans to host at least three in-person entrepreneurship events and will continue to work with business leaders to make the business world accessible to those who sacrificed to make the American dream possible for us all. As founders achieve their business goals, we know they will hire more of their fellow veterans and spouses and help one another succeed in their careers or as entrepreneurs.

DAV CHARITABLE SERVICE TRUST

DAV also has a charitable arm that works to improve the lives of veterans, their families and their survivors. Organized in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit 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 ill and injured veterans through financial support of programs and services that provide direct support to veterans and their families.

DAV established the Trust to advance initiatives, programs and services that may not easily fit into the scheme of what is traditionally offered through VA programs or by DAV departments and other veterans organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and their survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, nearly $145 million has been invested to serve the interests of our nation's heroes.

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 injuries, 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 veterans who are homeless or at risk of homelessness.
- 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 rehabilitation, mental health and suicide prevention services.

In 2020, a $1 million grant was awarded to Save A Warrior, a nonprofit organization committed to ending the staggering suicide rate plaguing veterans, active-duty military and first responders. The grant was used to support the construction and development of Save A Warrior's National Center of Excellence for Complex Post-Traumatic Stress presented by DAV in Hillsboro, Ohio, to provide a healing outlet for ill and injured veterans combating suicide and mental health issues. In 2021, another $200,000 grant was provided for programming and the center opened in June 2022. Save A Warrior received an additional $1 million grant in November 2022 to offer trauma-focused cognitive behavioral therapy, relevant 12-step programs, cognitive processing therapy, mindfulness-based stress reduction techniques and resources to participants. DAV has also provided nearly $1 million to Boulder Crest retreats, where DAV leaders and spouses serve as mentors for the latest generation of seriously injured veterans and their caregivers.

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, the Trust furthers the mission of DAV. For over a century, DAV has directed its resources to the most needed and meaningful services for the nation's wounded, ill 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, DAV's Legislative Program is approved by our members in the form of adopted resolutions, calling for program, policy and legislative changes to improve health care services and benefits for wartime service-disabled veterans, their dependents and their survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 100th national convention. On behalf of DAV, I ask members of the House and Senate Veterans' Affairs Committees to consider the merit of these proposals and use them to enact legislation.

The complete text of DAV's Legislative Program is available on DAV's website at https://www.dav.org/wp-content/uploads/LegislativeProgram_2022-2023.pdf.

Disability Compensation and Other Benefits

- Support legislation to remove the prohibition against concurrent receipt of military retired pay and veterans disability compensation.
- Support legislation to increase disability compensation.
- Support legislation to provide for realistic cost-of-living allowances.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Support legislation to protect total disability based on Individual Unemployability benefits and ensure it remains available for all eligible veterans regardless of age or receipt of any other federal benefits.
- Support oversight of the VA's practices used in evaluating disability claims for residuals of military sexual trauma.
- Support legislation to improve and reform Dependency and Indemnity Compensation.
- Support an increase in the Department of Veterans Affairs burial allowance for service-connected veterans and provide automatic annual adjustments.

Medical and Health Care Services

- Support program improvement and enhanced resources for VA mental health programs and suicide prevention.
- Support enhanced medical services and benefits for women veterans.
- Support equity in access to services and benefits for racial and ethnic minority service-connected disabled veterans.
- Support the rights and benefits earned by service-connected disabled Native American and Alaska Native veterans.
- Provide comprehensive dental care to all service-connected disabled veterans within the VA health care system.
- Enhance long-term services and supports for service-connected disabled veterans.
- Strengthen and protect the VA health care system.
- Ensure a safe, secure and effective electronic health record for veterans that allows the VA to fulfill core missions of patient care, research and training.
- Support effective recruitment, retention and development of the VA health care system workforce.
- Ensure timely access to quality VA health care and medical services.
- Support modernizing VA health care infrastructure.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, ill and injured veterans from all eras.
- Support VA research into the medical efficacy of cannabis for treatment of service-connected disabled veterans.

- Support improvements in provider training and beneficiary travel benefits for veterans seeking specialized treatment programs and care for military sexual trauma.
- Support humane, consistent pain management programs in the veterans health care system.
- Support VA medical and prosthetic research programs.
- Support sufficient funding for VA prosthetic and sensory aids and timely delivery of prosthetic items.
- Support legislation to eliminate or reduce VA and Department of Defense health care copayments for service-connected disabled veterans.
- Adequately fund and sustain the Readjustment Counseling Service of the VA and its Vet Center Program.

General Issues

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support elimination of employment licensure and certification barriers that impede the transfer of military occupations to the civilian labor market.
- Support legislation to improve and protect education and employment benefits for disabled veterans and their survivors.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Account for those still missing and the repatriation of the remains of those who died while serving our nation.
- Support legislation to strengthen and protect service-disabled veteran-owned small businesses.
- Extend space-available air travel to caregivers and dependents of eligible veterans.
- Support the continued growth of Veterans Treatment Courts for justice-involved veterans.
- Support veterans' preference in public employment.

CONCLUSION

Messrs. Chairmen, DAV has been serving veterans for more than 100 years, and our organization has come before these distinguished committees many times to highlight the challenges veterans face across the nation. We appreciate your continued efforts and commitment to these issues—and to the men and women who served—even if the solutions present challenges, may not seem clear, or don't come quickly or easily.

Film producer Maria Cuomo Cole once said we must give veterans "the tools to empower themselves and reclaim the self-worth and dignity which comes from occupying a place in the American dream. It is a dream they fought so hard to defend for the rest of us."

If ever there was a need for us to focus our efforts, be our best and rise to meet the occasion, this is it. Our veterans need us and are worth the fight.

May God continue to bless DAV, the men and women who have served our great nation, and their families, survivors and caregivers—and the United States of America.

This concludes my statement. Thank you for the opportunity to present DAV's legislative priorities and highlight the many services we provide to America's ill and injured veterans.

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